

To

The Director General  
Armed Forces Medical Services  
Ministry of Defence, New Delhi

**PROVISION OF MEDICAL FACILITIES TO GREF PERSONNEL AND THEIR  
DEPENDENTS AT AFMS HEALTHCARE FACILITIES IN HARD HARD AREAS,  
HIGH ALTITUDE AREAS AND HOSTILE AREAS**

Sir,

In continuation of Government of India, Ministry of Defence letter No. 20214/DGAFMS/DG-3A/111/2020/D(Medical) dated 09.03.2020, I am directed to convey the approval of the President of India for extending medical care facilities from Armed Forces Medical Services (AFMS) to General Reserve Engineer Force (GREF) personnel and their dependents who are posted in Hard Hard Areas (HHA), High Altitude Areas (HAA) and Hostile Areas (HA).

2. All GREF personnel and their dependents posted to HHA, HAA or HA will report to their Authorized Medical Attendant (AMA) in the first instance. They may be further referred by the AMA to the nearest AFMS healthcare facility subject to the following conditions: -

(a) The facilities can be availed by serving GREF personnel and their dependents only. Dependents for the purpose of medical attendance includes his wife/her husband, wholly dependent parents and the individual's unmarried children, including step children adopted children and widowed daughters who are dependent on the officer. It does not include children adopted by serving GREF personnel, nor the individual's children given away in adoption, nor children adopted by GREF personnel's widower/widow, unless the child was adopted before the personnel became a widower/widow or, unless the personnel has other children who are entitled to medical attendance. The children of a divorced personnel are not included unless the personnel has been made their legal custodian, even though the personnel may contribute to their maintenance. The wife of an GREF personnel legally separated from him and his children (under 18 years) in her custody will also be included, so long as the personnel is responsible for their maintenance. Wholly dependent parents means parents who normally reside with the GREF personnel and whose total monthly income does not exceed Rs 9000/- plus the amount of dearness relief on basic pension of Rs 9000/- as on the date of consideration.

(b) Treatment at AFMS healthcare facilities may be utilized by GREF personnel and their dependents only in HHA, HAA and HA.

(c) Certificate of non-availability of accommodation from civil hospitals will not be required.

(d) Treatment at AFMS healthcare facilities will be limited to the extent as is available locally in non-emergent cases.

(e) The entire expenditure on admission, investigation, treatment and transfer of cases as required will be borne by the BRO through book debit system.

(f) Following superannuation from service, GREF personnel and their dependents would continue to avail the medical facilities under the provisions of CS(MA) Rules 1944 as applicable to Central Govt employees.



3. In the event of life threatening emergency, patients who are on Dangerously Ill/ Seriously Ill List, when specialist services are not available in the local AFMS healthcare facility, the patient may be evacuated to a service hospital within the chain of evacuation where such specialized treatment facilities are available. However, if the particular treatment facility is available at the local civil hospital, treatment options therein must be explored first before a decision to transfer the patient to a Zonal or Command Hospital of the Armed Forces is taken. At a Zonal/ Command Hospital of the AFMS, on resolution of the emergent condition, the patient will be discharged for further convalescent therapy at civil medical institutions, where such facilities are available as per CS (MA) Rules.

4. **Hospital Stoppages**

(a) Hospital Stoppages will be charged at rates as per provisions of Para 298 of RMSAF 2010 (Rev Ver). Cost of treatment including charges for investigations and medications will be as per CGHS prescribed rates.

(b) Any drugs/ consumables purchased locally or specialized investigations undertaken in civil diagnostic centres will be charged on cost to cost basis. (The BRO shall ensure the availability of funds for arranging such investigation/ purchase of drugs and consumables from civil institutions/ local market)

(c) Hospital Stoppages and other bills will be sent to the unit of the patient for settling the same through book transactions, under intimation to all concerned.

5. **Transfer of patients.** In case of emergencies, when transfer of patient to a higher AFMS healthcare facility is recommended, the patient will be transferred by service transport/ rail. All expenditure incurred by the AFMS healthcare facility for patient transport will be borne by BRO. The relevant warrants/ vouchers will be effected 'Debitable to BRO Project.' If air evacuation is requisitioned by the treating AFMS Medical Officer, the same will be charged to BRO.

6. **Medical Boards.** The specialists of the Armed Forces Medical Service will give their opinion with regard to the disability and recommend medical category to GREF personnel posted in HHA, HAA and HA as per the rules of the GREF in force. The GREF shall arrange all sick leave review/ re-categorization boards of these patients.

7. The above provisions will be valid for a period of five years with effect from 26.09.2023 to 25.09.2028 or further revision, whichever is earlier.

8. All letters issued by the Ministry of Defence on the subject in the past stand superseded.

9. This issues with the concurrence of Ministry of Defence (Finance) vide their ID Note No. 209/AG/PD/2023 of RF.3 (20)/2001-AG/PD dated 21.09.2023.



(Surit D Chowdhury)

Under Secretary to the Government of India

Tele: 2301 6684

**Copy to**

CGDA New Delhi, DADS New Delhi, Sr Dy DADS Meerut, CsDA, Western Command Meerut, Northern Command Jammu, Eastern Command Patna, Air Force Dehradun, Dy DADS Meerut, Patna, Dehradun, The Chief of the General Staff/SD-5, The Adjutant General, AG Coord and AGO/Ord, The QMG, Q-13 and ST-11, MoD (GS-I), AFA (AG), AFA (QA), AFA (AF), DGMS (Army), (Navy) and (Air Force), DGBR Naraina Vihar New Delhi

To

The Director General  
Armed Forces Medical Services  
Ministry of Defence, New Delhi

**PROVISION OF MEDICAL FACILITIES TO GREF PERSONNEL POSTED AT HARD HARD AREAS (HHA), HIGH ALTITUDE AREAS (HAA) AND HOSTILE AREAS**

Sir,

In continuation of Government of India Ministry of Defence letter No. 20214/DGAFMS/DG-3A/782/2015/D(Med) dated 20<sup>th</sup> May 2015 and letter No. 20214/DGAFMS/DG-3A/1503/17/D(Med) dated 9<sup>th</sup> Aug 2017, on the subject cited above, I am directed to convey the approval of the President of India for extension of medical care facilities from Armed Forces Medical Services (AFMS) to General Reserve Engineer Force (GREF) personnel (self only) who are posted in Hard Hard Areas (HHA), High Altitude Areas (HAA) and Hostile Areas, as classified by BRO, for a further period of five years wef 20.05.2020 to 19.05.2025.

2. All GREF personnel posted to units in Hard Hard Area (HHA), High Altitude Areas (HHA) and Hostile area needing medical care will report to their Authorised Medical Attendant at the BRO in the first instance. They may be further referred by the Authorised Medical Attendant(AMA) to the nearest AFMS unit (Border Static/Hospitals/MI Room) subject to the following conditions:-

- (a) The facilities will be for 'self only'.
- (b) AFMS facility may be utilized by GREF personnel (self only) in HHA/HAA/HA areas on referral from AMA even if a civil hospital exists in such areas.
- (c) Certificate of non-availability of accommodation from civil hospitals will not be required.
- (d) When admitted to Armed Forces Hospitals they will only be entitled to receive treatment to the extent facilities as are available at the local station.
- (e) The entire expenditure on admission, investigation, treatment and transfer of cases as required will be borne by the BRO through book debit system".

3. Life Saving Emergency Situation. In the event of life threatening emergency, patients, who are on DI/SI List, when the service of general surgeon and general physician are not available in the local service hospital, the patient may be evacuated to a service hospital, next in the chain of evacuation. In case the treating physician/surgeon is of the opinion that the services of any other specialist is required for saving the life, and, such facility is not available from the local civil medical hospital, as certified by the OC hospital, where the patient is undergoing treatment, the patient may be transferred to the Zonal/Command Hospital in the chain of evacuation. As soon as the emergency condition is stabilized, the patient will be discharged from the service hospital, in the care of local medical/admnref of BRO with an advice to have further treatment done at the civil medical institution, where such facilities are available as per CS (MA) Rules.

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Hospital Stoppages:

(a) The hospital stoppages will be charged at the rates in force in accordance with the rules as per Para 298 of RMSAF 2010 (Rev). The hospital stoppages shall cover charges for the bed/accommodation, diet, linen, consultation, and treatment including drugs and routine laboratory investigations.

(b) (i) All cost for investigations carried out like MRI scan, bone scan, MRI etc, in a service hospital/civil institutes, the rates shall be recovered as per the rates laid down by the CGHS for their beneficiaries

(ii) Any drugs/ consumables purchased locally will be charged on cost to cost basis (The BRO shall ensure the availability of funds for arranging such investigation/purchase of drugs and consumables from local market/civil institutes)

(c) Hospital stoppages and other bills will be sent to the unit of the patient for settling the same through book transactions, under intimation to all concerned.

5. **Transfer of Patient:** In case of emergency conditions, when the transfer to another service hospital is recommended, the patient will be transferred by the service's transport/by rail. If air evacuation is requisitioned by the treating medical officer the cost of the same will be charged to BRO. All expenditure incurred by the Armed Forces Medical Units for transport, which is not covered by the hospital stoppages rates will be borne by the BRO. The relevant warrants vouchers will be effected "Debitable to BRO Project".

6. **Medical Boards:** The specialists of the Armed Forces Medical Service will give their opinion with regard to the disability and recommend medical category as per the rules of the GREF in force. The GREF shall arrange all, sick leave review/re-categorisation boards of these patients.

7. The above provision will be valid for a period of five years with effect from 20.05.2020 to 19.05.2025 or further revision, which is earlier.

8. All the letters issued by the Ministry of Defence on the subject in the past stand superseded.

9. This issues with concurrence of Ministry of Defence (Finance) vide their Diary No 7/AG/PD-2020 dated 22.01.2020.

(A.H. Ganesh)

Under Secretary to the Government of India

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Copy to:

CGDA, New Delhi, DADS, New Delhi, Sr Dy DADS, Meerut, CsDA, Western Command, Meerut, Northern Command Jammu, Eastern Command, Patna Air Force, Dehradun, Dy DADS Meerut, Patna, Dehradun, The Chief of the General Staff/SD-5  
The Adjutant General, AG Coord and AGO/Ord, The QMG, Q-13 and ST-11, DGAFMS MoD (GS-I), AFA (AG), AFA (QA), AFA (AF), DGMS (Army), (Navy) and (Air Force) DGBR, Naraina Vihar, New Delhi