

RTI Application

To:

The Central Public Information Officer (CPIO)

IFCI Ltd., IFCI Tower, 61, Nehru Place, New Delhi – 110019

Subject: Request to furnish information under Section 6 (1) of the Right to Information Act, 2005 along with supporting document(s).

Dear Sir/Madam, you are requested to furnish the information on the undermentioned questions/points along with the supporting documents:

A. Whether there is any policy (policies)/rule(s)/circular(s)/regulation(s)/guideline(s)/Office Order(s) etc. of your organisation with respect to medical treatment of its employees/staff/officers etc. in service OR retired. If yes, please provide a signed & stamped Certified True Copy/Copies of the latest/present policy (policies)/rule(s)/circular(s)/regulation(s)/guideline(s)/Office Order(s) qua the same. If any additional fee is requisite to be submitted for providing the copy/copies of the above mentioned document(s), the same please be informed.

B. As per your organisation(s) policy (policies)/rule(s)/circular(s)/regulation(s)/guideline(s)/Office Order(s) etc. with respect to medical treatment of its employees/staff/officers etc. in service OR retired, whether there is any time limit for the submission of the medical bill(s) for reimbursement. If yes, please provide a signed & stamped Certified True Copy/Copies of the relevant rule (s)/circular(s)/regulation(s)/guideline(s)/Office Order(s) etc. qua the same. If any additional fee is requisite to be submitted for providing the copy/copies of the above mentioned document(s), the same please be informed.

C. If the medical bill(s) are submitted within the prescribed time limit by your organisation(s) employees/staff/officers etc. – in service OR retired, is there any specific/prescribed time limit for the clearance of the said medical bill(s) for reimbursement. If not, specific reason(s)/justification(s) for the same please be provided.

D. If the medical bill(s) are submitted beyond the prescribed time limit OR with delay, by your organisation(s) employees/staff/officers etc. in service OR retired, whether the said delay will be condoned, if sufficient cause/plausible explanation is accorded for the delay in submission OR the same will be rejected summarily/out rightly without permitting any condonation of delay per se.

E. With respect to the medical bill(s) submitted during the present Covid_19 epidemic, whether there is/are any separate policy(policies)/rule(s)/circular(s)/regulation(s)/guideline(s)/Office Order(s) etc. of your organisation with respect to medical treatment of its employees/staff/officers etc. in service OR retired (with respect to ailment(s) not related to/other than Covid_19). If yes, please provide a signed & stamped Certified True Copy/Copies of the same. If any additional fee is requisite to be submitted for providing the copy/copies of the above mentioned document(s), the same please be informed.

F. Whether there is/are any relaxation(s) qua the time limit for the submission/clearance of the medical bill(s) pertaining to ailment(s) not related to/other than Covid_19, submitted during the Covid_19 pandemic. If yes, please provide a signed & stamped Certified True Copy/Copies of the same. If any additional fee is requisite to be submitted for providing the copy/copies of the above mentioned document(s), the same please be informed.

G. Please provide undermentioned specific information for the period January, 2019 TO August, 2020:

- (a) Total No. of Medical Bill(s) received_of employees/staff/officers etc._ in service OR retired, Designation_wise.
- (b) Specific date/month/year qua the submission/receipt of the medical bill(s) mentioned at (a) above.
- (c) Whether all of the medical bill(s) mentioned at (a) above were submitted within the prescribed time limit. If yes, what is the present status of the said medical bill(s) i.e. whether the same are pending or stand cleared. If cleared please provide the specific time within which the said medical bill(s) were cleared AND If pending, please provide the specific time since when the said medical bill(s) are pending along with the reason(s)/justification(s) for the pendency/non_clearance of the same.
- (d) Out of the medical bill(s) mentioned at (a) above, how many **(Please provide exact number/Figure)** were submitted beyond the prescribed time limit/with delay. What is the present status of the said medical bill(s) i.e. whether all of the said medical bill(s) which were submitted beyond the prescribed time limit/with delay, are rejected OR are pending OR are cleared. If rejected, please provide specific reason(s)/justification(s) for the same. If cleared please provide the specific time within which the said medical bill(s) were cleared AND if pending, please provide the specific time since when the said medical bill(s) are pending along with the reason(s)/justification(s) for the non_clearance of the same.

H. Please provide the specific information/detail(s) qua the Competent Authority authorised for the sanction (approval)/rejection of the medical bill(s) submitted with your organisation, by the employees/staff/officers etc._ in service OR retired. Please provide signed & stamped Certified True Copy of the said Authorisation(s) in favour of the Competent Authority. If any additional fee is requisite to be submitted for providing the copy/copies of the above mentioned document(s), the same please be informed to the undersigned.

I. Whether the medical bill(s), for the period January, 2019 TO August, 2020, submitted by your organisation(s) employees/staff/officers etc._ in service OR retired, are cleared in full OR in part only/with deductions. If not cleared in full and in part/with deductions, please provide the reason(s)/justification(s) for the said deductions.

J. Please provide the specific detail(s) designation_wise qua the Total Number along with the Total Amount of medical bill(s) cleared/paid for the period January, 2019 TO August, 2020.

K. Please provide specific information/detail(s) qua the time period within which your organisation(s) medical policy has to be revised. Please provide a signed & stamped Certified True Copy/Copies of the above sought information/detail(s). If any additional fee is requisite to be submitted for providing the copy/copies of the above mentioned document(s), the same please be informed.

L. Please provide a signed & stamped Certified True Copy of the Latest/Present Medical Policy of your Organisation. If any additional fee is requisite to be submitted for providing the copy/copies of the above mentioned document(s), the same please be informed.

M. Please provide specific information as to when (Date/Month/Year), your organisation last revised its medical policy which resulted in the latest/present medical policy.