

**UNDERTAKING FORM (For Fixed Medical Allowance @ Rs. 300/-p.m.)**

Ref: Railway Board's letter No. PC-V/2011/A/Med./1 dated 07.06.2011

(To be submitted in DUPLICATE by pensioners / family pensioners to the concerned Pension Disbursing Authority (PDA) / Pension Sanctioning Authority (PSA), whichever is applicable. PDA should retain one copy of the Undertaking and furnish the other to the PSA for necessary action.)

I \_\_\_\_\_  
a retired employee/family pensioner whose \_\_\_\_\_  
(specify relation of family pensioner with deceased Railway employees 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. PC-V/98/I/7/1/1, dated 21.4.1999.

2. Accordingly, 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 my 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 hospital/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 letter No. 98/I/7/1/1 dated 21.4.1999 and dt. 1.3.2004 and last being letter No. PC-V/2006/A/Med/1,dated 15.9.2009..

3. I also declare that I have not availed 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 in 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 correct 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. \_\_\_\_\_

Issue By \_\_\_\_\_

SB A/C No \_\_\_\_\_

Post office/Bank \_\_\_\_\_

Branch \_\_\_\_\_

Place \_\_\_\_\_

Date \_\_\_\_\_

**Service By:** J.R.Bhosale Gen.Secy. Western Railway Employees' Union-Grant Road (East) Station Building, Mumbai.

**Help:** Santosh Pawar 09724091002 & Vinod Manjrawala 09427534295