



भारतीय विमानपत्तन प्राधिकरण
AIRPORTS AUTHORITY OF INDIA

No. A-60011/56/2009/PP

20th April, 2011

The Regional Executive Director
Airports Authority of India
Northern/Western/Eastern/Southern/North East Region
New Delhi/Mumbai/Kolkata/Chennai/Guwahati.

The Executive Director, RCDU/FIU,
AAI,
New Delhi.

The Airport Director,
Airports Authority of India,
Kolkata/Chennai Airport.

The Director,
Indian Aviation Academy,
New Delhi.

The Principal,
CATC,
Allahabad.

The GM CRSD/E&M Workshop
AAI, New Delhi.

Corporate HRM Circular – 15/2011

Sub: AAI (Retired Employees) Medical Scheme-OPD/Domicile Treatment ceilings.

Reference is made to para 6 of order No. A.60011/55/PP/2006 dated 16.6.2008 and para 1(vii) of order No. A.60011/56/2008/PP dated 29.6.2009, wherein it was decided to restrict the medical reimbursement (OPD and Hospitalization) to the limit prescribed in the pre-revised pay scales of serving executives and retired employees.

2. It has now been decided to review/revise the ceiling of outdoor treatment in respect of retired employees (Executives and Non-Executives) of AAI w.e.f. **01.04.2011** as follows:

(i) **EXECUTIVES:**

Level	scale of pay w.e.f. 1.1.2007	Annual ceiling (in ₹)
E-1	16400-40500	18000
E-2	20600-46500	19000
E-3	24900-50500	20000
E-4	29100-54500	22000
E-5	32900-58000	23000
E-6	36600-62000	24000
E-7	43200-66000	25000
E-8	51300-73000	26000
E-9	62000-80000	27000
Board Members	75000-100000	30000
Chairman	80000-125000	30000

(contd..2/-)

[Handwritten Signature]

(ii) **NON-EXECUTIVES:**

Level	scale of pay w.e.f. 1.1.2007	Annual ceiling (in ₹)
NE-1	10200-23000	9000
NE-2	11000-24500	10000
NE-3	11500-26000	11000
NE-4	12500-28500	12000
NE-5	13400-30500	13000
NE-6	14500-33500	14000
NE-7	15000-35500	16000
NE-8	16000-38900	17000
NE-9	17000-39500	18000
NE-10	18500-40000	18000

3. Additional 25% of annual ceiling is permissible towards chronic ailment treatment in respect of retired employees as per para 6.1 of order dated 16.6.2008.
4. On introduction of the above scheme w.e.f. 1.4.2011, the retired employees are now eligible for medical outdoor treatment corresponding to the levels / scales of pay and accordingly para 6.2 of order dated 16.6.2008 stands modified.
5. The payment under the annual ceiling for Outdoor Treatment shall be released on **quarterly basis in the first week of following month.** The retired employees are required to furnish an undertaking (**Annexure- I**) on **quarterly basis** that the amount claimed has been spent on Out Door Treatment and they are not claiming similar benefits from any other sources. All other conditions of medical benefit scheme remains unaltered.
6. This issues with the approval of Competent Authority.


(VILAS BHUJANG)
EXECUTIVE DIRECTOR(HR)

Encl: As above

Internal Distribution:

- OSD to Chairman
- PS to Member(Fin.)/ Member(HR)/Member(PIng.)/Member(ANS)/Member(OPS)/ CVO
- ED(Fin)/ED(Admn.)/ED(CA&CS)
- GM(Admn.) - Kindly issue instructions to implement the modalities of the contents of the circular
- All GMs in HR/Admn.- KCM/BS/RK/RSM: Jt. GM-SKS
- GM(IT) - for uploading the circular in AAI website (under ww.aai.aero→AAI employees→Retired AAI employees
- President/General Secretary - AAOA(I)/IAAIOA/ACOA(I)/ATC Guild(I)/AAI Engg. Guild/AAI SC/STWA
- General Secretary, AAEU



Annexure - I

UNDERTAKING

This is to certify that I, Sh/Ms _____ S/o, H/o, D/o who retired from the services of Airports Authority of India on _____ as _____ (Designation) hereby undertake that I have spent an amount of ₹ _____ (Rupees) only) towards OPD TREATMENT for myself and /my spouse during the period mentioned as follows:

1 st Quarter	-	1 st April _____	to	30 th June _____
2 nd Quarter	-	1 st July _____	to	30 th September _____
3 rd Quarter	-	1 st October _____	to	31 st December _____
4 th Quarter	-	1 st January _____	to	31 st March _____

2. Further, it is also certified that myself and/ my spouse _____ (name) are alive as on date(if applicable).

3. It is hereby declared that medical expenses for myself and my spouse (if applicable) have not been claimed from any other sources by either myself or my spouse.

4. I would like to receive my medical reimbursement payment through my **bank account no.** _____ **with** _____ **bank** directly.

Signature _____

Name in full _____

Medical Card No. _____

Validity Period _____

Employee No. _____

Address _____

Date _____

[Handwritten Signature]