

**File No.2(52)Estt.I/Vol.II**  
ICAR-CENTRAL SHEEP AND WOOL RESEARCH INSTITUTE  
AVIKANAGAR, DISTT. TONK, RAJASTHAN – 304 501

Dated :- 31-01-2022

Endorsement

A copy of D.O. letter No. ADMN.16(03)/2013-Estt.III-Part.I(19832) dated 21<sup>st</sup> Jan., 2022 (Attachment) received from Shri Pawan Kumar Ojha, Under Secretary (Admn), Indian Council of Agricultural Research, Krishi Bhawan, New Delhi regarding – Guidelines for appointment and renewal of Authorised Medical Attendants (AMAs) is forwarded for information and necessary action..

-Sd/-  
(D.L. Verma)  
Asstt. Administrative Officer

Distributions :  
All staff members of the main Institute  
and sub-station

Signed by Durga Lal Verma  
Date: 31-01-2022 16:28:13  
Reason: Approved

**भारतीय कृषि अनुसंधान परिषद**  
**INDIAN COUNCIL OF AGRICULTURAL RESEARCH**  
**कृषि भवन, डॉ. राजेंद्र प्रसाद मार्ग, नई दिल्ली - 110001**  
**KRISHI BHAWAN, DR. RAJENDRA PRASAD ROAD, NEW DELHI - 110001**

F.No.ADMN.16(03)/2013- Estt.III-Part.I (19832)

Dated : 21<sup>st</sup> Jan, 2022

To

Directors/Project Directors/All ICAR Research Institutes/  
 National Research Centres/Project Directorates/Bureaus/ATARI

**Subject:** - Guidelines for appointment and renewal of Authorised Medical Attendants (AMAs).

Sir/Madam,

The undersigned is directed to refer to the subject mentioned above and to say that the issue regarding the hiring and extension of Authorised Medical Attendants (AMAs) covered under CS (MA) Rules, 1944 in ICAR system has been considered in the Council.

2. In this context, it has been decided that a three member committee may be nominated by the Director of the concerned institute for extension of tenure of AMA for the employees of the institutes and their family members. The recommendations of the committee be submitted for approval of the competent authority of the Institute.

3. Further, the following guidelines as also enumerated in DoPT OM No.D-12015/126/2012-13/B&A dated 04.07.2013, may be followed for appointment as well as extension of tenure of AMA as per CS(MA) Rules, 1944:

A. As per the guidelines, in case of appointment of AMA, the following documents are required:

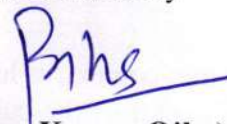
- i. A letter from the Govt. servant requesting for the appointment of AMA.
- ii. Address Proof of the Govt. servant residing at non-CGHS area.
- iii. Willingness Certificate (As per Annexure-VII of the OM) from the Private Medical Practitioner to be appointed as AMA in this Department and to provide medical service for the Central Govt. employees of this Department and members of their families residing at the area within the radius of 16 kilometres.
- iv. A prescribed declaration (Affidavit) (As per Annexure-B of the OM) should be submitted on non-judicial stamped paper of the appropriate value.
- v. A local police verification form (As per Annexure-D of the OM) to be filled by the concerned doctor (in duplicate) or a letter appointing him/her as AMA by other central Govt. Ministries/ Departments.

- B. In the case of renewal of tenure of AMA, the following documents are required:
- i. A letter from the Govt. servant requesting for the renewal of AMA. This should be submitted well in advance before the completion of the tenure of AMA and if the request is received after the expiry of the tenure of AMA, the Govt servant has to follow the guidelines which are applicable for initial appointment of AMA.
  - ii. An undertaking (As per Annexure-VIII of the OM) from the AMA stating that "He is not involved in any corrupt practice and no case has been lodged against him at any police station/CBI/CVC/any court etc." and the willing certificate (As per Annexure-VII of the OM).
  - iii. Photocopy of the earlier letter appointing the AMA by the department.

4. Initially, the AMA would be appointed for a period of one year. However, the tenure of AMA can be renewed on an annual basis. The appointment or tenure of AMA can be terminated by Head of Department at any time, if needed.

This issues with the approval of the competent authority.

Yours faithfully



(Pawan Kumar Ojha)  
Under Secretary (Admn)

**Encl.:** As above

**Distribution:-**

1. PSO to DG, ICAR, PPS to Secretary, ICAR, PPS to AS&FA(DARE)/ICAR.
2. Media & information unit for uploading the OM on ICAR website.
3. E-office notice board.
4. Guard file/Spare copies.

D-12015/126/2012-13/B&A  
Government of India  
Ministry of Personnel, P.G. and Pensions,  
(Department of Personnel and Training)  
\*\*\*\*\*

New Delhi, the 4<sup>th</sup> July, 2013

**OFFICE MEMORANDUM**

Sub: Revised guidelines for submission of Medical claims – reg.

The undersigned is directed to circulate the modified guidelines with regard to reimbursement of medical claim in respect of CGHS / CS(MA) beneficiaries of this department. The guidelines are placed in the following 3 annexure for information and guidance to the employees:-

|    |               |  |
|----|---------------|--|
| 1. | Annexure - I  | Guidelines for CGHS beneficiaries            |
| 2. | Annexure - II | Guidelines for CS(MA) beneficiaries          |
| 3. | Annexure - IV | Guidelines for appointment or renewal of AMA |

2. The following enclosed pro-forma may also be used as per requirement while submitting medical claims or appointing AMA:-

|     |                 |   |
|-----|-----------------|---|
| 4.  | Annexure - III  | Prior permission for CGHS / CS(MA) beneficiaries          |
| 5.  | Annexure - V    | Essentiality Certificate 'A' for OPD treatment            |
| 6.  | Annexure - VI   | Essentiality Certificate 'B' for IPD treatment            |
| 7.  | Annexure - B    | Declaration for the appointment of AMA                    |
| 8.  | Annexure - D    | Local Police Verification form for the appointment of AMA |
| 9.  | Annexure - VII  | Willingness Certificate for the appointment of AMA        |
| 10. | Annexure - VIII | Undertaking for the renewal of AMA                        |
| 11. | Annexure - IX   | Affidavit in the case of loss of original bills           |
| 12. | Annexure - X    | Affidavit in the case of death of card holder             |

3. All the employees are requested to follow the revised guidelines at the time of submission of medical claims.

*Jayanthi Sriram*  
(Jayanthi Sriram) 4/7/13  
Under Secretary to the Govt. of India  
Tel: 23094051

Encl: as above.

To

1. All Officers and Staff.
2. All sections / Desks of the Department.
3. Notice Board.
4. NIC with the request to upload in Intra MOP Portal.

**GUIDELINES TO BE FOLLOWED BY CGHS BENEFICIARIES WHILE SUBMITTING  
MEDICAL CLAIMS**

1. If the central Govt. employee or a member of his family covered under CGHS falls ill at a place not covered under CGHS, **the treatment shall be considered under CS(MA) rules.**
2. The reimbursement of medical claims should be submitted in prescribed form (Medical 2004 Form) which is available in the **Intra MOP portal**, along with all requisite enclosures stated below **In DUPLICATE** for OPD & IPD treatment.

**I) In the case of OPD treatment (Out Patient Department),**

- a) **Self-attested photocopy of the prescription** should be attached with the claim.
- b) Photocopy of the CGHS cards of the Govt. servant and the patient.
- c) Original Cash Receipts / Bills / Invoices **with break-up of charges in detail.**
- d) The claim should be submitted within the stipulated time limit of 90 days from the date of completion of the treatment / tests. In case of delay in submission of medical claim, a self-explanatory letter should be submitted for **the consideration of Head of Department** narrating **valid reason(s)** for the delay.
- e) Prior permission from the Department **is not required for the investigations for which CGHS rates are available.** However, the prior permission is needed in the following cases on the advice of the Govt. or CGHS specialist:-
  - (i) Treatment from a CGHS approved hospital in non-emergent cases.
  - (ii) Investigations for which CGHS rates are not available.

The following websites may be used for finding out the list of Empanelled hospitals, the rates admissible for investigations and for treatment procedure respectively.

- ⇒ <http://msotransparent.nic.in/writereaddata/cghsdata/mainlinkfile/File483.pdf> (list of hospitals)
  - ⇒ <http://msotransparent.nic.in/writereaddata/cghsdata/mainlinkfile/File284.pdf> (Investigations)
  - ⇒ <http://msotransparent.nic.in/writereaddata/cghsdata/mainlinkfile/File221.pdf> (procedures)
- f) The medical prescription shall be treated as valid for a single use within a period of **two weeks from the date of prescription** unless the Govt. Specialist indicates the date after which the prescribed tests are to be conducted. Otherwise, it would require revalidation or issue of fresh prescription.
  - g) Cost of medicines purchased by CGHS beneficiaries for OPD treatment is not reimbursable as per CGHS rules. The same should be got issued from the concerned CGHS dispensary.

**II) In the case of IPD treatment (In Patient Department/ Admitted Treatment),**

- h) The points mentioned in (a) to (d) above have also to be followed in IPD treatment.
- i) Photocopy of the **Discharge Summary** from the hospital clearly outlining the patient's condition, treatment received and medication advised.
- j) **In case of emergency treatment, Emergency Certificate along with a self-explanatory letter for ex-post facto permission and Essentiality Certificate - B (in the case of treatment obtained from Private Hospital)** issued by the treating doctor should be produced. Emergency treatment can be taken from private hospital in case there is no Govt. / recognized hospital nearby.

**Note:-**

- Employee Code of the Govt. Servant may be mentioned in the medical claim pro-forma.
- A photograph of the Govt. Servant may be furnished at the time of first claim in a Fin. Year.

Part III Section  
**GUIDELINES TO BE FOLLOWED BY CS(MA) BENEFICIARIES WHILE SUBMITTING MEDICAL CLAIMS**

1. Under CS(MA) rules, the treatment taken from an AMA after the expiry of his tenure **shall not be considered** for reimbursement treating him as a private practitioner. His term should be renewed promptly before expiry.
2. The reimbursement of medical claims should be submitted in the prescribed form (Medical 97 Form) which is available in the **intra MOP portal**, along with all requisite enclosures stated below in **DUPLICATE** for OPD & IPD treatment.

**I) In the case of OPD treatment (Out Patient Department).**

- a) **Self-attested photocopy of the prescription** issued by the treating doctor / AMA.
- b) Photocopy of the letter appointing the AMA (Authorized Medical Attendant) by the Department.
- c) Original Cash Receipts / Bills / Invoices **with break-up of charges in detail.**
- d) Photocopy of the prior permission obtained from the Department for undergoing the investigations / treatment.
- e) All the cash receipts and **Essentiality Certificate A for OPD or Essentiality Certificate B for IPD** should be got verified by the treating doctor / AMA as the case may be.
- f) The claim should be submitted within the stipulated time limit of 90 days from the completion of the treatment / tests. . In case of delay in submission of medical claim, a self-explanatory letter should be submitted **for consideration of Head of Department** narrating **valid reason(s)** for the delay.
- g) The following websites may be used for finding out the list of Empanelled Hospitals, the rates admissible for investigations and for treatment procedure respectively.
  - ⇒ <http://msotransparent.nic.in/writereaddata/cghsdata/mainlinkfile/File483.pdf> (list of hospitals)
  - ⇒ <http://msotransparent.nic.in/writereaddata/cghsdata/mainlinkfile/File284.pdf> (Investigations)
  - ⇒ <http://msotransparent.nic.in/writereaddata/cghsdata/mainlinkfile/File221.pdf> (procedures)
- h) The medical prescription shall be treated as valid for a single use within a period of **two weeks from the date of prescription** unless the AMA or Govt. Specialist or treating doctor indicates the date after which the prescribed tests are to be conducted. Otherwise, it would require revalidation or issue of fresh prescription.

**II) In the case of IPD treatment (In Patient Department / Admitted Treatment).**

- i) The points mentioned in (a) to (f) above have also to be followed in IPD treatment.
- j) Photocopy of the **Discharge Summary** from the hospital clearly outlining the patient's condition, treatment received and medication advised.
- k) **In case of Emergency Treatment, Emergency Certificate along with a self-explanatory letter for ex-post facto permission and Essentiality Certificate - B** issued by the treating doctor should be produced. Emergency treatment can be taken from private hospital in case there is no Govt. / recognized hospital nearby.

**Note:-**

- Employee Code of the Govt. Servant may be mentioned in the medical claim pro-forma for administrative convenience.
- A photograph of the Govt. Servant may be furnished at the time of first claim in a Financial Year.

ANNEXURE - 1

**PRO-FORMA FOR SEEKING PRIOR PERMISSION FOR UNDERGOING TESTS /  
TREATMENT UNDER CGHS / CS(MA) RULES**

|   |  |   |
|---|--|---|
| 1 | Name, Designation & Employee code of the Govt. Servant   |   |
| 2 | Office address (Please indicate section /division & place of duty only) along with Contact Numbers (Inter-com No./Office Ph. No. / Mobile Number)  |   |
| 3 | CGHS card number of the Govt. Servant and its validity (applicable for CGHS beneficiary only) <i>(Please enclose photocopy of the CGHS card)</i>   |   |
| 4 | Name of the patient and relationship with the Govt. Servant  |   |
| 5 | CGHS card number of the patient and its validity (applicable for CGHS beneficiary only) <i>(Please enclose photocopy of the CGHS card)</i>   |   |
| 6 | The treatment / tests is/are recommended by :-<br>(a) Name of the Govt. hospital / CGHS Dispensary (in case of CGHS beneficiaries)<br>(b) Name of the Govt. Hospital / AMA <i>(Enclose photocopy of the appointment letter of AMA)</i> |   |
| 7 | The date of prescription in which the test(s) / treatment is recommended by the Doctor <i>(Please enclose photocopy of the prescription)</i>   |   |
| 8 | Treatment / Tests required, as advised by the treating doctor  |   |
| a |  | g |
| b |  | h |
| c |  | i |
| d |  | j |
| e |  | k |
| f |  | l |

Date :

Place :

Signature of the Govt. Servant

**FOR OFFICE USE ONLY**  
**Department of Personnel & Training**  
**(Budget & Accounts Section)**

The permission as requested above may be granted for undergoing the tests / treatment as advised by the treating doctor vide prescription dated above (Sl. No: 8) from any CGHS empanelled hospitals/ centers under CGHS rules or CGHS / CS(MA) rules.

**US (B&A)**

**Director (Admn.)**

**GUIDELINES TO BE FOLLOWED BY CS(MA) BENEFICIARIES FOR APPOINTMENT OR RENEWAL OF AMA (AUTHORISED MEDICAL ATTENDANT)**

**i) General Conditions**

1. The intention is to appoint private registered medical practitioners as AMA only where adequate number of Doctors in the employ of the Central Government or the concerned State Government is not available to be declared as AMA.
2. The Government officials and / or their entitled family members are not entitled for taking treatment from private medical practitioners appointed as AMAs **outside their normal duty station.**
3. Where no AMA has been appointed in a suburban area, the Government servant would be free to consult an AMA (Govt. Doctors) employed in a Government hospital in the adjoining city.
4. AMA can be appointed by the Govt. servants for the area which is not covered under CGHS.
5. Dental treatment has to be obtained only from Government / recognized hospital under CS(MA) rules, 1944 and not from private institutions. Hence, no private dentists can be appointed as AMA.

**ii) In the case of Appointment of AMA, the following documents are required:-**

- a) A letter from the Govt. servant requesting for the appointment of AMA.
- b) Address Proof of the Govt. servant residing at non-CGHS area.
- c) Willingness Certificate from the Private Medical Practitioner to be appointed as AMA in this Department and to provide medical service for the Central Government employees of this Department and members of their families residing at the area within the radius of 16 kilometers.
- d) A prescribed declaration (Affidavit) should be submitted on non-judicial stamped paper of the appropriate value.
- e) A local police verification form to be filled by the concerned doctor (in duplicate) or a letter appointing him / her as AMA by other central Govt. Ministries / Departments.

**iii) In the case of renewal of AMA, the following documents are required:-**

- f) A letter from the Govt. servant requesting for the renewal of AMA. This should be submitted well in advance before the completion of the tenure of AMA. After the expiry of the tenure of AMA, the Govt. servant has to follow the guidelines for the appointment of AMA as mentioned in Para - II above.
- g) An undertaking from the AMA stating that "he is not involved in any corrupt practice and no case has been lodged against him at any local police station / CBI / CVC / any court etc" and the willing certificate (Para - II C).
- h) Photocopy of the earlier letter appointing the AMA by the Department.

**Note:-**

- Initially, an AMA would be appointed for a period of one year. However, the tenure of AMA can be renewed on an annual basis.
- The appointment or tenure of AMA can be terminated by Head of Department at any time, if needed.



ESSENTIALITY CERTIFICATE

ANNEXURE - V

CERTIFICATE 'A'

Under Central Service (Medical Attendance) Rules  
(To be completed in the case of patients who are not admitted to hospital for treatment)

Certificate granted to Mrs./Mr./Miss ..... wife/son/daughter of  
Mr. .... employed in the .....  
I, Dr. .... hereby certify :-

- (a) that I charged and received Rs. .... for ..... consultations on ..... (date to be given) at my consulting room/at the residence of the patient.
- (b) that I charged and received Rs. .... for administering ..... intra/muscular/subcutaneous injections on ..... at my consulting room /at the residence of the patient.
- (c) that the injections administered were not / were for immunising or prophylactic purposes.
- (d) that the patient has been under treatment at ..... hospital /my consulting room and that the under mentioned medicines prescribed by me in this connection were essential for the recovery / preventions of serious deterioration in the condition of the patient. The medicines are not stocked in the ( name of hospital) ..... for the supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods , toilets or disinfectants.

| Sl. | Name of medicine | Price | Sl. | Name of medicine | Price |
|-----|------------------|-------|-----|------------------|-------|
| 1   |                  |       | 7   |                  |       |
| 2   |                  |       | 8   |                  |       |
| 3   |                  |       | 9   |                  |       |
| 4   |                  |       | 10  |                  |       |
| 5   |                  |       | 11  |                  |       |
| 6   |                  |       | 12  |                  |       |
|     |                  |       |     |                  |       |

- (e) that the patient is /was suffering from ..... and is /was under my treatment from ..... to .....
- (f) that the patient is/was not given pre-natal or post-natal treatment.
- (g) that X-ray, laboratory test,etc. for which an expenditure of Rs. .... was incurred was necessary and were undertaken on my advice at .....
- (h) that I referred the patient to Dr. .... for specialist consultation and that the necessary approval of the ..... (name of the Chief Administrative Medical Officer) as required under the rules was obtained.
- (i) that the patient did not require / required hospitalization.

Dated .....

Signature of AMA/Designation of  
the Medical Officer and Hospital  
(Dispensary to which attached)

**ESSENTIALITY CERTIFICATE  
CERTIFICATE-B**

ANNEXURE - VI

(To be completed in the case of patients WHO ARE ADMITTED to Hospital for treatment)

Certificate granted to Mrs./Mr./Miss ..... wife /son/daughter of Mr./ Mrs./ Miss ..... employed .....

**PART-A**  
I, Dr. .... hereby certify :-

- (a) that the patient was admitted to hospital on the advice of ..... (name of the medical officer)/on my advice;
- (b) that the patient has been under treatment at ..... and that the undermentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the ..... (name of the hospital) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available not preparations which are primarily foods, toilets or disinfectants.

| Sl. | Name of medicine | Price | Sl. | Name of medicine | Price |
|-----|------------------|-------|-----|------------------|-------|
| 1   |                  |       | 7   |                  |       |
| 2   |                  |       | 8   |                  |       |
| 3   |                  |       | 9   |                  |       |
| 4   |                  |       | 10  |                  |       |
| 5   |                  |       | 11  |                  |       |
| 6   |                  |       | 12  |                  |       |
|     |                  |       |     |                  |       |

- (c) that the injections administered were/were not for immunising of prophylactic purposes;
- (d) that the patient is/was suffering from ..... and is/was under treatment from ..... to .....
- (e) that the X-ray, laboratory test etc. for which an expenditure of Rs..... was incurred were necessary and were undertaken on my advice at ..... (name of hospital or laboratory);
- (f) that I called on Dr. .... for specialist consultation and that the necessary approval of the ..... (name of the Chief Administrative Medical Officer of the State) as required under the rules, was obtained.

Signature and Designation of the  
Medical Officer-in-charge of the case at the hospital.

**PART B**

certify that the patient has been under treatment at the ..... hospital and that the service of the special nurses for which an expenditure of Rs..... was incurred, vide bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

Signature of the Medical Officer-in-charge  
of the case at the hospital.

**COUNTERSIGNED**

\* I certify that the patient has been under treatment at the ..... hospital and that the facilities provided were the minimum which were essential for the patient's treatment.

Place .....

Medical Superintendent  
.....Hospital

**NOTE:- CERTIFICATES NOT APPLICABLE SHOULD BE STRUCK OFF. CERTIFICATE (B) IS COMPULSORY AND MUST BE FILLED IN BY THE MEDICAL OFFICER IN ALL CASES.**

ANNEXURE - 'B'

ANNEXURE "B"

(To be given on non-judicial stamped paper of the appropriate value)

DECLARATION

I, \_\_\_\_\_, s/o \_\_\_\_\_, residence of \_\_\_\_\_ taluka  
District \_\_\_\_\_ do hereby solemnly declare and  
affirm—

- (i) that I am registered with the State Medical Council of the State of \_\_\_\_\_ under the Medical Council Act / Indian Medicine Central Council Act / Homoeopathy Central Council Act and that my Registration No. is \_\_\_\_\_
- (ii) that I have gone through \_\_\_\_\_ and agree to abide by the conditions laid down therein. I also agree to abide by the orders issued in this connection from time to time.
- (iii) that I shall charge consultation and injection fee at the prescribed rates as may be modified from time to time.
- (iv) that I have noted that my nomination as authorized medical attendant does not confer any right to be confirmed as an authorized medical attendant and that my nomination could be terminated at any time by the nominating authority without assigning any reasons or giving any notice.

Place \_\_\_\_\_

Date \_\_\_\_\_

Signature of Registered  
Medical Practitioner

Attested \_\_\_\_\_

Section

ANNEXURE "D"

(To be filled by the concerned doctor in duplicates)

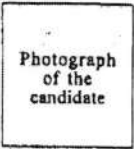
ANNEXURE - 'D'

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VERIFICATION FORM FOR APPOINTMENT OF AUTHORIZED MEDICAL ATTENDANT IN THE AREAS NOT COVERED BY CGHS

Warning:

The furnishing of false information or suppression of any factual information in the verification form would be a disqualification for appointment as AMA. If the fact that the false information has been furnished or that there has been suppression of any factual information in the verification form comes to notice at any time during the period of appointment of AMA, his services would be liable to be terminated.



1. Name in full (Block letters) ...  
(The name should be same as in his qualification degree)
2. Father / Husband's Name ...
3. Date of Birth ...
4. Nationality ...
5. Medical qualification i.e. MBBS / MD  
(Photocopy of the certificate / mark-sheets should be annexed).
6. MCI registration number and place of registration (Photocopy of the certificate / mark sheets should be annexed).
7. Name of Medical College and the University from where medical degree (Bachelor) obtained
8. Name of Medical College and the University from where medical degree (Master, if any) obtained
9. Full Address of Clinic / Medical Centre (i.e. Number, Lane / Street / Road, Village, Thana, Post Office, District. etc.)
10. Present Residential Address in full (including the name of Thana)
11. Permanent Residential Address in full (including the name of Thana)
12. Work experience, if any in Government Hospital
13. Work experience, total (in brief)
14. Have you ever been arrested, prosecuted, or fined by a Court of Law? If yes, give full details Yes / No.

I certify that the foregoing information is correct and complete to the best of my knowledge and belief.

Date .....

Place ..... Signature of candidate (With stamp)

(To be filled by Verifying Authority i.e. Local Police Department)

Certified that the verification in respect of Dr. .... Resident of .....

Whose clinic is situated at .....

has been carried out and nothing adverse has been noticed against him / her in our records.

Date .....

Place ..... Signature

Name and Stamp of verifying authority

ANNEXURE - VII

**WILLINGNESS CERTIFICATE**

It is certified that I am willing to be appointed as AMA for providing medical service to the employees working in the Department of Personnel and Training, Ministry of Personnel and Public Grievances and their family members residing at \_\_\_\_\_ and the areas within a radius of 16 Kms thereof as per the guidelines issued by the Ministry of Health and Family Welfare under CS(MA) rules.

**Signature of Registered Medical Practitioner with Seal and Date.**

To

The Under Secretary,  
Budget & Accounts Section,  
Department of Personnel and Training,  
North Block, Central Secretariat,  
New Delhi.

957175/2021/Estt.III Section

ANNEXURE - VIII

**UNDERTAKING**

I am willing to be appointed as an AMA for the employees and their family members residing at \_\_\_\_\_ and the areas within a radius of 16 Kms thereof as per CS(MA) rules and as such, in terms of O. M. No.S.14025/53/2008-MS dated 19-05-2010 issued by the Ministry of Health & Family Welfare, I hereby certify that " I am not involved in any corrupt practice and no case has been lodged against me at any local police station / CBI / CVC / any court etc."

**Signature of Registered Medical  
Practitioner with Seal & Date.**

To

The Under Secretary,  
Budget & Accounts Section,  
Department of Personnel and Training,  
North Block, Central Secretariat,  
New Delhi.

ANNEXURE - IX

**AFFIDAVIT**

(In the case of loss of original bills)

I, \_\_\_\_\_ son/wife/daughter of Sh. \_\_\_\_\_  
and resident of \_\_\_\_\_  
lost / misplaced the original medical bills. I hereby give an undertaking that  
I have not received any payment against original bills / claim papers from  
any source and that if the original papers are traced I shall not stake claim  
against original bills in future and that in the event I receive any cheque  
against original bills in future I shall return the same to the competent  
authority.

**Deponent**  
**Verified by Notary Public**