Annexure I
Board's letter N.PoC-V/2011/A/Med./1 dated 07.06.2011

UNDERTAKING FORM

[To be submitted in DUPLICATE by pensioners to his/her Pension Disbursing Authority [PDA] one copy to be retained by PCA and other copy to be furnished to pension Sanction Authority by PDA]

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

2. According, I hereby opt to claim fixed medical allowance of Rs.100/- and /or Rs.300/- per month as per prescribed rate. Necessary endorsement may please be made in PPO in this regard. Simultaneously, I undertake that I will not avail of OPD facilities [except in cases of chronic diseases as mentioned in Board's letter No.2006/H/DC/JCM dated 12.10.2006] at Railway hospitals /health units from the day I claim Medical Allowance. I also understand that grant of Medical Allowance is subject to the terms and conditions specified in Board's letters No. PC-V/98/1/7/1/1 dated 21.04.99 and 1.03.2004 and latest being letter No. PC-V/2006/A/Med/1 dated 15.09.2009.

3. I also declare that I have availed of any treatment as Out Door Patient [except in cases of chronic diseases as mentioned in Para-2 above] for the period from ……... [indicate here the date of retirement or the date of availing OPD facility on the last occasion or 1.12.1997, whichever is later] to this day …… [indicate here the date on which this declaration is signed]. I may accordingly be paid arrear of Medical Allowance Rs.100/- and /or Rs.300 per month for the period mentioned above as per prescribed rate.

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

Signature

Name in full
PPO No.
Issued by
SB A/c No.
Post office /Bank
Branch:
Place:
Date: