

**GOVERNMENT OF NCT OF DELHI
OFFICE OF THE MEDICAL SUPERINTENDENT
ARUNA ASAF ALI GOVERNMENT HOSPITAL
5 RAJPUR ROAD, DELHI - 110054.**

No.F.1/(126)/DMS/2010/AAAGH/ 955055

Dated: 18.2.11

CIRCULAR

- This is to inform you that all that 37 indentified Pvt. Hospitals that have been provided land at concessional rates are directed by the Hon'ble High Court of Delhi to provide FREE TREATMENT i.e. 10% of total IPD Beds & 25 % of OPD completely free of charge to the eligible of EWS category.
- We can refer a minimum of OS patients from our hospital to these identified Pvt. Hospitals each day.
- Dr. Rajesh Prasad, Link Officer Dr. A. Rehman during working hours & casually medical officer on duty beyond hospital working hours will act all Nodal Officer/ Link Officer for such referrals.
- EWS patients needing Surgical Intervention (Surgery/ Ortho/ Eye/ ENT etc.) with waiting time beyond should be referred to these identified Pvt. Hospital, including these requiring super specialties (you may not send them to Govt. Super Specialist Hospital which are already over burdened)
- Depts/ Wards exceeding their bed capacity too can refer EWS patients.

BASIC REQUIREMENT FOR REFERRAL

1. The eligibility income criteria of EWS category patients for availing free treatment i.e. **Rs. 6084/- per month per family** (Minimum wages unskilled worker)
2. The eligible patient of EWS category will be treated **COMPLETELY FREE OF COST** i.e. Free of any expense in relation to admission, bed, treatment, surgery etc. including consumable & non consumable & investigation in these identified Pvt. Hospitals on being referred by us.
3. Patients who do not have proof of income (BPL rashan card/ income certificate) can give an undertaking regarding their income status and that is **MORE THAN SUFFICIENT**. The copy of Undertaking is enclosed at Annexure 'I' & is available with Nodal Officer/ Help Desk.
4. Patients residing anywhere in the country are eligible for availing free treatment. The Nodal Officers are free to refer eligible patients to any of these Pvt. Hospitals as per requirement & the convenience of the concerned patient/ attendant.
5. The availability of FREE BEDS (CRITICAL as well as NON CRITICAL BEDS) is displayed on Delhi Govt. Website.
www.health.delhigovt.nic.in/mis/frmlogin.aspx
6. The Nodal Officer/ Casualty medical officers should check the availability of such free beds before referring the EWS patients & preferably refer them to Pvt. Hospitals which have more number of free beds.

7. A weekly report (Proforma enclosed at Annexure '2') in r/o number of EWS patients being referred from one hospital is to be sent to the office of Minister of Health, Pr. Sec. H& FW & DHS for monitoring by the N.O.
8. The referral form to be filled in triplicate Annexure – 3a & 3b.
 - One copy will be given to the patient.
 - Second copy will be sent to DHS through N.O
 - Third copy will be maintained by the Hospital.

Note: The referral should be made by the treating doctors in consultation with & a confirmation by the Head of the Department that speciality/ Medical superintendent.

For any further clarification & for forms may please contact. N.O/ Link officer/ CCMO.

ENSURE MAXIMUM UTILIZATION OF FREE BEDS for the benefit of poorer section of the society.

(DR. ASHOK JAISWAL)
DY. MEDICAL SUPERINTENDENT

Dated:

No.F.1/(126)/DMS/2010/AAAGH/

Copy to:

1. PS to MS, AAAGH
2. All HODs
3. CCMO A & E
4. Nodal Officer/ Link officer
5. Dr. Avinash for information
6. Notice board

(DR. ASHOK JAISWAL)
DY. MEDICAL SUPERINTENDENT

मैं पुत्र या पुत्री / श्रीमति निवासी और वर्तमान निवास

ANNEXURE 1

स्थायी लगभग आयु वर्ष ।

यहां पर घोषणा करता हूं कि मेरे और मेरे परिवार के सभी सदस्यों की मिलाकर आय रुपये 6084/- प्रति माह से कम है । जिसका सत्यापन किया जाता है । मुझे सूचित किया है कि मेरा ईलाज निःशुल्क बिस्तर पर ईलाज करते समय अस्पताल में जिसके लिए मैं यह समझता हूं कि यह सुविधा केवल गरीब मरीजों को ही दी जाती है । यदि मेरे बयान में कोई असत्यता पायी जाती है तो ईलाज में जो भी खर्चा है वो भी वापस लिया जाए और कानूनी कार्यवाही भी की जा सकती है ।

रोगी या उसके संबंधी के हस्ताक्षर अंगूठे का निशान (बायें हाथ यदि पुरुष) (दायें हाथ यदि स्त्री) रोगी का नाम व संबंध सत्यापन

सत्यापित करता हूं कि दिल्ली में तिथि मास 201... की उपर लिखी बातें सत्य और सही हैं । जहां मेरे ज्ञान का सम्बंध है इसमें कोई चीज छिपाई नहीं गई है उपर लिखे गये विवरण में यदि कुछ भी गलती पाई जाती है तो उसके हस्ताक्षरकर्ता पूरी तरह से उत्तरदायी होगा ।

रोगी या उसके संबंधी के हस्ताक्षर अंगूठे का निशान (बायें हाथ यदि पुरुष) (दायें हाथ यदि स्त्री) रोगी का नाम व संबंध

इस अस्पताल में जो सुविधाएं उपलब्ध हैं मैं उसमें अपना इजाल कराउंगा । मैं नहीं चाहता कि मेरा ईलाज प्राईवेट अस्पताल में हो या किसी प्राईवेट अस्पताल में ईलाज हेतु भेजा जाए ।

रोगी या उसके संबंधी के हस्ताक्षर अंगूठे का निशान (बायें हाथ यदि पुरुष) (दायें हाथ यदि स्त्री) रोगी का नाम व संबंध

Am. 5

Ann. 8a

ANNEXURE 3(a)

To,

Medical Superintendent,

Sub: Free treatment to eligible patients of EWs category.

Madam, Sir,

I am hereby referring Sh./Smt. _____ S/o, D/o W/o

Sh. _____ aged _____ M/F _____ R/o _____

C.R. No. _____ with diagnosis _____ to your
hospital, who belongs to Economically Weaker Section category for free treatment as per the judgement
dated 22.3.2007 of Hon'ble High Court in WP(C) No. 2866/2002.

You are requested to intimate this officer after the concerned patient is discharged/treated.

Yours Sincerely,

Med.Suptd/Nodal Officer of

_____ Hospital

Mobile No. _____

WEEKLY REPORT REGARDING REFERRAL OF ELIGIBLE PATIENTS OF EWS CATEGORY TO IDENTIFIED PRIVATE HOSPITALS

PART-A

Name of the Hospital : _____

Whether a special referral Centre created/established as Special Referral Centre : _____

Name of the Nodal Officer with Mobile No./Tel. No. _____

FAX NO. :

PART-B

S. No.	NAME & ADDRESS OF THE HOSPITAL	OPD/IPD REGN. NO.	DATE OF REFERRAL	NAME OF DEPARTMENT OF THE HOSPITAL	DIGAGNOSIS/ COMPLAINTS FOR WHICH PATIENT WAS REFERRAL	WHETHER PATEINT REFERRED WITH REFERRRAL PERFORM	THE SPECIALTY FOR WHICH PATIENT WAS REFERRED	NAME OF THE PVT. HOSPITAL WHERE REFERRED	REMARKS, IF ANY

Signature of Director /M.S.with
Mobile/telephone No. _____Signature of Nodal Officer with
Mobile /Telephone No. _____

सेवा में,

चिकित्सा अधीक्षक

विषय - आर्थिक रूप से असहाय व्यक्ति का मुफ्त ईलाज ।

महोदय / महोदया,

मैं श्री / श्रीमति उम्र
पुत्र / पुत्री / पत्नि
निवासी रोग निदान

..... सी. आर. नं०....., जो कि आर्थिक रूप से असहाय श्रेणी के अंतर्गत आते हैं उन्हें माननीय दिल्ली उच्च न्यायालय के आदेशानुसार आपके अस्पताल में निःशुल्क ईलाज के लिए रेफर किया जा रहा है ।

आपसे अनुरोध है कि उपरोक्त मरीज का पूर्ण ईलाज के पश्चात् इस कार्यालय को सूचित करें ।

भवदीय

चिकित्सा अधीक्षक / नोडल ऑफिसर
..... अस्पताल
मोबाइल नं.....