

CHAPTER II

MEDICAL PERSONNEL

Section A-Code of Conduct for Medical Officers

201. The various rules, codes, etc. governing the Railway medical officers:- (1) A medical officer has to abide by the following rules, codes, etc :-

(A) The Railway Services (Conduct) Rules, which are meant for all Railway employees.

(B) The rules laid down in connection with medical attendance and treatment of Railway staff, members of their families and dependent relatives, and other allied matters, as contained in the **Establishment Codes and instructions** and rulings issued by the Ministry of Railways, from time to time, as are incorporated in the succeeding chapters of this Manual

(C) The local legal obligations, e.g., the provision of State Acts, like the Coroner's Act, Drugs Act, Pharmacy Act, Poisons and Dangerous Drugs Act and such other Acts, rules and regulations made by the State or local administrative bodies from time to time, to the extent of their applicability to Railway medical officers.

(D) The Code of Medical Ethics are applicable to all Railway doctors. The general principles which embody the Code of Medical Ethics are published by each State Medical Council and Railway Medical Officers should obtain these from the respective Medical Council of the State in which their hospital or health unit is situated, for reference and guidance. What is stated in the Code of Medical Ethics does not constitute a complete list of ethical principles. The State Medical Council may from time to time amend the existing regulations or adopt additional regulations in respect of professional conduct, consistent with the constitution and bye-laws of the Medical Council of India. Any breach of these regulations shall be good and sufficient reason for taking disciplinary action against the doctors by the concerned State Medical Council.

(2) Apart from the Code of Medical Ethics, a Railway Medical Officer should bear in mind the provisions of **the Geneva Declaration** accepted by the General Assembly of the World Medical Association at London on October 12, 1949

Section B-- Duties and Responsibilities

202. Introduction.-The following list of duties provides broad guidelines of the activities to be undertaken by the different categories of staff. However all activities directly or indirectly related to the delivery of health care to the beneficiaries including multi-skilling and multipurpose activities with due approval of the competent authority, whenever needed, will constitute legitimate duty even though not specified in the list. This list is not exhaustive. **All staff should carry out duties assigned to them by their superiors even though such duties do not find place in this Section.**

203. The details of the duties and responsibilities of the various categories of staff.- The duties and responsibilities of the various categories of staff are given below-

1. CHIEF MATRON will:-

Supervise the work of the hospital staff and ensures that the instructions left behind by the medical officers in respect of individual patients are correctly carried out. She is responsible for proper cleanliness and maintenance of the hospital, both inside and outside, and matters related to hospital linen, patient's clothing, beds, furniture etc. She will also look after diet arrangements for the patients. She will be in-charge of the T&P, dead stock register and consumable stores register of the hospital. She shall assist MD/CMS/MS in organisation and smooth conduct of periodic refresher courses and continuing medical education of nursing staff and other para-medical workers of the hospital. She shall exercise control of all hospital staff placed under her administrative control & be responsible for maintaining discipline amongst them and initiate DAR proceedings as and when required.

2. MATRON:

Matrons will perform the same duties as assigned to nursing sisters except those earmarked for supervisory functions.

Duties of Matrons earmarked for supervisory functions:

- i) Supervise the work of nurses, dressers, hospital attendants, sweepers and other subordinate staff.
- ii) Maintain discipline amongst nursing and other staff.
- iii) Maintain a check on the attendance of hospital and nursing staff and see that the staffs are employed on their legitimate duties.
- iv) Ensure that the nursing facilities provided by the nurses are of a high order and that the orders which are issued by the Medical Officers are carried out by the nurses properly and in time.
- v) Go on rounds with the Medical Officers to ensure that all the instructions given by them are carried out.
- vi) Accompany the Chief Medical Director, Government medical officials, or distinguished guests during their visits to the hospital.
- vii) Be responsible for proper cleanliness and maintenance of the hospital compound, outdoor departments, wards, operation theatre, pharmacy, dressing room, kitchen and other hospital establishments.
- viii) Ensure cleanliness of all hospital linen and patients clothing and keep the dhobi account.
- ix) Be in charge of surgical instruments and medical appliances in the operation theatre and wards, hospital linen, clothes, beds, crockery, cutlery, furniture, utensils, other tools and plants and maintain all ledgers pertaining to these items.
- x) Place requisition for raw materials either with the contractor or with kitchen clerk twice a day where there is departmental catering and see that the diet rations are properly weighed and measured by the cook. Ensure that the diet which is supplied to the patients is properly cooked and tasteful.
- xi) Place all articles requiring condemnation before the Chief Medical Superintendent/Medical Superintendent/ Divisional Medical Officer and also take suitable action to procure them.
- xii) Assist the Surgeon in the operations, if required.
- xiii) Maintain all records in connection with the nursing side of the hospital.
- xiv) The matron, while on duty may not absent herself from the hospital without the knowledge of the Chief Medical Superintendent/ Medical Superintendent/Divisional/ Assistant Divisional Medical Officer. A competent nurse should always be available as in-charge when the matron is off duty.
- xv) Carry out any other order given by her superiors.

3. NURSING SISTER :

i) She is in-charge of nursing of the indoor patients and she will provide full range of nursing services commensurate with her training and qualification and the requirement of the patient.

She will :

- ii) Be responsible for dressing of the female patients and for giving treatment to gynaecological cases, such as douching, plugging, etc.
- iii) Give injections to indoor and outdoor patients when called upon by the doctor.
- iv) Attend and assist at operations when required.
- v) Direct and supervise the sterilisation of all instruments and dressings.
- vi) Formulate accurate and intelligent reports on ward patients.

vii) Estimate the requirements of ration for diets for the following day. She will take and verify thumb impressions/signatures of the patients on the diet bills as a token of receipt of diet and will enter the scale of diet on the diet bills.

viii) See that the visiting hours are strictly observed.

ix) Ensure that every courtesy and help is accorded to the patient's relatives and visitors to the ward.

x) Accompany Chief Medical Superintendent/ Medical Superintendent / Medical Officer in charge of the ward on their daily rounds.

xi) Maintain the ward stock of dressings and drugs.

xii) Be responsible for the safe custody of poisons. The stock must be maintained and checked daily.

xiii) Be in charge of the linen issued out to her for her ward. If there is only one nurse in a hospital/health unit, she will in addition, be responsible for the safe custody of hospital linen, crockery, cutlery, utensils, surgical and medical appliances and furniture and dead stock of the ward and shall see that they are kept in good condition and replaced when necessary. Take monthly inventory of linen and equipment and report all missing articles to the concerned Medical Officer.

xiv) Maintain all records and registers pertaining to the wards properly when she is the only nurse.

xv) Supervise the work of group 'D' staff and ensure the cleanliness of the ward and/or the operation theatre.

xvi) Perform any other duty ordered by the concerned Medical Officer & Matron.

4. STAFF NURSE will perform the same duties as indicated against item(3) above.

NOTE: THE OPERATION THEATRE NURSE will be responsible for

(a) Assisting the surgeon during routine & emergency operations.

(b) Ensuring adequate supply of medicines, ligatures, dressings, and operation theatre linen.

(c) The cleanliness and proper maintenance of the operation theatre, surgical instruments, equipment, and for reporting their defects to the Medical Officer.

(d) Supervision of sterilisation of dressing gowns, towels, instruments, gloves etc.

(e) Preparation of splints; and repair of operation theatre linen.

(f) Discipline of and performance of duties by the operation theatre staff.

(g) Any other duty as ordered by the concerned Medical Officers & matrons.

ICCU NURSE/CSSD NURSE :-

She will perform duties pertaining to specialised type of work required in these areas. She will also do any other duty as ordered by the concerned Medical Officers and matrons.

5. O.T. ASSISTANT will :

i) Assist the doctors and nurses in operations and attend to sterilisation of instruments and dressing material in O.T.

ii) Be responsible for the safe custody and proper maintenance of linen, surgical instruments and other equipment in O.T. He will prepare splints, plaster bandages and undertake cutting and rolling of bandages. He will prepare anti-septic lotions and also help the anaesthetist in giving anesthesia to the patients.

iii) Carry out any other work/order given to him by the surgeon/anaesthetist/matron/ sister in charge of OT and other superiors.

6. MIDWIFE will :

i) Assist the lady doctor in maternity and gynaecological cases.

- ii) Conduct normal deliveries independently in hospital or at residences according to the rules in force.
- iii) Assist in the female ward and labour room.
- iv) Maintain record of the delivery cases conducted by her.
- v) Run the maternity and child health centre activities under the direction of a Medical Officer.
- vi) Help the Medical Officer in examining female cases.
- vii) Do the dressing of the female cases in the outdoor and indoor departments.
- viii) Maintain the records of births and deaths in the Railway colony and within the hospital under her charge.
- ix) Collect population census in the colony and educate staff and their families in family welfare programmes.
- x) She may be utilised for nursing duties under the supervision of a trained nurse or a doctor.
- xi) She may also be utilised for vaccination/Immunisation activities.

7. LADY HEALTH VISITOR will :

- i) Be responsible for giving pre-natal and post-natal care to the mothers. She will see each and every expectant mother and every infant at least once a month either at their homes or at the centre and each child between 1-5 years every three months.
- ii) Arrange at least three medical examinations of expectant mothers first between 6th week and 16th week, second from 32nd and 36th week, and the third at 38th or 39th week.
- iii) Conduct normal deliveries independently when required.
- iv) Give treatment to gynaecological cases under the supervision of a doctor.
- v) Attend the maternity and child welfare centres.
- vi) Assist in organising baby shows.
- vii) Assist in family welfare work.
- viii) Hold educational classes and demonstrations in care of mother and child.
- ix) Distribute milk to under weight and under fed children when required.
- x) Weigh and bathe the new born and keep record of weights of infants and toddlers.
- xi) Treat minor ailments and direct other cases to doctors.
- xii) Do inoculations amongst family members and dependent relatives of railway employees.
- xiii) In case of Tuberculosis patients, she will do contact tracing amongst family members and dependent relatives of a railway employee during her domiciliary visit and would see that anti TB. drugs are taken regularly by the patients.
- xiv) Report to the doctor in charge about the occurrence of any epidemic amongst the infants.
- xv) Be responsible for the safe custody of all the Railway property under her charge.
- xvi) Undertake clerical work connected with the maintenance of records of the centre and submit monthly reports.
- xvii) She will maintain a diary of her visits and her other official activities.

8. X-RAY TECHNICIAN/ RADIOGRAPHER :

- i) To assist the Radiologist in discharging his duties such as preparing patients for X-ray.

- ii) To keep and help in maintaining various X-ray records, prepare X-ray indents and help in maintenance of X-ray equipment.
- iii) To take certain routine X-rays independently.
- iv) To expose X-ray films and process them.
- v) To take skiagrams under Radiologist's supervision and guidance while doing special investigations.
- vi) To help Radiologist in taking skiagrams where screening or use of TV monitor is required.
- vii) To perform such other routine duties as may be assigned to them by the radiologist.

(Railway Board's letter No.85/H/16/25 dated May 1995)

9. X-RAY ATTENDANT will :

- i) Assist the radiologist and the X-ray technician in screening of patients, taking skiagrams and in carrying out electrotherapy.
- ii) Assist the x-ray technician in loading, preparing and developing films and in preparation of fixer solutions, etc.
- iii) Be responsible for cleanliness of x-ray and electro-therapeutic equipment & furniture.
- iv) Maintain x-ray records.
- v) Deliver letters, films etc. to the addressees.
- vi) Fetch stores from whatever source they are ordered.
- vii) Perform any other work ordered by the radiologist or the x-ray technician.

10. DRESSER will :

- i) attend to the dressings of all types of wounds and injuries.
- ii) sterilise all instruments
- iii) autoclave all dressing materials.
- iv) prepare patients for operations.
- v) keep all equipment and instruments in proper order.
- vi) prepare and apply splints, plasters & undertake cutting and rolling of bandages.
- vii) carry out any other duties assigned by his/her superiors.

11. LABORATORY SUPERINTENDENT/CHEMIST/ASSISTANT CHEMIST/LABORATORY ASSISTANT OR LABORATORY TECHNICIAN WILL :

- i) Be responsible for the proper maintenance of laboratory equipment and instruments.
- ii) Collect blood for preparing blood slides and biochemical tests etc.
- iii) Carry out chemical analysis of all food stuffs and their ingredients, and give report as per standards laid down under the Prevention of Food Adulteration Act.
- iv) Carry out chemical analysis of drinking water, mineral water, aerated water, cordials, syrups etc.
- v) Conduct bacteriological examination of food products including drinking water, aerated water, milk products, etc., and give opinion about their quality being satisfactory or unsatisfactory as per prescribed standard.
- vi) Prepare media as required, and carry out various biochemical and microbiological tests on blood, urine, C.S.F, gastric contents, body transudate and exudates as per latest techniques and standards.
- vii) Look after the clerical duties pertaining to the laboratory and maintain records up to date.
- viii) Carry out serological work, such as V.D.R.L., Widal tests, Paul Bunnell tests, Weiffelix tests, etc.

- ix) Prepare and submit indents pertaining to the laboratory.
- x) Responsible for maintenance of discipline amongst the staff under him/her.

12. LABORATORY ATTENDANT will :-

- i) Dust and clean the laboratory equipment, fittings, furniture, doors, ventilators, slides, test tubes, etc.
- ii) Assist the laboratory assistant and the pathologist/chemist.
- iii) Carry laboratory stores and other requirements etc.
- iv) Deliver the reports from the laboratory to the wards.

13. CHIEF PHARMACIST/PHARMACIST will :-

- i) Prepare lotions, ointments and applications for surgical dressings.
- ii) Attend to emergencies in the absence of the Medical Officer (as far as rendering first aid is concerned.)
- iii) Maintain dispensing room and the appliances therein in proper working order and distribute medicines to the patients.
- iv) Be responsible for the account of drugs, medicines, dressings, consumable and perishable stores.
- v) Maintain all registers in connection with the medical statistics and prepare periodical returns, bills and indents under the supervision of the Medical Officer.
- vi) Maintain the drug account and drug registers.
- vii) Receive stores from the parcel / goods office or stores delivery clerk and enter the same in respective ledgers.
- viii) Send the unserviceable or surplus stores on advice notes to the stores delivery clerk or to parcel / goods office and enter the number of advice notes in the ledgers.
- ix) Assist the doctor in preparation of the annual/emergent indents of drugs, dressings, instruments, medical and surgical appliances and medical stores of hospital/health unit.
- x) Be responsible for the preparation and submission of returns and do all clerical work under supervision of Doctors.
- xi) Make entries on all outdoor tickets and injury case sheets, when required.
- xii) Keep a record of all out-door case sheets and injury case sheets. Prepare all certificates leaving the "disease" column to be filled by the doctor.
- xiii) Be responsible for the maintenance of all old and current injury case sheets and all case papers which have been referred to the Medical Officer in-charge of the division.
- xiv) Keep the records under safe custody.
- xv) Be responsible for maintenance and account of tools and plants and its registers in Health Units.
- xvi) Receive necessary forms of medical examination and enter them in the register for medical examination of candidates and employees etc. when required.
- xvii) When required, take height, weight & chest measurements of candidates and employees for medical examination.

14. OFFICE SUPDT. /CHIEF CLERK/ HEAD CLERK/PHARMACIST (PROCUREMENT) will:

- (i) Receive and scrutinize the indents for medical stores from the various hospitals, health units, etc.
- ii) Maintain an up-to-date list of approved suppliers for the supply of medical stores.

- iii) Prepare invitation of tenders for medical stores.
- iv) Prepare the summary of quotations received, indicate the quotations in the proper order in relation to the relative cost and also in relation to suitability in accordance with the specifications.
- v) Assist the members of the Tender Committee in drafting the minutes of such meetings.
- vi) Issue letter of acceptance of tenders to the respective suppliers and place supply order following the extant rules and procedures.
- vii) Maintain the specifications for the various medical equipment.
- viii) Keep track of the supplies.
- ix) Be conversant with the rules regarding supply of medicines especially those relating to the spurious drugs, dangerous drugs, narcotics, etc. and ensure that the same are complied with.
- x) Attend to the complaints from the suppliers regarding delay in payment of their bills by the divisions.
- xi) Arrange for repairs and maintenance of all types of medical equipment.
- xii) Deal with policy matters relating to the supply of medical stores and Accident Relief Medical Equipment.
- xiii) Maintain discipline in the section and ensure systematic work of staff working under him.

15. HOSPITAL STORE KEEPER (Grades I and II) will :

- i) Be overall in-charge of the hospital stores.
- ii) Be responsible for preparation of indents for hospital stores.
- iii) Be responsible for receiving and checking of hospitals stores.
- iv) Be responsible for the safe custody of all stores under him/her. He/ She will maintain the Stock Registers.
- v) Be responsible for bulk issue of hospital stores items.
- vi) Be responsible for certification of bills in respect to the stores received by him/her.
- vii) Be responsible for checking the expiry dates of drugs/medicines and arrange timely consumption or replacement thereof.

16. HOSPITAL STEWARD WILL:

- i) Maintain the accounts of hospital diet.
- ii) Arrange local purchase of provisions when the contractor fails to supply them.
- iii) Certify bills for supply of provisions.
- iv) Maintain accounts for supply of diets.
- v) Check the diet sheet registers.
- vi) Prepare diet bills & submit them to respective bill units in time

17. SENIOR PHYSIOTHERAPIST/PHYSIOTHERAPIST/OCCUPATIONAL THERAPIST will:

- i) Be in charge of the physiotherapy department and will be responsible for the treatment of both outdoor and indoor cases, including short wave diathermy, infra-red ray, ultra-violet ray and ultra sonic treatment etc.

- ii) Undertake hydrotherapy treatment.
- iii) Undertake the prescribed electro-diagnostic procedures including qualitative and quantitative tests of nerve injuries, electromyography, strength duration curve, etc.
- iv) Assess reactions and response to the treatment.
- v) Be responsible for the upkeep and maintenance of all equipment and stores under his/her charge.
- vi) Advise MD/CMS/MS regarding the procurement of all equipment and stores required for the department.
- vii) Maintain registers/records of all work done in the department.
- viii) Carry out any other order given to him/her by Medical Officers.

18. DIETICIAN will be responsible for :

- (i) Nutritional care of patients:
 - a) Nutritional assessment,
 - b) Planning of standard diets,
 - c) Therapeutic modification of diets,
 - d) Diet counseling of indoor and OPD patients.
- (ii) Nutrition education:
 - imparting nutrition education to medical and paramedical personnel.
- (iii) Food service management :
 - a) Menu planning,
 - b) Attending to grievances of patients regarding diet.
 - c) Supervision of food preparation,
 - d) Supervision of sanitation and hygiene of kitchen, stores and dietary department,
 - e) Responsible for timely and proper receipt of required provision and quality thereof, including sending doubtful samples for analysis under quality control.
 - f) Supervision of food distribution.

Note: Where kitchen matron/steward/diet clerk, etc. are available, responsibility regarding item at para iii(e) and (f) would continue to rest on them.

(Railway Board letter No. [96/H\(FW\)/10/13 dated 10/10/1996](#))

19. COOK will :

- i) Check the quality of raw provisions and take delivery of the items properly weighed from the contractor/steward/ matron.
- ii) Cook the food and prepare the beverages, etc. both vegetarian and non-vegetarian, in the morning and evening, as required for the patients and as directed by the nurses/dietician/steward.
- iii) Serve the food to the patients where there is no separate bearer provided, and collect the utensils after use.
- iv) Clean the utensils where no separate masalchi/cookmate is provided.
- v) The cook is expected to know the methods of sterilisation of utensils, cutlery and crockery . If in doubt, doctor, nurse, dietician or steward can be consulted.
- vi) Keep the kitchen clean and tidy.
- vii) Be responsible for the safe custody of utensils, cutlery, crockery, linen and other tools and plants issued to him for use.

20. COOK MATE will:

- i) Serve food daily to the patients.
- ii) Clean and properly maintain the cutlery, utensils & kitchen equipment.
- iii) Assist the cook in preparation of food.

21. HOSPITAL ATTENDANT/HOSPITAL PEON/DISPENSARY PEON will:

- i) Keep the ward , furniture , doors, fittings, ventilators, etc. neat and tidy
- ii) Sponge the patients where there is no nurse.
- iii) Prepare beds, take temperatures, pulse, respiration etc. if literate, and change the clothing of the patients under direction of the nurse.
- iv) Help the doctor/nurse in the dressing of surgical cases, giving enemas, douching and plugging etc.
- v) Serve food and drink to the patients.
- vi) The male hospital Attendant/Peon will wake up doctors, nurses, dispensers and other staff who are off duty when they hear accident signals and wake up the doctors even otherwise , when required.
- vii) Carry and transfer injured and sick patients.
- viii) Give massage to the patients when required.
- ix) Fetch and distribute dak.
- x) Carry hospital stores according to his/her carrying capacity.
- xi) Where there is no watchman, the male hospital attendant on night duty will be expected to keep a watch over the hospital building and property.
- xii) Assist the dressers, and do dressing work in their absence.

22. AYAH :

The same duties and responsibilities as indicated against item(21)above.
She will also assist the midwife or nurse in conducting a delivery.

23. WATCH-MAN/CHOWKIDAR will:

- i) Safeguard the property of hospital, health units and the office of the Medical Officer, health inspectors etc.
- ii) Check the locks of various rooms while coming to duty and hand over them intact to his reliever or to the hospital attendant before leaving his duty.
- iii) In health units, he will attend to the telephone calls and convey messages to the doctor.
- iv) Carry out any other order given by supervisors.

24. HEAD MALI/MALI will:

- i) Be responsible for growing hedges and properly trimming them, laying lawns, flower beds and maintaining them properly.
- ii) Remove rank vegetation from the premises of the hospital / health unit
- iii) Prepare manure from the fallen leaves.
- iv) Carry hospital stores.
- v) Head mali will supervise the work of other malis.
- vi) Do any other duty as ordered by his/her superiors.

25. RECEPTIONIST will :

- i) Receive the visitors, patients and guide them to proper places.
- ii) Attend to the inquiries on telephone or otherwise regarding patients admitted in the hospital and reply.
- iii) Do any other duty ordered by his/her superiors.

26. LAUNDRY SUPERVISOR :

He will be in charge of the laundry unit and supervise the work done in the laundry unit.

27. AMBULANCE DRIVER will :

- i) Be responsible for proper cleanliness, maintenance, repairs and driving of ambulance car.
- ii) Render first aid to the injured and transport the sick persons.
- iii) Arrange fitness certificate of ambulance car.
- iv) Do day to day minor repairs of ambulance van and report major defects to the doctor in charge for arranging repairs.
- v) Arrange to get unserviceable articles under his charge condemned by competent authority and arrange their return to the stores.
- vi) Furnish his requirements of stores to the doctor in charge.
- vii) Not carry any unauthorised person or material in ambulance car.
- viii) Maintain log book of mileage and account of the consumption of petrol, Diesel & mobile oil etc.
- ix) Help in transporting the patient in a stretcher.

28. STRETCHER BEARER/AMBULANCE CLEANER will :

- i) Clean the ambulance van and be responsible for its maintenance.
- ii) Accompany the driver and assist him in transporting sick persons.
- iii) Help to lift the patient on the stretcher and place them in ambulance and take them out properly.
- iv) As a person trained in First Aid, he shall –
 - a) Render required assistance during transfer of patients to the hospital.
 - b) Ensure that the patient once brought to the hospital is promptly carried to the casualty/emergency wing.
 - c) Carry out any other order given to him by his superiors.

29. HOSPITAL/HEALTH UNIT CLEANER (SAFAIWALA) will :

- i) Sweep the roads, ground, floors etc. of the hospital/health unit.
- ii) Frequently clean the floor of the wards with wet cloth and clean the hospital doors, windows, window panes etc.
- iii) Clean the bed pans, sputum cups, urinals, commodes and latrines attached to the hospital/health unit.
- iv) Supply bed pans and urine bottles to the patients, and clean them after use.
- v) Carry the patients on stretchers in the hospital and from station to hospital and vice versa.
- vi) Carry the hospital stores.
- vii) Wash the soiled clothes.
- viii) Carry out any other order given by his/her superiors.

30. DENTAL MECHANIC will :

- i) Undertake the impressions and prepare dentures as required.

- ii) Maintain proper records of all the equipment under his/her charge.
- iii) Be responsible for the upkeep and maintenance of the equipment in the unit.
- iv) Carry out order given by his/her superiors.

31. DIALYSIS TECHNICIAN will :

- i) Carry out dialysis of patients and monitor the same during the entire procedure under the supervision of Medical Officer / Nephrologist .
- ii) Maintain and keep all records of dialysis cases
- iii) Be responsible for proper cleanliness and upkeep of the dialysis machine and maintaining records, preparation of indents and upkeep of all consumable stores.
- iv) Carry out any other order given to him/her by his/her superiors.

32. CARDIAC PUMP TECHNICIAN will :

- i) Assist in the use of heart lungs machines and other cardiac catheter laboratory equipment.
- ii) Be responsible for the proper upkeep and cleanliness of all equipment under use and maintain records, preparation of indents and upkeep of all consumable stores required.
- iii) Carry out any other order given by Medical Officers.

33. E.C.G. TECHNICIAN will :

- i) Take standard routine and emergency ECG.
- ii) Assist in masters, Treadmill and Holter recordings.
- iii) Help in maintaining the equipment in proper order and assist in maintenance of records.

34. STATISTICAL ASSISTANT :

- i) All the duties as mentioned for Compilation Clerk.(Item 36)
- ii) Impart and arrange training of Compilation Clerks and guide them regarding proper upkeep of basic records, data & allied information .
- iii) Will monitor and ensure timely submission of returns to Railway Board after receiving from various centres and inform the in-charge regarding defaulters.
- iv) Will maintain liaison with Railway Board for correct submission of returns .
- v) Shall organise the FW census/survey in the zone.
- vi) He will perform all duties of DEE in his/her absence.

(Railway Board Letter No. 90/E(FW)/2/4, Dated 02/08/1991)

35. DISTRICT EXTENSION EDUCATOR AND EXTENSION EDUCATOR (DEE/EE)

- i) He will be responsible for implementation of Family Welfare programme and will do all activities required under the programme.
- ii) He will maintain all records, collect all data, conduct special field studies, and maintain eligible couple register etc.,
- iii) He will be responsible for all health education and motivation activities.
- iv) He will provide FW services and follow up.
- v) He will form Field Action Groups, train them and assist in their working.

- vi) He will supervise community health programmes, multi purpose health drives, Family Welfare camps etc.,
- vii) He will organise OTC, take lectures in Zonal Training Schools
- viii) He will do the duties of statistical assistant/Compilation clerk in their absence
- ix) He will maintain liason and coordinate with state Governments, Voluntary Organisations and other organisations working for Family Welfare Programmes.

36. COMPILATION CLERK should

- i) Collect, maintain and compile all family welfare data including that of MCH services and ensure timely submission of all the periodical returns to Head quarters.
- ii) Analyse and evaluate the FW data and put up to CMS/MS in-charge of the division regularly.
- iii) Assist field staff for maintaining summary of the target couple register etc.
- iv) Maintain all records of Family Welfare programmes.
- v) Maintain stores and imprest of FW centres.
- vi) Participate in all Family welfare activities of the division.
- vii) Help in analysis of field studies as and when undertaken.

37. FIELD WORKERS will be required

- i) To educate and motivate individuals in the area on all aspects of population control and Family welfare services.
- ii) To provide all Family Welfare services and follow up. They should also keep a record of work done.
- iii) To organise and run Immunisation clinics.
- iv) To do complete survey, maintain Eligible Couple Register (ECR) and update them regularly and do colony census
- v) To assist in formation, training and working of Field Action Groups.
- vi) To assist in preparing various monthly, quarterly, half yearly and annual F.W. reports & returns.
- vii) To carry out Field studies as and when required.
- viii) To organise mass Health programmes, multipurpose health drives, Family Welfare camps, Orientation training camps etc.,

38. LHV/PHN UNDER FAMILY WELFARE PROGRAMME

- i). To spread the message of Family Welfare to the eligible couples and motivate them for accepting the Family Planning methods individually and in groups. She will maintain and update eligible couple registers of the railway colonies.
- ii). To provide all Family Welfare services including follow up and maintain records of work done.
- iii). To identify women leaders in the colonies and educate them for family welfare programme.
- iv) Participate in meetings of Mahila Samiti and other such meetings and utilise such gatherings for educating the women in family welfare programme.
- v) To form Field Action Groups of ladies in colonies and enlist cooperation of the volunteers and other Womens' Welfare Organisations in the area of working.
- vi). To educate mothers individually and in groups, cater for better maternal and child health, family welfare, nutrition, immunisation, control of communicable diseases, personal and environmental hygiene.
- vi). To perform immunisation in Health Unit/hospital and in Railway colonies.

39. CHIEF HEALTH INSPECTOR/HEALTH INSPECTOR Will :

- i) Be responsible for Health Education of community.
- ii) Actively participate in all health programmes, Multi Purpose Health Drives, School health programmes, Family Welfare programmes, MCH programmes, Mass Health Campaign programmes like Pulse Polio Immunisation etc.,.
- iii) Report at once to the Medical Officer in-charge of the division about the out break of epidemic diseases like Cholera, Plague or any suspicious increase in the mortality or sickness in his jurisdiction and take active steps for control of communicable diseases in the community.
- iv) Carry out preventive measures including immunisations
- v) Carry out census of the colony and maintain Birth & Death register.
- vi) Inspect food and drinks sold to the public at the stations and colonies, and work as a food inspector under the prevention of Food Adulteration Act when authorised.
- vii) Look after the sanitary arrangements for fairs and festivals in his jurisdiction.
- viii) Monitor the quality of the water supplied by testing for residual chlorine and collecting samples for bacteriological analysis.
- ix) Carry out anti mosquito, anti fly and other pest control measures. He will be responsible for keeping stray dog population under control.
- x) Carry out all administrative duties of his office and staff under him.
- xi) Be responsible for efficient maintenance of sanitation in colonies/stations.
- xii) See that the conservancy staff posted under him do their work properly. He should particularly bear in mind that it is his duty not merely to order work to be done, but also see that it is actually carried out.
- xiii) Meet jamadars daily and receive their reports of complaints regarding sanitation if any, investigate them, have them attended and report to his officer.
- xiv) Note down any defects in the drains and latrines, urinals, etc. and arrange to get them repaired by Engineering Department.
- xv) Visit each trenching ground at least three times a week and must see that all night soil is properly buried there.
- xvi) Carefully see that the terms of the various clause of agreement with the contractors are carried out properly and any discrepancies etc. are immediately brought to the notice of the higher authorities.

40. CONSERVANCY JAMADAR/SAFAI JAMADAR will:

- i) Supervise the work of the conservancy staff working in his/her gang and will take their roll call twice a day.
- ii) See that the sanitation of the Railway colony/station is maintained in proper condition as desired by his/her superiors and will report negligence/ unsatisfactory working of Railway or Contractors labour to the Health Inspector.
- iii) Ensure proper trenching, composting , etc.
- iv) Carry out dis-infection of stations and chlorination of wells under the supervision of the Health Inspector.
- v) See that the safaiwalas regularly treat the public and community latrines and latrine pans with crude oil and disinfectants and see that there is no complaint from the public.
- vi) Supervise spraying.
- vii) Have broken latrine pans and night soil buckets replaced.
- viii) Report to the Health Inspector about the repairs required to be carried out on the carts, drains, latrines, etc.

ix) Be responsible for issue of conservancy stores to the safaiwalas and the bhisties working under him/her.

41. SANITARY/CONSERVANCYSWEEPER/CLEANER/SAFAIWALA/SAFAI WALI will :

- i) Collect, remove and dispose off rubbish and night soil from Railway premises and colonies etc.
- ii) Sweep the road and other surface area of the Railway premises and colonies and collect the sweepings and put these in the dustbins and also dust and remove cobwebs, etc.
- iii) Clean the drains and carry out periodic de-silting.
- iv) Undertake all other activities related to cleaning of colonies/stations.
- v) Carry sanitary stores.
- vi) Carry out any other duty as ordered by the Health Inspector and other Medical Officers.

42. MALARIA MATE Will :

- i) Be responsible for taking anti-malaria measures in Railway colonies.
- ii) Prepare insecticides solution for the dis-infection work.
- iii) Look after spraying of quarters with D.D.T. and other approved insecticides and destruction of larvae in breeding places.
- iv) Receive anti malaria stores from the Health & malaria inspector and keep a proper account of them.
- v) Keep the anti-malaria tools and plants supplied to him/her in safe custody.
- vi) Supervise the work of the anti-malaria Khalasis/Anti malaria sweepers working under him/her.

43. ANTI MALARIA KHALASI will :

- i) Prepare D.D.T. and other insecticides and spray the same in the Railway quarters and service buildings under the supervision of the Malaria Mate.
- ii) Fill depressions, canalize and drain the stagnant water.
- iii) Remove rank vegetation from the edges of the drains, cess pools and other potential breeding places of larvae.
- iv) Carry out anti-larval measures by spraying oil films on water collection and other breeding places of mosquitoes.
- v) Carry anti-malaria stores.

44. ORAL HYGIENIST will :

1. Perform all scaling (Oral prophylaxis) and polishing of teeth independently whether manual or with ultrasonic instruments.
2. Motivation and educating to patients and community to maintain oral hygiene and teach correct brushing techniques for individuals in oral health camps.
3. Pre and Post-operative precautions and preventive dentistry (diet, oral physiotherapy, general and dental health edllcntion).
4. Temporary dressing (temporary fillln.. gingival dressing). Simple extraction of painful loose teeth under topical anaesthesia.
5. Prescription of oral medicines Ilke medicated tooth pastes, gum paints, mouth-washes pain relieving drugs that do not come under Schedule of Drug Act.
6. Impart training to the trainers in oral Health care.
7. Providin topical fluoride treatment for school children
8. He will be responsible for implementation oforal health/hygiene programmes and will perform all activities required under the programmes
9. He will assist in upkeep of dental equipment, records and statistics of the department.
10. Carry out any other orders given to him/her by the incharge

(Authority: Board's letter No. 2001/H/23/5 dt. 15.6.2001)

Section-C Scope of Private Practice

204. Private practice by Railway Medical Officers, is restricted to the following types of cases. The extent to which fees can be retained by them in such cases has also been indicated against each :-

(a) **Visit at residence for family members and dependent relatives of Railway employees drawing Rs. 3725/- and over per month:-** Payment of fees in such cases shall be regulated according to the contract system or by the visit, as the railway employees may prefer. The contract rates of payment shall be 2 per cent of the pay of Railway employee when attended by the Divisional Medical Officer and one per cent when attended by Assistant Divisional Medical Officer. This shall be payable monthly, for periods of not less than 6 months, each period commencing from the beginning of the calendar half-year. Payment per visit per case is according to the following scale which gives the maxima :-

	In respect of Gazetted Railway employees and non-Gazetted Railway employees drawing a pay of Rs.4875/- or more per month	In respect of non-gazetted Railway employees drawing a pay of less than Rs.4875/- but not less than Rs.3725/- per month
Sr. Divisional Medical officer/M.S	Rs 20/-	Rs.12/-
Divisional Medical Officer	Rs 16/-	Rs.10/-
Assistant Divisional Medical Officer	Rs 12/-	Rs 6/-

The above fees, may be retained by the railway doctor in full. Higher fees will not be charged for night visits.

No prior permission is necessary for such attendance, which is considered professional.

No fee shall be charged from employees/dependants where the pay of the employee is less than 3725/- month.

No fee shall be charged from employees of any category of any income

(Rly. Bd.'s letter No. [82/H/6-1/22 dt.23.5.87](#))

(b) **Confinement cases of outsiders:-** Fees leviable from outsiders for confinement cases in Railway hospitals are as follows :-

(i) Normal labour without episiotomy	Rs.1375/-+labour room charges
(ii) Normal labour with episiotomy	Rs.1625/-+labour room charges
(iii) Abnormal labour	Rs.2000/-+labour room charges

The fees referred to above may be shared between the Railway administration and the medical staff rendering the service in the proportion of 4 : 1. No prior permission is necessary for such attendance.

(c) **Operation cases of outsiders :-** Fees for operations, major, minor or trivial, leviable from outsiders, are as follows :-

(i) Trivial Operations	Rs.250/- + Rs 70/- under L.A; Rs 150 under G.A
(ii) Minor Operations	Rs 600/- + Rs.300/- Theatre charges
(iii) Major operations	Rs.2500/- + Rs 500/- Theatre charges
(iii) Special Operations	Rs 5000/- + Rs 1000/- Theatre charges
(iv) C.A.B.G	Rs 8000/- + Rs 1000/- Theatre charges
(v) Open heart surgery	Rs 10000/-+ Rs 1000/- Theatre charges
(vi) Closed heart surgery	Rs 10000/-+ Rs 1000/- Theatre charges

(Bd's No. [.89/H/6-1/2 dt 24/12/1991](#))

Note :- A list broadly classifying the operations into major, minor and trivial is contained in Annexure II to Chapter VI.

(d) Passengers who fall ill while travelling :- While it is not incumbent on the Railways to provide medical aid to passengers who take ill, such assistance is invariably rendered in practice as a matter of courtesy to a customer.

Charges for medical aid to passengers falling ill suddenly or sustaining injury (other than as a result of a railway accident in which case it is the duty of the Railway administration to provide free medical attendance and treatment facilities) are levied on the principle that the relationship between a *bona fide* passenger and a Railway doctor must be that of a private patient and his medical attendant. A Railway doctor attending on such passenger may be allowed to recover consultation fee at the following rates, and he may retain it in full.

Consultation fee of Rs.20/- per passenger irrespective of the grade of the medical officer; This fee is retained in full by the doctor:

As regards the charges for medicines, injections, etc., the same may be recovered at the following rates and credited, in full, to the Railway revenues :-

- (i) Re.1/- per tablet or a dose of mixture.
- (ii) Maximum retail price as mentioned on the strip per dose of higher antibiotics.
- (iii) Re. 5 per sterile dressing of wounds.
- (iv) Rs. 10 per injection (which includes the cost of the common drugs, i.e., the injecting materials).

No prior permission is necessary for such attendance, which is considered professional.

(Bd's No. 99/H/6-5/1 dt 27/08/1999)

In the case of indigent passengers and trespassers, where it is not possible to recover the cost of medicines, etc., these may be issued free on the certificate of indigence from the doctor. The expenditure, if any, incurred in connection with the hospitalisation of such patients may be treated as part of the ordinary expenses of working the Railway hospitals.

(e) Treatment of outsiders who are admitted as indoor patients in Railway hospitals. Only up to a maximum of 10 per cent of the beds may be utilised for this purpose subject to the condition that spare accommodation is available after meeting the Railway needs. The charges for various types of accommodation are mentioned in Annexure I to Chapter VI and are revised from time to time. These bed charges which, inter-alia, include professional services, are to be credited entirely to the Railway revenues. No prior permission is necessary for such attendance, which is considered professional.

(f) Examination of outsiders seeking admission in the Railway hospital :- For such cases, a fee of Rs.40/- valid for 15 days should be charged. These fees are to be shared between the medical staff and the Railway administration in the ratio of 1:4.

(g) Medical examination of drivers and shunting staff of privately owned sidings :- For such cases a fee of Rs. 40/- per candidate should be charged. This fee is to be shared between the Railway doctor and the Railway administration in the ratio of 3:1. However if any investigations are required to be done for arriving at a decision, necessary charges, may also be recovered at the rates prescribed for outsiders and the amount so recovered should be credited to the Railway revenue in full.

(Rly Bd.'s No 90/H/5/3 dt. 09/02/1993)

(h) Treatment of non-entitled persons temporarily staying with Railway employees residing in places where outside medical help is not readily available: Relations of Railway employees not covered by the Railway medical attendance and treatment rules and friends temporarily staying with Railway employees residing in places where outside medical help is not readily available, will be entitled to medical attention by Railway doctors, who may charge fees as indicated in sub paragraph (a) above. Such fees may be retained by the Railway doctor in full. No prior permission is necessary for such attendance which is considered professional.

(i) Non-Railway Government employees and their family members in whose cases medical facilities have been allowed by the Ministry of Railways on 'no-profit no-loss' basis :- For visits to the residence in such cases, fees will be as indicated in sub-paragraph (a) above. Such fees may be retained by the Railway doctor in full. No prior permission is necessary for such attendance, which is considered professional.

205.Retired Railway employees and their consorts/children :- Medical facilities are available to Retired Railway employees and their dependent Family members at par with serving employees, if they opt

to join the Retired employees Liberalised Health Scheme '97. The scheme is dealt with in detail in the chapter dealing with medical attendance and treatment rules.. No prior permission is necessary for attending them at residence in case of sickness. Payment of fees in such cases is regularised as per para 204(a).

206. The sharing of fees will be in respect of investigations, treatment, delivery/operations handling and service charges, doctor visits and nursing where specifically charged. There is no sharing of charges recovered for bed/cabin, ambulance charges, theatre charges (distinct from operations charges) labour room charges (different from delivery charges).

The sharing of fees will be as under:-

Total amount realised from outsider should be credited in full to railway revenue first. 80% of the amount so realised should be retained by the railway. Balance 20% will be available for sharing amongst the doctors/ hospital staffs as under:-

a) Doctors	40%
b) Paramedical group C staff	35%
c) Ministerial and other group C staffs in separate functions like laundry, diet, ambulance etc.	05%
d) Group D staffs	20%

The proportion allotted to various category should be divided amongst the members of the category.

In the case of medical examination for commutation of pension and for examination of candidate for appointment to group 'A' or group 'B' posts, out of the fees of Rs.30/- received from the candidate, Rs. 9/- should be credited to the Railway revenues and the balance retained by the doctor or, in the case of a medical board, equally shared among the members. No fee is to be collected from RRECHS/RELHS beneficiaries for medical examination for commutation of pension.

(Bd.'s No [90/H/5/3 dt. 24/08/92](#) and No. [90/H/5/3 dt. 19/10/92](#))

207. Prior permission of the Government will be necessary for medical examination cases sponsored by the L.I.C. The fees charged for, should be shared between the Railway doctor rendering the service and the Railway administration in the ratio of 2 : 3.

208. When the fees charged for in a case is divisible between the Railway administration and the doctor rendering the service, the total amount has to be deposited with the Railways first and a bill preferred by the doctor for his share later.

209. The retention of fees by Railway doctor indicated above is subject to the overall limit prescribed in Rule 2216-R II viz., one-third of any non-recurring fee in excess of Rs. 400 and one third of any recurring fee in excess of Rs.250 a year is required to be credited to the Railway revenues. The fee received by a Railway doctor during a financial year from the same person/source, even though it might have been received for different services and on different occasions during that year, is to be treated as a recurring fee. The fee received by a Railway doctor from different personal sources, which might have been received for the same or different services and on the same or different occasions, is to be treated as a non-recurring fee.

210. A Railway doctor in his private capacity is not allowed to utilise medicines and injections etc. of the Railway, even if non-Railway patients are prepared to pay for these at the prescribed rates. The Railway doctors are also not allowed to open their own pharmacies or sit in a shop consulting room, in the open bazar. Further, other things being equal, a Railway doctor is always expected to give preference to a Railway employee and other entitled members of his family and dependent relatives over an outsider.

Note.- Notwithstanding any of the provisions of this or any other section of the Manual, a Railway doctor should always bear in mind the noble traditions of his profession and in keeping with the spirit of the code of Medical Ethics, should ever be ready to respond to the calls of the sick and the injured in an emergency.

(Paras 620 to 629-R.I, M.O.R's letters No. E55ME5/70/Medical dated 7th/15th November 1956. No.63/H/7/92 dated 4th/5th September 1963, No. 65/H/7/44 dated 17th October 1966, No. 64/H/1/26 dated 19th September 1967, No. 66/H/1/27 dated 7th October 1967. No. 65/H/7/44 dated 19th February 1968, No. 66/H/1/27 dated 4th April 1968. No. 68/H/1/17 dated 14th January 1969 and No. 65/H/1/21 dated 26th February 1969, No. 71/H/7/3 dated 15th January 1971, No. 72/H/2-1/3 dated 15th June 1973 and 7th July

Section "D" -- Court Attendance by Railway Doctors

211. Summons.-

(1) A Railway doctor may be called upon to give evidence as a witness in a Court of Law, by summons signed by a judicial authority, in a case he has attended while in the discharge of his duties. Such summons are sent usually a week in advance.

(2) On receipt of the summons, he should inform his next immediate superior that he has been called upon to attend the Court for evidence, who will give his permission and arrange for his relief. It is advisable to request the judicial authority to send such summons through his next immediate superior.

(3) On receiving the summons, the doctor should collect all the relevant papers pertaining to the case including the x-ray plates if any, and keep them handy. He should study the case thoroughly and be prepared to answer the questions asked in the Court.

212. Court attendance and T.A./D.A. there of.-

(1) He should attend the court on the day fixed and report to the court at the scheduled time mentioned in the summons.

(2) When an employee is summoned in a case to which the Railway administration is a party to appear either as a witness before the court or police inquiry or when he is summoned by a Railway police or Government police to give evidence in a criminal case in respect of facts coming to his knowledge while in the discharge of his duties, he shall be considered as on duty and shall not be entitled to receive any fees but be allowed pay and allowances as admissible under the Indian Railway Rules.

(3) When an employee is summoned to give evidence of facts which came to his knowledge in the discharge of his public duties or to produce official documents in a civil suit to which the Government is not a party, he will be paid travelling expenses, etc. by the courts at the rates admissible to Government employees for a journey on tour. In order to enable the court to assess the amount admissible to him, the Railway employees should carry to the court a certificate duly signed by the controlling officer of the Railway employee showing the rate of travelling and daily allowance admissible to him for journey on tour. If the Railway employee is his own controlling officer, the certificate will be signed by him as such.

(Rules 1671-R.II and Rule 1226-G. I.)

213. The points that a medical witness should bear in mind while giving evidence.-

- (i) stating the truth irrespective of the fact that it may lead to the conviction or acquittal of the accused.
- (ii) speaking slowly and clearly using simple words avoiding technical terms as far as possible
- (iii) Being exact in stating the facts and not giving opinion unless it is asked for.
- (iv) Giving brief answers, i.e., "Yes" or 'No' and not trying to explain.
- (v) Never attempting to answer questions if he is not sure of the facts.
- (vi) Keeping cool and calm; never losing temper.
- (vii) Appealing to the judge if any irrelevant questions are asked.
- (viii) Keeping to himself professional secrets, unless ordered by the presiding Judge to reveal them.
- (ix) Avoiding references to written notes, as these may be asked for and read in the Court, causing embarrassment.

214. Court Certificate:- It is essential to obtain a certificate from the presiding judicial authority after completion of the evidence. This certificate is a proof of the Court attendance, which has to be forwarded to the next immediate superior.

Section "E" - Training

Sub-section 1-Study outside the normal duty hours

215. (1) Ordinarily, there can be no objection to the pursuit of knowledge by Government employees in their leisure hours.

(2) However, where a Government employee wants to join an educational institution or course of study outside the normal duty hours implying, as it does, his advance commitment about attendance at specific hours and absence from duty during periods of examinations, prior permission from the Government should be obtained.

(3) Such permission should be given only to those who have either been confirmed or put in at least two years of service on the Railways.

(MOR's letters No. E/52/G1/5, dated 27th/28th April 1955, No.64/H/15/34 Pt., dated 4th September 1964 and No. 66/H/15/18 dated, 9th October 1968).

Sub-section 2-Training of Non-gazetted Medical Personnel

216. (1) Non-gazetted medical personnel may be allowed to undergo certain specialised courses of study in non-railway institutions when it is found necessary to do so for the requirement of their work.

(2) The following concessions may be allowed to the staff who are so deputed :-

(i) The period of absence from duty on account of the training may be treated as duty;

(ii) Travelling allowance as admissible under the normal rules should be allowed to and from the place of training, but not daily allowance for halts ; and

(iii) Tuition, examination and other fees may be borne by the Government.

(3) Prior approval of the Ministry of Railways should be obtained to a programme of such training for the coming year, mentioning the courses proposed, justification for the proposal, and giving approximate details of the financial implications.

(4) The General Managers can then under their own powers, depute individual employees.

(5) A binding agreement in the prescribed form should, however, be obtained from the employees so deputed.

(6) As the books supplied to the trainees at the cost of Railway Revenues during training might prove useful in their official work, there is no objection to the employees retaining them.

(Ministry of Railway's letters No. E/47/ME/5/18/3 dated 31st October 1950, No.E/52/ME/5/70/3,dated 2nd March 1953, No. E/53/ME/5/77/3, dated 7th December 1954, 18th February 1955 and 2nd December 1955).

Sub-section 3-Refresher Course

217. (1) All nine a Zonal headquarters hospitals may organise periodical refresher courses preferably on same dates every year, providing professional training to their own medical officers as also to those from adjacent zones. Programme of one zoner should not clash with the programme of adjacent neighboring zones.

(2) The courses should be of 2-4 weeks duration and individual doctor should repeat his/her training periodically but at least once in 5 years.

(3) The course is intended for Railway doctors; priority to be given to those who do not possess post-graduate qualifications and whose duties are of the nature of general practice.

(4) The Railway doctors, who are above 55 years of age may be exempted from such courses. Those who have put in less than 5 years of service may also be exempted except those who have been out of touch with teaching institutions for 5 years or more. However, priority should be given to doctors who have put in more than 5 years of service and those who are under 50 years of age.

(5) The training is to be intensive in nature where didactic lectures demonstrations, seminars and clinics by experts in the concerned disciplines, drawn from serving Railway doctors and honorary consultants attached to central hospitals may be held for 7 hours each day leaving sufficient leisure for the

trainees to study text books, peruse journals and look up reference books. There should be a specially selected officer detailed for organizing these courses, to co-ordinate lectures, clinics, demonstrations etc. and give guidance to the trainees. This tutor officer should be at least a Senior Scale officer and should be specially selected for his ability and aptitude for such work.

(6) The general plan would be to have lectures, ward rounds and case presentation etc. giving more importance to practical management of various cases and dealing with emergencies. The CMD of the Centre running the course should decide about the course contents keeping it in line with RSC curriculum for professional refresher courses, also taking into consideration the problems and special diseases prevailing in the particular region.

(7) To make the training interesting, worthwhile, and practice and participation based, there should be seminars, panel discussions, group discussions and field work to cover the various aspects of the training. Subjects for these may be decided by the Chief Medical Director running the training centre.

(8) The training centre should have a minimum of 250 beds, a laboratory with adequate facilities a Radiology department where major investigations are done, and a library where sufficient number of text and reference books and journals are available. Some other desirable physical requirements are:-

- (a) A lecture hall sufficiently large to accommodate the trainees;
- (b) Overhead Projector, film and slide projector and Video film projectors;
- (c) Proximity of teaching institutions to draw consultants from or to arrange visit for trainees; and
- (d) Some arrangements for transport of trainees for visits to institutions and practice field.

(9) Chief Medical Director of the Railways concerned should indicate the broad guide lines for each lecturer or demonstrator on the subjects that he has to cover, clearly indicating the level of the understanding of the trainees and the requirements of the Railways, so that the lectures and demonstrations become fruitful and are neither too high flown nor too elementary.

(10) The doctors undergoing refresher courses may be granted the following concessions: -

- (i) The period of absence from duty on account of the training may be treated as duty;
- (ii) T.A./D.A. may be allowed as per rules.

(11) The Railways concerned, may make such arrangements for class rooms and residential accommodation for the trainees as are feasible. This accommodation should preferably be in the hospital compound. The accommodation may be of austerity type but the conditions obtaining and facilities provided should meet the minimum requirements necessary for trainees to concentrate on their studies.

(12) Railway doctors and other Railway Officers invited to deliver lectures for the above courses may be paid honorarium at the rate of Rs.100/- per lecture of one hour duration. Outside lecturers may also be paid a remuneration at the same rate and an additional amount of Rs.100/- as conveyance allowance, provided they are not eligible for travelling allowance for the journeys in question under the rules applicable to them.

(Ministry of Railway's letters No. 67/H/1518 (i), dated 23 rd August 1968, No. 67/H/15/18, dated 28th January 1970, No. 60/H7/16 dated 26th February 1970, No. 67/H/15/18, dated 11th May 1971, No. 71/H/15/11, dated 8th July 1971 and No.99/H-1/10/5 dated 04/08/1999).

Sub-section 4-Training Of Group 'C' and 'D' staff

218. (1) All Group 'C' and Group 'D' staff of Medical Department should undergo periodical training as per prescribed modules

(Rly Bd.'s No E(MPP)-84/13/19/Medical Dated 26/09/1994)

(2) All Zonal Railways should prepare an yearly prospective plan for training of different categories of staff as per modules and send details of such programme to Health Directorate & also to Training and Manpower Planning Directorate for information and record.

Sub-section 5-Post Graduate Specialties Training on deputation (duty) terms

219. (1) Railway Board's orders relating to the training facilities to Railway doctors in various post-graduate specialties are based on the Report of the Railway Technical Training Schools Committee,

1961, in paragraph 237 (item No.223 of the Summary of Recommendations) of which they had recommended that suitable training to Railway doctors in various specialties should be arranged at Railway expenses and the period of training treated as duty.

(2) Not more than two Medical Officers from the Central, Eastern, Northern, Southern, South Eastern and Western Railway and not more than one each from the North Eastern, Northeast Frontier and South Central Railway may be sponsored for post-graduate specialties training, for such period as may be necessary but not exceeding one year and for such specialties/super specialties as are felt necessary by the Railway administration., in which there is shortage of doctors and for which infrastructure on the Railways exists to utilise their services after completion of their training on the specific recommendations of the Chief Medical Director.

(Bd.'s letter No [94/H/2-1/15 dated 16/12/96](#))

(3) The doctors sponsored should be permanent with a minimum of five years of service. Such doctors as have rendered service at way side health units will be given preference.

(4) The doctors sponsored should also possess aptitude in the particular specialty in which he/she is sponsored. The subjects should also have a direct or close connection with the sphere of their duties, but at no time more than two doctors should be away on training in any one specialty. Further, it is not the intention to train the same doctor in a large number of specialties not closely related to each other.

(5) The following concessions may be allowed to the doctors so deputed.-

- (i) The period of absence from duty on account of the training may be treated as duty, and
- (ii) T.A./D.A. may be allowed as per rules.

(6) All proposals for this training should be referred to the Ministry of Railway well in advance for their prior approval, giving detailed information on the following points.-

- (i) The existing academic qualification of the doctor and his performance in the past examinations
- (ii) Service rendered outside the headquarters and divisional hospitals, particularly in difficult areas,
- (iii) Capacity to complete the course successfully, and
- (iv) The utilisation of the doctor after the training.

(7) Bonds should however, be got executed from the Railway doctors so deputed in the standard form of Indemnity Bond prescribed for the purpose, to the effect that they will have to serve the Railways after training for minimum period of five years. The bond should be executed before the doctor is relieved for undergoing such training. In the case of a permanent doctor, it is not necessary for a surety to endorse the bond.

(Ministry of Railways' letters No. E.61.TTC/65 dated 26th February 1962, and dated 11th June, 1963, No. 65/H/15/25 dated 13th October, 1965, No. E(Trg) I-66TRI/173 dated 28th April, 1967, D.C.No. 67/H/H15/44 dated 29th August, 1967, from Shri. A. K. Roy Chowdhury, J.D.F.(E), Railway Board, to Shri G.P.Penn Anthony, FA & CAO, Western Railway, letter No.E.(Trg)I-66TRI/173 dated 4th October, 1967 and 21st November, 1967, No. 68/H/15/53 dated 5th October, 1968. No.E/61/TTC/65 dated 29th November, 1968, No. 70/H/15/1 dated 30th January, 1970, No.E(GR) I-69/RC12-7 dated 8th September 1971 and No. 80/H/2-2/21 dated 3rd December 1980).

220. Special provision for training in Anesthesiology: (1) Apart from what has been stated above, every Medical Officer, irrespective of the fact whether he has been made permanent or whether he has completed five years of service, who would be called upon to administer anaesthesia, should receive a course of training in anesthesiology under a senior and qualified anaesthetist and a certificate to this effect should be given to him by the Chief Medical Director of the Railway concerned.

(2) For this purpose, the Medical Officer may be deputed for training, if necessary, to a non-Railway institution also, under the following terms and conditions :-

- (i) The period of absence from duty on account of the training should be treated as duty if it does not exceed six months. Normally a maximum period of four months should do,
- (ii) The full cost of training should be borne by the Railway administration, and
- (iii) T.A./D.A. may be allowed as per rule.

(3) Such of the General Duty Medical Officers (who do not have P.G Qualification in anaesthesia) who have completed their training in anaesthesia may be **granted a special allowance of Rs 200/-p.m. when they are entrusted with the performance of anaesthesia work in addition to their normal duties.**
No bond as indicated in para 219(7) above is required to be obtained from them.

(Ministry of Railway's letters No. 61/M. & H/7/65 dated 23rd August, 1961 and 27th December 1961, No. PC-66/PS-5/MH-13 dated 13th April, 1967 and No. 67/H/15/18 dated 20th May, 1967. [E \(P&A\) 1-2002/SP-1/MH-1 dt 11-7-2002](#))

Sub-section 6 - Study Leave

221. (1) Study leave may be granted to a Railway servant with regard to the exigencies of public service to enable him to undergo, in or out of India, a special course of study consisting of higher studies in a technical subject having a direct and close connection with the sphere of his duty. Study leave out of India shall not be granted for persecution of studies in subjects for which adequate facilities exist in India or under any of the schemes administered by the department of Economic affairs of the Ministry of Finance or by the Ministry of Education.

(2) Study leave may be granted to a Railway servant ,

(i) who has satisfactorily completed a period of probation and has rendered not less than five years of regular continuous service including the period of probation under the government.

(ii) who is not due to reach the age of superannuation from the government service within three years from the date on which he is expected to return to duty after the expiry of the leave.

(iii) who executes a bond as laid down in Rule 4(4) of appendix V to study leave rules R.I, undertaking to serve the government for a period of three years after the expiry of the leave. Accordingly, a Railway servant having the option to retire will not be permitted to retire unless he serves the government for three years after the return from the study leave.

(Rly Bd' No. F(E) III/86/LE-1/2 dt. 07/03/1989)

(3) The General Managers have full powers to grant study leave in respect of Non-Gazetted staff when the study leave does not exceed twelve months at a time and is in India. General Managers are also empowered to sanction study leave to Medical Officers for study leave in India. While considering proposals for grant of study leave of Medical Officers, the General Managers should satisfy themselves that the required number of specialists are not already available and that the work can be managed without substitutes during the absence of officers who have been granted study leave and that not more than five doctors on each of the zonal Railways are granted study leave in a year. The production units may, however, grant study leave to not more than to one medical officer in a year. This limit is inclusive of the number of officers who are allowed the deputation terms or E.O.L for study purposes in certain medical specialities as per extant orders. A Medical Officer may be granted study leave for persecuting a course of post graduate study in medical sciences in India, if the Head of the Medical department certifies to the effect that such study leave shall be valuable in increasing the efficiency of such medical officer in performing his duties. For post graduate study in medical sciences abroad, study leave may be granted if the Director General of Railway Health Services in the Ministry of Railways certifies that such study leave shall be valuable in increasing the efficiency of such medical officer in performance of his duties

(Rly Bd.'s Letter No. F(E) III/89/LF-1/5 dt. 19/02/1990)

Note: Some institutes require sponsorship certificate while applying to undergo P.G. Courses. All such forms should be signed by the GM(P) of the Railway concerned on the recommendations of the Chief Medical Director. In case the sponsorship certificate is required to be countersigned by the DG(RHS) the same should be sent to the Railway Board well in advance after it is signed by the GM(P)

(Bd.'s Letter No. 97/H/2-2/1dt.21/01/1998)

(4) The maximum amount of study leave which may be granted to a Railway servant, shall be-

(i) Ordinarily twenty four months at any one time and

(ii) During his entire service thirty six months in all (inclusive of similar kind of leave for study or training granted under any other rules).

(5) Study leave may be combined with other kinds of leave but in no case shall be grant of this leave in combination with leave, other than extraordinary leave, involve a total absence of more than thirty six months from the regular duty of the Railway employee.

(Rly Bd.'s No F(E) III /89/LE1/5 dt. 20/11/1990 & F(E) III/95/LE1/1 dt. 06/08/1997)

(6) (a) During study leave availed in India, a Railway servant shall draw leave salary equal to the pay (without allowances other than Dearness allowance) that the Railway servant drew while on duty immediately before proceeding on such leave.

(b) Payment of leave salary under sub para (6) (a) above shall be subject to furnishing of a certificate by the Railway servant to the effect that he is not in receipt of any scholarship, stipend or remuneration in respect of any part-time employment. The amount, if any, received by a Railway servant during the period of study leave as scholarship or stipend or remuneration in respect of any part-time employment as envisaged in sub-rule(2) of rule 8, shall be adjusted against the leave salary payable under this sub-rule subject to the condition that the leave salary shall not be reduced to an amount less than that payable as leave salary during half pay leave. No study allowance shall be paid during study leave for courses of study in India.

(7) During study leave availed outside India, a Railway servant shall draw leave salary equal to the pay (without allowances other than dearness allowance) that the Railway servant drew while on duty immediately before proceeding on such leave, in addition to the study allowance admissible in accordance with the provisions of Rules 8 to 10 of R I.

(8) **Conditions for grant of study allowance** : (i) A Study allowance shall be granted to a Railway servant who has been granted study leave for studies outside India for the period spent in prosecuting a definite course of study at a recognised institution or in any definite tour for inspection of any special class of work, as well as for the period covered by any examination at the end of the course of study.

(ii) Where a Railway servant has been permitted to receive and retain, in addition to his leave salary, any scholarship or stipend that may be awarded to him from a Government or non-Government source, or any other remuneration in respect of any part time employment

(a) no study allowance shall be admissible in case the net amount of such scholarship or stipend or remuneration (arrived at by deducting the cost of fees, if any, paid by the Railway servant from the value of the scholarship or stipend or remuneration) exceeds the amount of study allowance otherwise admissible.

(b) In case the net amount of scholarship or stipend or remuneration is less than the study allowance otherwise admissible, the difference between the value of the net scholarship or stipend or any other remuneration in respect of any part time employment and the study allowance may be granted by the authority competent to grant leave.

(iii) Study allowance shall not be granted for any period during which a railway servant interrupts his course of study to suit his own convenience:

provided that the authority competent to grant leave or the head of Mission may authorise the grant of study allowances for a period not exceeding 14 days at a time during such interruption if it was due to sickness.

(iv) Study allowance shall also be allowed for the entire period of vacation during the course of study subject to the condition that:-

a) the Railway servant attends during vacation any special course of study or practical training under the direction of the Government or the authority competent to grant leave, as the case may be; or

b) in the absence of any such direction, he produces satisfactory evidence before the Head of the Mission or the authority competent to grant leave as the case may be, that he has continued his studies during the vacation: provided that in respect of vacation falling at the end of the course of study it shall be allowed for a maximum period of 14 days.

(v) The period for which study allowance may be granted shall not exceed 24 months in all.

(9) Study leave counts as service for promotion, pension, seniority and increments. It does not count for earning leave other than half-pay leave.

(10) If a Railway servant resigns or retires from service or otherwise quits service without returning to duty after a period of study leave or within a period of three years after such return to duty, he shall be required to refund

(i) the actual amount of leave salary, study allowance, cost of fees, travelling and other expenses, if any, incurred by the Railways; and

(ii) the actual amount, if any, of the cost incurred by other agencies such as foreign governments, foundations, and trusts in connection with the course of study together with the interest thereon at rates in force at the time on government loans, from the date of demand, from his resignation is accepted or permission, to retire is granted or his quitting service otherwise:

provided that nothing in this rule shall apply:-

(a) to a Railway servant who, after return to duty from study leave is permitted to retire from service on medical grounds; or

(b) to a Railway servant who, after return to duty from study leave, is deputed to serve in any statutory or autonomous body or institution under the control of the government and is subsequently permitted to resign from service under the government with a view to his permanent absorption in the said statutory or autonomous body or institution in the public interest.

Further, the study leave availed of by such a Railway servant shall be converted into regular leave standing at his credit on the date on which the study leave commenced, any regular leave taken in continuation of study leave being suitably adjusted for the purpose and the balance of the period of study leave, if any, which cannot be so converted, treated as extraordinary leave.

In addition to the amount to be refunded by the railway servant, he shall be required to refund any excess of leave salary actually drawn over the leave salary admissible on conversion of the study leave. leave.

(Indian Railway Establishment Code I 1985 Edition 1995 Reprint)

The detailed rules regarding the grant of study leave are contained in Appendix V of the Indian Railway Establishment Code, Volume I.1985 Edition.

(Appendix XXXIII-R.II. Ministry of Railway's letters No. E56ME5/121/Medical dated 12th March 1957 and No.E(G) 64LE6-5 dated 8th February 1965).

Sub-Section 7 - Training Abroad

222. (1) Railway Medical personnel are to be sent for training abroad only in exceptional cases and not as a general routine. The aim and object of the proposed training in each individual case should be clearly defined. The following broad criteria should be borne in mind while recommending doctors and other medical staff for training abroad :-

(i) The proposal should be for technical training of a practical kind as distinct from purely "academic training".

(ii) Only such training facilities should be sought as are not available in India.

(iii) The proposal should be related to a specific development project included in the Five Year plans.

(iv) The proposal should be made in respect of a person who is already in employment, has normally not less than five years experience and in whose case it is considered that the acquisition of expert knowledge would help in the efficient implementation of a project on his return. Special justification should be given if a person with less than five years' experience is recommended.

(v) The person recommended for training should possess qualifications and experience sufficient to enable him to benefit from his training abroad. He should not only possess sufficient background knowledge in the field in which he is proposed to be trained, but should also have displayed special aptitude for the same.

(vi) The candidate should be below 45 years of age (relaxed up to 48 years in exceptional cases, if full justification is furnished). This age limit will, however, not apply in cases of observation tours by senior persons.

(vii) If foreign expertise has already been obtained in a particular field, special justification in support of a request for training in that field should be given.

(viii) A candidate recommended under one programme should not be recommended simultaneously under any other Technical Aid Programme.

(ix) The candidates should preferably have some knowledge of the language of the country where he is proposed to be sent.

(x) Seniority, record of service, etc. have also to be taken into account.

(2) In view of the importance of recommending the right type of medical personnel for training abroad, it is essential to associate the head of the department while making any such recommendation. While recommending the name to the Ministry of Railways, a statement, in duplicate, in the prescribed form as given in Annexure I to this Chapter, has to be furnished.

Sub-Section 8 - Other General Instructions regarding Training

223. Training when it is considered essential :- Staff should be sent to Non-Railway institutions for training only when it is considered absolutely essential and not as a matter of course.

(Ministry of Railway's letter No. E(Trg.)1-67TRI./49 dated 10th May 1967).

224. Information regarding doctors :- The Railway Board receives intimations from various institutions and organizations for the deputation/training of Railway doctors in various specialties in India as well as abroad, some times also getting offers of fellowships and scholarships. In order to avail of the benefits within the target date, which in most of the cases is prescribed by them, information relating to ADMOs/DMOs/SrDMOs having postgraduate degree/diploma qualifications should be furnished to the Railway Board in the proforma as given in Annexure II to this Chapter for every calendar year ending on 31st December, immediately after the 31st December.

(Ministry of Railway's letter No. 66/H/15/50, dated 17 August 1966).

225. Officiating arrangements in place of staff on training :- (1) The General Managers have full powers to sanction officiating arrangements in place of staff sent on training, provided :-

- (i) the training is on the Railways and not in an outside body.
- (ii) trainee reserve has not been provided in that category, and
- (iii) officiating promotions are admissible under the extant rules and orders.

(2) The Divisional Railway Managers and Heads of Departments have full powers in respect of the staff controlled by them.

(Ministry of Railway's letter No. E(Trg.)60/TRI./33 dated 29th December 1964).

226. Training during an emergency :- (1) During an emergency, it is essential that all medical personnel should have full up-to-date knowledge of the type of cases which they are likely to come across and their management. Special training for such personnel should accordingly be arranged during an emergency, which may include lectures on -

- (a) traumatic surgery and injuries from blast,
- (b) treatment of shock,
- (c) principles of blood transfusion,
- (d) treatment of burns of all types, and
- (e) psychological manifestations of bombing and war neurosis arising from emergency conditions.

(2) Assistance for such training may also be obtained from the State medical authorities and military authorities of the areas concerned. It may also be possible to associate with any training programme which are instituted by the said authorities.

(Ministry of Railway's letter No. 62/H/7/173, dated 9th/11th January 1963).

227. Courses conducted by the National Institute of Health And Family Welfare :-(1) The National Institute of Health And Family Welfare, New Delhi, which is an autonomous organization set up with assistance from the Ford Foundation, registered under the Indian Societies Registration Act and managed by the Union Health Ministry through a Central Council with the Union Health Minister as its President, arranges various training programs and seminars, etc. for example, "Staff College" Courses and Seminars on "Hospital Administration", imparting training on hospital administration, public health, medical care, family welfare and control of communicable diseases, etc.

(2) The Railway doctors can avail of these programmes and seminars. The period of absence from duty on account of the training in such cases be treated as on duty and daily allowance allowed as per rule .

(3) Prior approval of the Ministry of Railways is necessary in each case.

228. Courses conducted by the National Institute of Communicable Diseases :- (1) The National Institute of Communicable Diseases (N.I.C.D.) Delhi, arranges various training courses in subjects like epidemiology, etc.

(2) The Railway doctors can avail of these training courses. The period of absence from duty on account of the training in such cases is treated as on duty and daily allowance allowed as per rules.

(3) Prior approval of the Ministry of Railways is necessary in each case.

229. Courses conducted by the Zonal Productivity Councils :- (1) The Chief Mechanical Engineer of a Railway can personally depute non-gazetted staff for courses conducted by the particular Zonal Productivity Council, of which each Railway is a member.

(2) For gazetted officers, sanction of the Ministry of Railways is necessary.

(3) Some times, for instance when a course on Industrial Hygiene and Occupational Health is conducted by a Council, Railway doctors come under the purview of these instructions.

(4) The terms and conditions for the staff so deputed should be as follows :-

(i) The period of absence from duty on account of the training should be treated as duty,

(ii) Daily allowance may be allowed as per rule,

(iii) The Railway administrations will defray the fee (excluding the cost of lunch, tea, snacks, etc. if any) prescribed by the Council from time to time for different courses, and

(iv) In cases where the cost of lunch, tea, snacks, etc. (but not free boarding) is included in the rate of fee paid to the Council, the trainees should be paid only 3/4th of the normal daily allowance as admissible.

(Ministry of Railway's letter No. E(Trg.)63TRI./48 dated 30th April 1964).

230. Job orientation training of doctors :- (1) **Job-orientation training of directly recruited doctors-** The directly recruited Medical Officers are required to satisfactorily conclude a training programme, as prescribed by the Ministry of Railways from time to time, during the period of their probation.

(2)**Training of probationary Assistant Divisional Medical Officers:-**The Ministry of Railways have decided that the probationary Assistant Divisional Medical Officers should be given training as per following schedule :-

3 (Three) days

Central Hospital of the zone for 3 days under Medical Director of Central Hospital.

45 (Forty five) days

In the Headquarters Hospital or in a large divisional hospital . The probationary officer must be encouraged to deal with the cases individually under the supervision of a Senior Medical Officer. The trainee must also attend regular OPD to gain competence in dealing with all types of cases. Administrative training should also be imparted properly.

10 (Ten) days

On completion of the period of training in a hospital as above, the trainees shall be deputed to work in a health unit outside the headquarters (zonal or divisional) and should participate in all the curative, preventive and promotive health care activities. As far as possible during this period the probationary officers shall work on their own under the advice and guidance of the medical officer in-charge of the health unit. Administrative training also should be imparted by in-charge.

2 (Two) days

Final assessment in CMD's office. Suitability of the probationer should be assessed before being put on a working post and if need be the period of training can be further extended. During these two days the probationary officers shall be subjected to a detailed assessment of their adequacy to hold independent charge.

One Month (Induction course)

This course is specially meant for probationary Medical Officers/new entrants to IRMS and will be conducted at Railway Staff College Vadodara for a period of four weeks. The objectives of the course are:

- i) To expose the new entrants to the administrative set up of IRMS.
- ii) To acquaint them with the functioning of the Railway organisation as a whole.
- iii) To guide them about the rules and regulations which they are supposed to follow while dealing with the patients & with other departments.
- iv) To build a team spirit and working harmony with other departments of Railways.

(Railway Board letter No. [91/E/\(GR\)II/7/19 dated 18/12/1991.](#))

231. Submission of proposals in time :- With a view to ensure that available training facilities are not unnecessarily lost merely on technical grounds like the late submission of proposals, etc., the Railways, in respect of such cases of deputation on duty terms should nominate doctors well in advance of the commencement of a particular course, and send detailed proposal to the Ministry of Railways at least six weeks ahead of the commencement of the course, furnishing, inter alia, the following information :-

(i) Detailed service particulars indicating that the conditions laid down by the Ministry of Railways for the training course are satisfied.

(ii) Details of academic record (under graduate and post-graduate) which should include the nature of examinations passed and marks obtained in each, the number of attempts taken in passing the examinations, details of distinctions obtained, if any, etc.

(iii) Confidential reports of the doctors nominated for the training; if the reports are available in the Ministry of Railways, an indication to that effect should be clearly given.

(iv) The comments/concurrence of the Financial Adviser and Chief Accounts Officer to the proposal.

Section F - Honorary Consultants

232. Introduction :- Honorary consultants are non-railway specialists of repute appointed by the Railways for their headquarters hospitals and divisional hospitals and in specified work shop hospitals and sub-divisional hospitals (a list is given in annexure VII to this chapter) with a view to provide highly specialised consultant services.

233. Maximum number of honorary consultants that may be appointed and ceiling of expenditure therefor :- (1) The maximum number of honorary consultants at those headquarters hospitals of the Railways which are situated at New Delhi, Mumbai, Kolkata and Chennai should be limited to 15, with a ceiling of annual expenditure not exceeding Rs 9,00,000/- for each Head quarters hospital. The maximum number of honorary consultants which may be appointed at the headquarters hospital of North Eastern, Northeast Frontier and South Central Railways should be limited to 10, with a ceiling of an annual expenditure not exceeding Rs.6,00,000/- for each Head quarters hospital. Not more than 4 honorary consultants may be appointed at important divisional hospitals/production units hospitals where the need is

keenly felt. The monetary limit for each Divisional hospitals being Rs.1,92,000/-. Where the Honorary consultants have already been provided as a special case in sub-divisional, work shop hospitals and production units, not more than 3 honorary consultants may be appointed. the expenditure not exceeding Rs.1,44,000/- per annum.

(2) Powers to appoint the honorary consultants in the Head quarters hospitals and Divisional/Sub divisional/Work shop hospitals of the Railways including the renewals of their contracts, within the overall ceiling limits laid down above may be exercised by the General Managers, subject to the terms and conditions laid down.

(3) deleted*(No2002/H-I/12/55 dt 24-3-3).

The following guiding factors are to be kept in view while recommending appointments of such additional Hony. Consultants.

a) The candidate must hold a post graduate degree in the relevant subject and post graduate qualification in the case of super specialties.

b) He/she should have minimum of 10 Years standing in the profession in case he is a post graduate degree holder and 5 years standing in case of double PG qualifications in the case of super-specialties .

c) He/she should have proven abilities as judged by local reputation, publications and attachments.

While processing the proposal for such additional consultants, the following information must be furnished to the Railway Board.

i) Detailed Bio-data of the additional consultant proposed for appointment.

ii) Detailed information of utilisation of existing Hony. Consultants.

iii) Detailed justification for additional consultant with proper projection of work load in the Specialty concerned.

iv) Details of available infra structure in the Specialty where the new consultant is proposed to be appointed.

v) Names and qualifications of regular Railway Medical officers in that Specialty and their deployment

vi) any other relevant information on the subject.

Note :- Consultants should **not** be appointed under the aegis of the Staff Benefit Fund.

234. Disciplines in which honorary consultants may be appointed :- (1) the essential disciplines/specialties in which honorary consultants may be appointed are General Medicine, Cardiology, Paediatrics, General Surgery, Orthopaedics, Ophthalmology, E.N.T. and Gynaecology. The other honorary consultants may be in disciplines over and above those referred to here keeping in view local requirements, provided that the prescribed limits are not exceeded.

(2) Not more than one consultant should be appointed in any particular discipline.

(3) In places like Kolkata and Mumbai, where more than one Railway has got its headquarters hospital (namely, South Eastern and Eastern Railways at Kolkata, Western and Central Railways at Mumbai), the consultants appointed may be for different specialties. A close co-ordination should be maintained between the Railway administrations so that maximum advantage can be derived from these consultants to cover all specialties rather than have duplicates in the same specialty.

235. Terms and conditions :- (1) In entering into contracts with honorary consultants, only competent and reputed specialists who accept the prescribed terms and conditions should be considered. Retired Railway doctors may however be appointed only in exceptional circumstances with the prior approval of Minister of Railways on existing terms and conditions for Hony. consultants. The number of such retired doctors should not exceed 20% of the total number of Hony. Consultants on the Railway/Production unit. Further, in order to expose Railway doctors to different practices and modern developments available in the various specialties, there should be frequent changes among the consultants.

(2) The period of initial appointment would be from the date the honorary consultant joins duty to 31st March of the succeeding financial year.

(3) No doctor who has completed 70 years of age may be appointed or retained as honorary consultant.

(4) No honorary consultant may normally be engaged for more than seven years.

(5) The terms and conditions governing the appointment of honorary consultants are as follows ;

(i) **Conveyance Charges** :- They will be paid "conveyance charges" at the rate of Rs.5000/- per month each at the Head quarts hospitals & Rs 4000/- per month at the divisional/Production Unit/Sub-divisional/Workshop hospitals.

Note :- (1) The conveyance charges do not depend upon the actual number of visits paid.

(2) No conveyance charges are admissible for continuous absence for a period of one month or more.

(ii) They will undertake to work as consultants for a period of two years in the first instance but the period may be extended thereafter. The extension should normally be for 2 years co-terminating on 31st March for administrative convenience. The contracts may be terminated at any time, on one month's notice on either side. The administration reserves the right not to assign any reason for such termination.

(iii) They will be eligible to one set of first class complimentary passes for self and members of their family available over all Indian Railways per year. They will also be eligible to one additional set of first class complimentary pass for self alone to enable them to attend various professional conferences and specialists' meetings.

(iv) The consultants will normally attend the hospital twice a week but may, when requested by the head of the Railway medical institution concerned, attend at any time during the day or night in case of emergencies. The surgeon and the gynecologist consultants may also be called upon to perform operations involving complicated or advanced nature.

(v) In case the consultants are unable to attend the hospital on the appointed days of the week, they have to give prior notice so that alternative arrangements can be made.

(vi) The consultants will not be allowed to treat their own patients in Railway medical institutions but the diagnostic facilities and such other facilities as are provided in the institution will be made available to them on request being made to the head of that institution.

(vii) The consultants will not be authorised to issue any certificates either to the employees or to their family members, or dependent relatives in their official or private capacity.

(viii) The consultants will be required to abide by the rules of the institution to which they are attached.

236. Arrangements in the absence of the honorary consultants :- It is not necessary to make relief arrangements in short term leave vacancies of the consultants nor is it incumbent on the consultant to nominate an alternative in his absence. The regular staff of the hospital should be able to manage the work.

237. Submission of reports by the Railways :- With a view to be able to judge whether or not a particular consultant's services have been utilized a report on the quantum of work done by each consultant should be submitted, in triplicate, to the Ministry every year in April for the preceding financial year in the prescribed proforma as given at [AnnexureIII](#) to this Chapter.

238. Prior approval of the Ministry of Railways :- (1) Prior approval of the Ministry of Railways is necessary for retention of consultant beyond seven year term or beyond 70 years age, or for any change in the terms and conditions.

(2) Proposals for renewal of contract of such consultant in exceptional circumstances in relaxation of paragraph 235(3) & (4) above should be sent to the Railway Ministry along with the Chief Medical Director's certificate stating that the Chief Medical Director has himself examined the whole question, made all attempts to find a suitable replacement and despite best efforts, no substitute is available, for consideration on merit. In such cases the date of birth, the date of appointment, specialty and the quantum of work done should invariably be mentioned.

(3) All proposals requiring prior approval of Railway Board should be sent to the Ministry of Railways well in advance giving them at least two months time to examine the proposals.

(MOR's letters No. 63/H/7/91 dated 12th December 1963. 65/H/7/238 dated 3rd February 1966. No. 65/H/7/260 dated 27th may 1966, No. 66/H/15/69 dated 31st March 1967, No.68/H/7/39 dated 16th September 1967, No.66/H/15/69 dated 18th December 1967, No. 68/H/15/12 dated 23rd April 1968.No.68/H/15/23/dated 28th May 1968.No.70/H/6/1 dated 8th June 1970, No.71/H/6/21 dated 2nd December 1971. No. 72/H/2/6 dated 20th February 1972, No. 75/H2-3/30 dated 9th October 1975, No. 76/H/2-3/2 dated 26th march 1976 and No. 80/H2-3/35 dated 6th November 1980, [No 81/H/2-3/16 dt. 24/09/1981](#) and 95/H/2-3/12 dt. 10/09/1996 and 95/H/2-3/12 Pt. II dt. 09/07/1997 and [2002/H-1/12/55 DT 24-3-3](#))

Section G- Part-time Dentists on the Railways

239. Terms and conditions:-(1) Those part-time dentists who attend the dental clinics, **for two hours on each day**, on all working days may be granted an honorarium of Rs 3950/- and those who attend, **for four hours on each day**, will be paid an honorarium of Rs 790/- per month.

Note: These rates would be valid up to 31-12-05 and will be reviewed thereafter if considered necessary

(2) pass deleted [\(Rly Bd's letter no.96/E \(GR\) II/9/16 dt 20-12-02\)](#)

(3) **Maximum of five annual contracts can be entered into with part time dental surgeons engaged for two hours daily and a maximum of only three annual contracts are permissible in case of Part time dental surgeons engaged for four hour work daily. There should be a breakof a few days between each annual contract**

(4) They may not be retained beyond the age of 60 years.

(5) The detail procedure regarding engagement of Part time dental surgeons is given in Railway Board's letter NO. [2000/H-1/12/27/Pt.I dt 06/10/2000](#).

(Ministry of Railway' letters No.76/H/2-3/16 dated 26th September 1976 and No. 76/H/2-1/20 dt. 27/10/1976, [No. 80/H/2-1/22/pt.dt.03/11/1987](#), [No. 92/H/2-1/1-A, dt.02/05/1995](#), [No. 97/H/2-1/5 dt. 29/12/97](#) No 98/H-1/12/14 dt. 25/12/1998 and No.[2000/H-1/12/27/Pt.I dt 06/10/2000](#))

Section H-Other General Instructions regarding Medical Personnel

240. Attendance at conferences, congresses or meetings:-(1) A Railway doctor, like any other Railway employee, may be officially deputed to attend any conference, congress or meeting, when public interest is there by served. In such cases, the doctor concerned is deemed to be on duty during his period of absence for the purpose and may draw daily allowances on tour.

(2) A Railway doctor may be permitted by the General Manager to attend the meetings of any associations of which the doctor is a member, or any meeting of the associations to which the doctor has been invited to read technical papers. In such cases, the doctor concerned may be granted special casual leave to cover his period of absence and special Railway passes for journeys to and from the place of the meeting, but no daily allowance.

(3) A Railway doctor, like any other Railway employee, may attend, at his own request, any conference, congress or meeting when public interest is served thereby. In such cases, the doctor concerned may be granted special Railway Passes for journeys to and from the place of the meeting, but no daily allowance.

Note :- When medical officers are nominated by the Ministry of Railways to be members of the Sectional Committees set up by the Indian Standards Institution, they may draw daily allowance as per rules applicable to them, and their attendance will be treated as duty for all purposes.

(4) With the approval of The Ministry of Railways, Officers of JA Grade and above may be allowed to become members/life members of maximum of five national/international institutions/societies recognised for the purpose(not more than 2 will be international institutions). 90% of such membership fee will be reimbursed.Other officers as well as Senior supervisors in scale 6500-10500(RS) and 7450-11500 (RS) may be permitted to become members of one national or international institution/society and should be reimbursed 90% of the membership /subscription fee. In case of Senior Supervisors, this may be granted by the General Manager on case to case basis. The list of such institutions/societies is given in [annexure VIII](#) to this chapter

(RlyBd.'s.No.[E \(G\) 90FE1-1dt.24/08/93](#),[E \(G\) 99FE1-1dt.19/03/99](#)and dt.[5/05/1999](#))

241. Purchase of Medical books and journals :- (1) Books and newspapers or other periodical non-official publications, whether published in or out of India, can be purchased, or subscribed for at the public expense with the previous sanction of the General Manager.

(2) The General Manager may re-delegate this power to lower officers. The C.M.Ds may be given up to Rs.45,000/-; The Medical Directors up to Rs 30,000/- when the hospitals are recognised for P.G. Courses and Rs. 15,000/- when the hospitals are not recognised for P.G.Courses; The C.M.Ss in the divisions up to Rs.10,000/- and the M.S s up to Rs.7,500/- per annum for the purpose. The C.M.Ss/ M.S s of production units may be given powers up toRs.10,000/- per year.

(3) The General Manager and the lower authorities to whom he may have delegated powers in this behalf, should make their own arrangement direct with the agent or publishers for the supply of such periodicals etc.

(4) The Chief Medical Director of the Railway should draw up a list of medical books and journals for the use of hospitals and health units of different sizes under him and revise it from time to time to keep it up-to-date.

.Para49-1350 G.I., Ministry of Railways' letters No. 60/M. & H./7/34 dated 1st June 1960, No.E/62/TTC/C/13 dated 19th/20th February 1962, No. 64/H/7/149, dated 19th October 1964 and No. 66/H/7/44 dated 29th May, 1967 and [No.93/H/4-9 dt. 20/01/1994](#)).

242. Honorarium for holding first-aid classes :- A Railway doctor holding first-aid classes for Railway employees and their family members may be allowed an honorarium of Rs.100/- for a session of at least 8 lectures, each of at least two hours of duration, as per the syllabus laid down by the St. John Ambulance Association. Such lectures should be arranged only if a minimum of 12 persons are scheduled to attend. However the honorarium will not vary with the actual number of persons attending later on.

(Ministry of Railway's letters No. E(G)62HOI/9 dated 19th/20th July 1962, No.E(G)63HOI/27dt.. 23/11/1963 and No.[E \(G\) 85HOI-1dt.10/09/1985](#)).

243. House Surgeons :- (1) House Surgeons may be appointed in hospitals that are recognised for post-graduate training as non-teaching institutions by the Medical Council of India. The specialties as well as the number of House Surgeons that can be appointed in each specialty will be stipulated by the Medical Council of India.

(2) The terms and conditions applicable to the House Surgeons will be as follows :-

(i) The remuneration payable will be such as is admissible to House Surgeons in the Civil Hospitals of the area under the Central/State Government.

(ii) The total tenure of a House Officer should not exceed two years which may be in the form of four terms of six months each or two terms of one year each. Exception will be made, however, in the case of House Officers who are selected for and are pursuing Post Graduate course eg. DNB or Diploma of college of Physicians and Surgeons. In such cases, the tenure can be extended up to a total period of four years or till the completion of the Post Graduate course, whichever is earlier. Any extension of tenure beyond two years will be done only with the approval of DG(RHS).

(iii) No private practice will be allowed.

(iv) Free furnished (austerity) accommodation in one of the existing quarters at the recognised hospitals will be given to the House Surgeons. Two to three House Surgeons may be put up in one flat depending on the size.

(v) A Railway telephone will be fixed in the house where the House Surgeons are accommodated.

(vi) Free treatment for the House Surgeons in case of sickness will be admissible.

(vii) There will be no provision for any earned leave but casual leave up to a total of 8 days in a year will be allowed.

(viii) One set of ordinary first class complimentary pass after one year's satisfactory service will be given; available from the place of work to his home town as declared by the House Officer .

(3) The House Surgeons are to be treated as fully qualified doctors during their House Surgeonship in Railway Hospitals, except in so far as administrative powers are concerned.

(4) House Surgeons may also be appointed under the terms and conditions as referred to in sub-para(2) above in the hospitals which have been recognised for training

(5) The powers to appoint House Surgeons will be exercised by the General Managers of the respective Railways. These powers should not be re-delegated to an authority below the rank of PHOD i.e CMD of the Railways. However extension of tenure beyond two years will be done only after the approval of DG(RHS).

(6) A half-yearly Statement showing the number of House Surgeons working in the different hospitals separately should be submitted to the Ministry of Railways in the 1st week of July and in the 1st week of January pertaining to the information of the previous half-year period in the prescribed proforma as given at Annexure VI to this Chapter.

(M.O.R.'s letters No. 77/H/2-1/11 dated 11th April 1978 and No. 80/H/2-1/4 dated 11th November 1980).

244. Whereabouts of the doctors should be known :- (1) Emergency duty arrangements on a roster basis may be made for Railway doctors to enable them to avail themselves of some uninterrupted rest, but the details of such arrangements should be fully known to all concerned Railway staff so that the doctors may be contacted in an emergency without any difficulty.

(2) For this purpose, it is necessary that the information relating to the names of the medical staff on emergency duty with all relevant information like their residential addresses, telephone numbers, etc., is prominently displayed at the hospital/health unit concerned and in the Station Superintendent's Office at the particular Railway station.

(3) It is also necessary that all Railway doctors should leave adequate and correct instructions with the hospital/health unit staff or at their residence, as the case may be, regarding their whereabouts when they go out, so that they may be contacted in emergencies.

(Ministry of Railway's letter No. 66/H/13/40 dated 14th November 1966).

245. Information regarding doctors :- (1) The Railway administrations should send to the Ministry of Railways information regarding all doctors except Contract Medical Practitioners working on their Railway in the pro-forma as given in Annexure IV and V to this chapter. This information should be sent yearly showing position as on 31st December.

(Ministry of Railways' letters No. 62/H/7/144, dated 23rd October 1962, No.65/H/7/205, dated 7th February 1966, No. 66/H/15/50, dated 30th September 1966, No. 69/H/7/24, dated 26th September 1969 and No.95/H/14/5 dated 15/12/1995).

246. Medical practice by Railway employees in general during their spare time :- (1) Railway employees holding recognised qualifications in any system of medicine and registered under the relevant law in force in the State concerned but employed in posts the duties of which do not require the possession of any such qualifications, may be allowed to undertake medical practice during their spare time on a purely charitable basis provided it does not interfere with their official duties.

(2) Such permission may be given by an officer not below the Junior Administrative Grade.

(Ministry of Railways' letter No. E(D. & A.) 64GSI/5, dated 30th May 1964 and 10th November 1965).

247. Posting at unpopular stations :- Good doctors should be posted to unhealthy/unpopular stations/ regions as identified by the Railway administration.

(MOR's letter No. 76/H/2-1/21, dated 14th February 1977).

248. Utilization of services of an outside anesthetist during emergencies:-(1) *When a Railway anesthetist is not available because of the post/posts is/are vacant, or the anesthetist/anesthetists has/have gone on leave/sick, or sent on duty elsewhere out of station, the services of Anesthetist from outside may be utilized on payment of the following fees towards professional services:-

(a) Rs.800/- per case, for General anesthesia in major surgical cases including spinal and epidural block;

(b) Rs.500/- per case, for short duration general anesthesia eg. with pentothal, Ketolar etc., including General Anesthesia in minor surgical operation.

(Rly Bd.'s No.88/H/6-1/29 dt. 06/01/89 , 12/06/96 , [2002/H/23/4 dt 19-4-2002](#) and [*2001/H/23/4 dt.05/07/2002](#))

249. Re employment of retired Staff: (i) The General Managers of the Railways are empowered to re-engage retired paramedical staff on daily rate basis, as per the terms and conditions laid down in Board's letter No. E(NG)II/91/RC-3/79 dated. 18/08/1992.

(ii) It is reiterated that such arrangements may be resorted to in the rarest of the rare circumstances.

(Rly Bd's No.[E\(NG\) II/95/RC-4/1dated 29/03/1995](#))

ANNEXURE I

{ See Para 222(2) }

.....RAILWAY

STATEMENT SHOWING PARTICULARS OF THE RAILWAY OFFICERS/STAFF OF MEDICAL DEPARTMENT RECOMMENDED FOR SPECILIZED TRAINING IN FOREIGN COUNTRIES IN CONNECTION WITH THE

Full Name and designation	Date of birth	Date of appointment	Academic and professional qualifications with full details	Pay/Grade (Substantive) officiating indicating the various posts/assignments held since appointment	Aim and object of training clearly define	Full details of training required in specific terms program period	Details of training and experience already possessed in the subject or trade in which training is required	The work project on which the persons is to be engaged on return	Does he know any language? If so, the standard proficiency already possessed	Special remarks (please give brief justification)
1	2	3	4	5	6	7	8	9	10	11

ANNEXURE II
 { See Para 224 }

STATEMENT SHOWING THE SERVICE PARTICULARS AND QUALIFICATION ETC. OF A.D.M.O.s/D.M.O.s
 HAVING POST GRADUATE DEGREE/DIPLOMA QUALIFICATION AS ON 31ST DECEMBER

Sl. No.	Name of the doctor	Date of birth/age	Present qualifications	Specialty and experience therein	Date of appointment	Seniority position on the Railway/Railways	Medical discipline/subject recommended for higher training	Railway's recommendation for a particular Specialty/fellowship/scholarship in India or abroad	Period of Training recommended
1	2	3	4	5	6	7	8	9	10

ANNEXURE III
 [See Para 237 }

THE QUANTUM OF WORK DONE BY HONORARY CONSULTANTS FOR THE YEAR ENDING 31ST MARCH

Sl. No.	Name of the Consultant	Qualification	Specialty	Date of birth	Date of initial appointment	Date up to which the contract is current
1	2	3	4	5	6	7

PART II

No. of visits	Reasons for shortfall of visits if any	No. of cases seen		Average No. of new cases seen per visit	No. of operations performed	Remarks, if any
		New	Total (New and old)			
8	9	10	11	12	13	14

ANNEXURE IV
(See para 245)
INFORMATION REGARDING CADRE POSITION OF MEDICAL SUPERINTENDENTS, DIVISIONAL
MEDICAL OFFICER, ASSISTANT DIVL. MEDICAL OFFICERS.

Category	Post sanctioned				Posts vacant	Details of vacancies
	Permanent	Temporary	Leave reserve	Total		
Medical Superintendent						
D.M.O.						
A.D.M.O.						

ANNEXURE V
(See Para 245)

INFORMATION REGARDING MEDICAL SUPERINTENDENT, DIVISIONAL MEDICAL OFFICERS AND
SPECIALIST ASSISTANT DIVL. MEDICAL OFFICERS.

Name	Qualifications	Place posted and date of posting there	Specialty

ANNEXURE VI

[See Para 243]

HALF-YEARLY STATEMENT SHOWING PARTICULARS OF HOUSE SURGEONS APPOINTED ON THE
.....RAILWAY FOR THE PERIOD ENDING

Sl. No.	Name of Hospital	Name of specialties recognised	No. of House Surgeon recognised in the specialties	No. of House Surgeon appointed in the different specialties	Remarks
1	2	3	4	5	6

ANNEXURE VII
(See para 232)

List of sub-divisional & work shop hospitals approved for appointment of honorary consultants

- 1.Sub – Divisional Hospital, Andal, Eastern Railway
- 2.Workshop Hospital, Liluah, Eastern Railway
- 3.Workshop Hospital, Kanchrapara, Eastern Railway.
- 4.Workshop Hospital, Jamalpur, Eastern Railway
- 5.Sub- Divisional Hospital, New Katni Jn., Central Railway
- 6.Sub – Divisional Hospital, Tundla, Northern Railway.
- 7.Sub – Divisional Hospital, Saharanpur, Northern Railway
- 8.Sub – Divisional Hospital, Kanpur, Northern Railway.
- 9.Workshop Hospital, Jagadhari, Northern Railway.
- 10.Sub – Divisional Hospital, Gonda, North Eastern Railway.
- 11.Sub – Divisional Hospital, New Jalpaiguri, N.F. Railway.
- 12.Sub – Divisional Hospital, New Bongaigaon, N.F.Railway.
- 13.Sub – Divisional Hospital, Badarpur, N.F.Railway.
- 14.Sub - Divisional Hospital, Arakkonam, Southern Railway.
- 15.Sub – Divisional Hospital, Tatanagar, South Eastern Railway.
- 16.Sub – Divisional Hospital, Bondamunda, South Eastern Railway.
- 17.Sub – Divisional Hospital, Bhilai Marshalling Yard, South Eastern Railway.
- 18.Sub – Divisional Hospital, Sabarmati, Western Railway.
- 19.Sub – Divisional Hospital, Valsad, Western Railway.

(Railway Board's letter [No.88/H/2-3/13 dated 10/11/89](#))

ANNEXURE VIII
(See para 240(4))

List of institutions (National)

1. Institute of Engineers (India)
2. Indian National Group of the International Association of Bridges & Structural Engineers
3. Indian Geo-technical Society
4. Indian Concrete Institute
5. Computer Society of India
6. The Indian Council for Arbitration
7. Institute of Rail Transport
8. Institute of work study, India
9. National Productive council, India
10. Indian Institute of welding
11. Indian Institute of foundry men
12. Institution of plant Engineers, India
13. Institution of Industrial Engineers, India
14. Institution of Mechanical Engineers, India
15. Indian Institute of Metals
16. Institution of Electronics and telecommunication Engineers
17. Neurological Society of India
18. Indian Society of Dept. of Anesthesiology/Anesthetists
19. Indian Society of Gastroenterologists
20. The Association of surgeon of India
21. The Association of Thoracic and cardiovascular surgeons of India
22. Association of Physicians of India
23. The Urological Society of India
24. Indian radiological Association
25. Indian Society of Endocrinology
26. Indian Association of dermatologists and V.D
27. Association of Plastic Surgeons of India
28. Association of tuberculosis of India
29. Cardiological Society of India
30. Association of Otorhinolaryngologists of India
31. Indian Orthopedic Association
32. All India Ophthalmological Society

33. Indian Association of Pathologists and Microbiologists
34. Indian Public Health Association, Association of Prof. of Preventive and Social Medicine
35. Indian Academy of pediatrics
36. Indian Psychiatric Society
37. The Federation of Obstetricians and Gynecologists
38. National college of chest physicians
39. Indian society of transfusion and Immuno-haematology
40. Association of Microbiologists of India
41. Society of Biological Chemists of India
42. Diabetic Association of India
43. Indian Cancer Society and Indian Association of Oncology
44. Indian Cancer Society (Surgeons)
45. Dental Council Of India
46. All India Dental Association
47. Geriatric Society of India
48. National Institute of Personnel Management
49. Indian Railway Institute of Signal engineering and Telecommunication(IRISET), Secunderabad
50. Chartered Institute Of transport (India)
51. Institute of chartered Accountants Of India
52. Institute of costs and works Accountants
53. Institute of Chartered Financial Analysts of India, Hyderabad
54. Indian Economic Society
55. All India Management Society
56. Indian Institute Of Public Administration
57. Institute of Internal Auditors(India) an Affiliate of Institute of Internal Auditors Incorporated Florida U.S.A

List of Institutions(International)

1. Institute of Civil Engineers(U.K)
2. American Society of Civil Engineers
3. Institution of Structural Engineers (U.K.)
4. Institute of Management Services, 1, Cecil court, London Road, England
5. Middlesex Institute of Refrigeration, Kelvin House76 Mill Lane, Carshalton, Surrey
6. Institution of Electrical Engineers, Savoy place, London.
7. Institution of Lighting Engineers, Lennox House , Warwicks.
8. Institution of Mechanical Engineers, 1, Bridcage walk, London.
9. Institute of Management services,290,West minister St,Providence,.
10. American Society of Heating, refrigeration and air conditioning Engineers,91, Tullic circle, Atlanta(USA)
11. Illuminating Engineering Society of North America,345, East 47 th Street New York
12. Institute of electrical and electronics Engineers Inc 345, East 47 th Street New York
13. Institution of Mechanical Engineers (London) U.K.
14. American Railway Engineering Association
15. Institute of Production Engineers, U.K.
16. American Society of Mechanical Engineers
17. Association of Locomotive Maintenance Officers ,U.S.A
18. The Society Of Manufacturing Engineers, U.S.A
19. Institute of Electrical Engineers(London)
20. Journal of American Medical Association
21. Medical Foundation(Sydney)
22. Medical Research Council, London.
23. Medical Research council of Canada
24. Medical Society of clinical Pathologists
25. Medical Society of state of New York
26. British Medical Association , London
27. International Federation of Gynecologists.\& Obs & Family Health
28. American Association of Gynecologists, Laparoscopists
29. American Association of Immunologists
30. Association of American Medical Colleges
31. American Academy of Pediatrics
32. Surgery Gynecology and Obstetrics-Journal of American College of surgeons
33. British Orthopedic Association and the Royal Association for disability and Rehabilitation
34. Council for Post Graduate Medical Education in England and Wales.
35. Royal College of surgeons of England

36. Royal Institute of Public Health
37. Scottish Council for Post graduate Medical Education
38. Society of Orthopedic Medicine
39. Institute of Ophthalmology, London
40. International Union against Tuberculosis and chest Diseases, Paris
41. Institute of Railway signal Engineers, Room 710, Euston House, London
42. Association of American Rail Road(signal Section)30, Vesey street, New York
43. Chartered Institute of Transport(London)
44. Institute of chartered Accountants of England and Wales
45. Chartered Institute of Management Accountants(UK) London
46. Royal Economic Society (UK) London
