

Government of West Bengal
Department of Higher Education
Budget Branch
Bikash Bhavan, Salt Lake, Kolkata – 700 091

No. 20-Edn(B)/HED-13012(12)/17/2020

Dated: 03-12-2020

CORRIGENDUM

Sub: Rectification in the nomenclature of the 'Minor head of account' under 'Medical Reimbursement for Government Aided College teachers under the Scheme "WBHS for Grant-in-Aid College and University teachers, 2017" [HE]' in forms "P", "Q" and "R", enclosure to notification No: 546-Edn (CS)/1M-01/2017 dated: 08-03-2019.

Apropos this Department notification No. 546-Edn (CS)/1M-01/2017 dated: 08-03-2019, it is notified for the information of all concerned that as per this Department Order No:16-Edn(B)/5B-22/2017 dated: 12-02-2018, the third paragraph of form "P" and form "Q" stands corrected and shall be read as "The approved amountthe Head of Account 70-2202-03-104-00-015-31-02-V / 70-2202-03-102-00-026-31-02-Vfor payment of the admissible amount of medical reimbursement" Instead of "The approved amountthe Head of Account 70-2202-03-102-00-015-31-02-V / 70-2202-03-102-00-026-31-02-Vfor payment of the admissible amount of medical reimbursement."

Henceforth, the third paragraph of form "R" stands corrected and shall be read as "The Amount is chargeable under the head of account 70-2202-03-104-00-015-31-02-V/ 70-2202-03-102-00-026-31-02-V from the budget provision of the financial year....." Instead of "The Amount is chargeable under the head of account 70-2202-03-102-00-015-31-02-V/ 70-2202-03-102-00-026-31-02-V from the budget provision of the financial year....." The other terms and conditions will remain unchanged.

Encl: Revised forms P,Q,R.

sdt
Special Secretary to the
Government of West Bengal.

No. 20/1(17)-Edn(B)/HED-13012(12)/17/2020

Dated: 03-12-2020

Copy forwarded for information and necessary action to:

1. Accountant General (A & E), West Bengal, Treasury Building, Kolkata.700001.
2. Principal Accounts General (Audit) West Bengal, Treasury Building, Kolkata.700001.
3. Pay & Accounts Officer, Kolkata Pay & Accounts Office-I, 81/2/2 Phears

Lane, Kolkata-700073.

4. Pay & Accounts Officer, Kolkata Pay & Accounts Office-II, 81/2/2 Phears Lane, Kolkata-700073.
5. Pay & Accounts Officer, Kolkata Pay & Accounts Office-III, SUBHANNA, SGO Complex, 5th & 6th floor, DF Block, Salt Lake, Kolkata - 700 064.
6. Finance Department (Medical Cell), Govt, of West Bengal.
7. Finance Department (Group-T), Govt. of West Bengal.
8. Finance (Budget) Department, Govt. of West Bengal.
9. Director of Public Instruction, W.B. Bikash Bhavan, Salt Lake, Kolkata-700091.
10. Special Secretary, University Branch of this Department, Bikash Bhavan, Salt Lake, Kolkata-700091.
11. Special Secretary, C.S. Branch of this Department, Bikash Bhavan, Salt Lake, Kolkata-700091.
12. P.S. to Hon'ble MIC, Department of Higher Education, Govt. of West Bengal, Bikash Bhavan, Salt Lake, Kolkata-700091.
13. P.S. to Hon'ble MOS, Health and Family Welfare Department, Swasthya Bhavan, Govt. of West Bengal, Salt Lake, Kolkata-700091.
14. P.S. to Principal Secretary, Bikash Bhavan, Salt Lake, Kolkata-700091.
15. P.S. to Principal Secretary, Health and Family welfare Department, Swasthya Bhavan, Govt. of West Bengal, Salt Lake, Kolkata-700091.
- ✓ 16. IT Cell of this department for uploading a copy of this notification in the departmental website.
17. Assistant Secretary, C.S. branch (He is requested to arrange for placement of the order in C.S. branch file No: EH/O/CS/1M-01/2017).



Special Secretary to the
Government of West Bengal.

Form - P

Name of the Office-
Office Address-

No.

Date:

To,

- 1) Additional Chief Secretary/Principal Secretary / Secretary / Joint Secretary
- 2) Director, Directorate of Public Instruction
Higher Education Department, Government of West Bengal
- 3) Vice Chancellor,
University

Approval of claim

Sir / Madam,

A sum of Rs. _____ (In words & Numeric figure) is hereby approved against the reimbursement claim of Shri / Smt. _____, Designation _____ for medical treatment of..... (Beneficiary Name and ID No) at _____ (Name of Hospital) during the period from DD/MM/YYYY to DD/MM/YYYY.

It is certified that all the submitted original bills/vouchers have been checked & cancelled and retained in my office while approving the claim. And the rate of every item is allowed as per scheduled rates of the Health Scheme.

The approved amount may be sanctioned in favour of the above referred beneficiary under the Head of Account 70-2202-03-104-00-015-31-02-V / 70-2202-03-102-00-026-31-02-V and allotment may be given in favour of the DDO Code _____ for payment of the admissible amount of medical reimbursement.

The amount shall be payable to the Shri / Smt. _____ (Name of the Claimant) / (Name of Spouse / Family Member in case where the employee is already deceased).

Sd/-
Signature of the Approving Authority
Designation:

No. (1/4)

Date:

Copy forwarded for information to:-

1. Shri/ Smt. _____ (Name of the Claimant) / (Name of Spouse / Family Member in case where the employee is already deceased).
2. Personal File of Shri / Smt. _____
3. Accounts Section
- 4.

Sd/-
Signature of the Approving Authority
Designation:

Form - Q

Name of the Office-
Office Address-

No.

Date:

To,

- 1) Additional Chief Secretary/Principal Secretary / Secretary / Joint Secretary
- 2) Director, Directorate of Public Instruction
Higher Education Department, Government of West Bengal
- 3) Vice Chancellor,
University

Recommendation for Approval of claim

Sir / Madam,

A sum of Rs. _____ (In words & Numeric figure) is hereby forwarded for approval against the reimbursement claim of Shri / Smt. _____, Designation _____ for medical treatment of _____ (Beneficiary Name and ID No) at _____ (Name of Hospital) during the period from DD/MM/YYYY to DD/MM/YYYY.

It is certified that all the submitted original bills/vouchers are checked & rates claimed in bills are corrected/modified as per schedule of approved rates. The eligible consolidated claim is forwarded along with original vouchers/bills for according necessary approval as per existing Government Order.

The approved amount may be sanctioned in favour of the above referred beneficiary under the Head of Account 70-2202-03-104-00-015-31-02-V / 70-2202-03-102-00-026-31-02-V and allotment may be given in favour of the DDO Code _____ for payment of the admissible amount of medical reimbursement.

The amount shall be payable to the Shri / Smt. _____ (Name of the Claimant) / (Name of Spouse / Family Member in case where the employee is already deceased).

Sd/-

Signature of the Approving Authority
Designation:

No. (1/4)

Date:

Copy forwarded for information to:-

1. Shri/ Smt. _____ (Name of the Claimant) / (Name of Spouse / Family Member in case where the employee is already deceased).
2. Personal File of Shri / Smt. _____
3. Accounts Section
- 4.

Sd/-

Signature of the Approving Authority
Designation:

Government of West Bengal

Name of the Office-
Office Address-

No.

Date:

SANCTION ORDER

Sanction is hereby accorded for the total amount of Rs. _____ (in words & Numeric figure) in favour of following beneficiaries against the approved medical reimbursement claim.

The sanctioned amount will be drawn by the (Name of Institute) from the Treasury / PAO to which the drawing officer of the institute attached in TR from No. 31 for medical treatment of following beneficiaries.

Sl. No.	Application No.	Name of the employee	Employee WBHS ID	Patient Beneficiary Name	Patient WBHS ID	Amount (Rs.)
Total						

The Amount is chargeable under the head of account 70-2202-03-104-00-015-31-02-V/ 70-2202-03-102-00-026-31-02-V from the budget provision of the financial year _____

No utilisation is required to be submitted for the grant sanctioned in favour of beneficiary against the claim of medical reimbursement.

Payment shall be made to the Claimant directly into the Bank Account in terms of G.O. No. _____ Dated _____ of Higher Education Department accompanying the copy of Sanction order with the bill.

Sd/-
Signature of the Approving Authority
Designation:

Date:

No. (1/7)

Copy forwarded for information to:-

1. Principal Accountant General (A&E), West Bengal , Kolkata-700001
2. Treasury Officer/Pay & Accounts Officer, _____
3. _____ (Sub-Allotting Officer) for sub allotment of fund to DDO in E-Bantan of IFMS.
4. Vice Chancellor / Principal _____ University / College.
5. DDO of _____ University / College.
6. Shri/ Smt. _____ (Name of the Claimant) / (Name of Spouse / Family Member in case where the employee is already deceased).
- 7.

Sd/-
Signature of the Sanctioning Authority
Designation: