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IN THE CENTRAL ADMINISTRATIVE TRIBUNAL

PRINCIPAL BENCH, NEW DELHI

OA.No. 918/86

Date of Decision: 20.08.1992

Shri Jai Kishan ..

Applicant

Shri Ajay Kumar Tandon ..

Counsel for the applicant

Versus

Union of India through ..

Respondents

DG Telecom, DG Posts.

Shri P.H. Ramchandani ..

Counsel for respondents

CORAM:

The Hon'ble Mr. P.K. KARTHA, VICE CHAIRMAN(J)

The Hon'ble Mr. B.N. DHOUNDIYAL, MEMBER(A)

1. Whether Reporters of local papers may be allowed to see the Judgement? *Yes*
2. To be referred to the Reporters or not? *Yes*

JUDGEMENT

(of the Bench delivered by

Hon'ble Member Shri B.N. DHOUNDIYAL)

This OA has been filed by Shri Jai Krishan, an LDC in the Department of Posts, New Delhi against the order dated 23.7.86, passed by Additional Director General(A), Ministry of Communication, Department of Posts. The applicant joined the Ministry of Communication as the temporary Peon in 1979 and was promoted as LDC on 21.8.85. Till 14.4.80, he was residing in House No.323, Shakur Pur, Delhi-110 034. He was covered under the CGHS facilities till April 14, 1980, when he shifted to his native village, Sani, District Ghaziabad and this area not being covered under the CGHS, he was exempted and was allowed to get reimbursement for medicines purchased by him. The reimbursement continued upto October 1982 when without assigning any reasons, the respondents stopped such reimbursements. His version is *AN*

that he could not provide adequate medical treatment to his six year old daughter and his mother both of whom expired during 1984. Thereafter he shifted to his present premises in House No.A-178, Shastri Nagar, Sector 16, Ghaziabad in October 1984. He was advised to resume CGHS contribution and after doing so, he went to the designated dispensary on 14.3.85 when the Medical Officer incharge told him that the area where he resided was not covered by CGHS facility. While regular deduction is being made from his salary towards CGHS contribution, the dispensary refuses to provide him the necessary services. On the other hand, he has been put to great financial difficulties due to stoppage of reimbursement for his medical bills. He has made as many as 13 representations to various authorities between 1983 to 1986 to no avail. He prays for following reliefs:-

- (a) The respondents be directed to clear all his pending bills forthwith.
- (b) The respondents be directed to clear all the bills at the earliest and in accordance with rules that might be submitted by him in future.
- (c) The respondents be directed to pay a sum of Rs.50,000/- in the shape of compensation ex-gratia payment to him for the two untimely deaths in his family, for which, they are solely responsible.

2. The respondents have stated that all the claims of the applicant covering the period upto 20th April 1983 have been admitted and the amount reimbursed to him. During the period from 13.4.82 to 20.4.83, he was reimbursed an amount of Rs.4301.10 i.e. an average of Rs.350/- per month. The relevant instructions provided that all claims in excess of Rs.1000/- per year should be thoroughly scrutinised and in case of doubtful nature, verification should be undertaken through a vigilance organisation. In the instant case, Director(Medical), Director(P&T)

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and Ministry of Health etc. have expressed doubts about genuineness of the claims, as most of the prescriptions were written by one particular doctor and the medicines were purchased from one particular chemist. The CMO Ghaziabad, to whom, the case was referred to, disallowed certain certain costly medicines, which were not considered essential. According to the Chief Medical Officer, an over payment of Rs.2921.60 had been made to him, which has not been recovered. His pending bills amounted to Rs.1763.40, out of which, only Rs.494.15 were admitted. This amount was not accepted by the applicant. 11 claims amounting to Rs.1464.05 were preferred during the period between 13.2.84 to 22.8.84, out of which, costly medicines worth Rs.444/- were disallowed. The applicant accepted this payment on 24.12.85. After shifting to A-178, Shastri Nagar, Sector 16, Ghaziabad, more claims have been preferred by him even though he can avail the services under CGHS dispensary No.68. He seems to have represented to the Medical Officer of this dispensary, that he was living in New Shastri Nagar and obtained a certificate to this effect.

3. We have gone through the records of the case and heard the learned counsel for both parties. Rule 6(ii) of the Medical Assessment Rules provides that in case of refusal to admit the claims of the beneficiary, an opportunity should be given to the claimant for being heard. That was not done in the instant case. It would be hard on the low paid employees, if medicines purchased on the basis of the prescriptions written by various doctors are disallowed at a much later date. It is also subject to spot verification, whether the area where the applicant lives is covered under CGHS. The application is, therefore, allowed with the following directions:-

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- (i) The respondents shall designate a senior officer to examine the claims for reimbursement of the medical expenses, in consultation with various medical officers, who wrote the prescriptions. In case of any collusion or other irregularities, the respondents will be at liberty to take appropriate action in accordance with the rules, if there is prima facie evidence in this regard.
- (ii) The respondents may depute a suitable person for the on the spot inspection, in consultation with the Medical Officer incharge of dispensary No.68 to verify whether the area, in which the applicant resides in, is actually covered under CGHS area or not?
- (iii) The respondents will take appropriate decision on the matter, after such an on the spot verification.
- (iv) The above directions shall be complied with, within a period of 3 months from the date of receipt of this order.
- (v) There will be no order as to costs.

B.N. Dhoundiyal
(B.N. DHOUNDIYAL) 20/8/92
MEMBER (A)

P.K. Kartha
(P.K. KARTHA)
VICE CHAIRMAN (J)

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