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Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Maude Line
Delhi Cantt - 110010

B/49701/AG/ECHS

25 Mar 2011

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
✓ Coast Guard HQ
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

CESSATION OF TEMPORARY ATTACHMENT PROCEDURE

1. Reference our following letters:-

- (a) B/49762/AG/ECHS dated 04 Aug 2006.
- (b) B/49770-P/AG/ECHS/Referral dated 05 Apr 2007.
- (c) B/49762/AG/ECHS dated 05 Nov 2009.
- (d) B/49711/AG/ECHS dated 16 Dec 2010.

2. Provision of Temporary Attachment Certificate was initiated to facilitate provisioning and issue of drugs/medicines and consumables by a Polyclinic to outstation ECHS beneficiaries. Patients temporarily relocating to a new station were given TAC for facilitating issue of medicines for a prescribed duration.

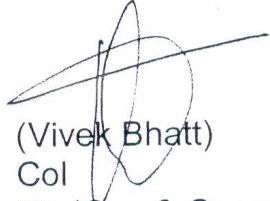
3. Feedback from the environment regarding utility of TAC indicates that the procedure instead of facilitating delivery of medicare has become a hindrance. Further the intended purpose of assisting in planning MMF is also not being achieved.

4. In light of the above feedback the entire procedure of TAC was deliberated upon at length at the Central Organisation. Consequently, it has been decided to abolish the procedure of temporary attachments. Hereafter, ECHS beneficiaries may receive treatment/referral from any ECHS Polyclinic on production of ECHS Smart Card.

5. In order to minimize procedural hassles and hardship to veterans following simplified procedure will be followed:-

- (a) A veteran reporting sick at a Polyclinic other than his parent Polyclinic can easily be identified at the reception (The cmpr shows the card belonging to other Polyclinic by a pop up window). The outstation veteran will be given an option of changing his parent Polyclinic or continuing as a temporary member. He will be explained that in case he opts for change of parent Polyclinic he will not be able to change it again for duration of six months.
- (b) In case the veteran opts for change of parent Polyclinic, then the same will be executed through the registration cmpr. He will be entitled to draw medicines for the prescribed duration.
- (c) In case the veteran opts for treatment without change in parent Polyclinic, he will be entitled to draw medicines only for a duration of seven days at a time. All other facilities for medical treatment except non-expendable med eqpt such as hearing aid will be entitled to him at par with those available at parent Polyclinic.
- (d) An intimation regarding outstation member joining the Polyclinic as permanent members (opting for parent Polyclinic) will be sent to previous parent Polyclinic and RC as per format att at Appx 'A'.
- (e) On receipt of intimation the previous parent Polyclinic will send details of non-expendable medical eqpt issued to the beneficiary to new parent Polyclinic by post.
- (f) OIC Polyclinic will submit a monthly return to the RC regarding outstation members who have opted for his Polyclinic as parent Polyclinic as per format at Appx 'B'.
- (g) Record of non-expendable medical eqpt issued to the member by parent Polyclinic should be available in the smart card. In case the record is not available then the same will be obtained by post from erstwhile parent Polyclinic before issuing such stores to the member.

6. Our letters under ref at para 1 (a), (b) and (c) are hereby superseded.


(Vivek Bhatt)
Col
Dir (Ops & Coord)
for MD ECHS

Copy to:

All Regional Centres ECHS

- for dissemination to all Polyclinics with instructions for display and compliance.

Internal

Medical

P & FC

Appendix 'A'

(Refer to Para 5 (d) of Central Org letter No. B/49711/AG/ECHS dt 25Mar 2011)

Address of New Parent Polyclinic

Polyclinic file ref:-----

Date:.....

INTIMATION: CHANGE OF PARENT POLYCLINIC

(Separate form to be raised for each card/copy to be sent to concerned Regional Centre)

To

OIC ECHS Polyclinic

----- (Address of Old Parent Polyclinic)

1. ECHS Card No.....
2. Name of ECHS beneficiary.....
3. Relationship with ECHS Member.....
4. No.....
5. Rank.....
6. Name of AFV.....
7. Old Parent Polyclinic
8. New Parent Polyclinic
9. Date of change of Parent Polyclinic
10. Duration from----- to-----

Declaration by Card Holder

Certified above is true

Date:

(Sign. of Card holder)

Remarks of OIC Polyclinic

Verified details as above
Certified above is true

Date:

(Sign. of OIC Polyclinic)

Appendix 'B'

(Refer to Para 5 (f) of Central Org letter No B/49711/AG/ECHS dt 25Mar 2011)

CHANGE OF PARENT POLYCLINIC

(MONTHLY REPORT TO REGIONAL CENTREFOR MONTH)

S.NO	ECHS Membership Card No	Name of ECHS Beneficiary	Service No	Rank	Name of AFV	Relationship with AFV	Old Polyclinic	New Polyclinic	Date of effect

(Signature of OIC)