

**AIBSNLPWA  
E Journal 11**

**June 2021**

# **PENSIONERS' PATRIKA**

**WITH ABOUT 3 CRORE COVID PATIENTS,  
INDIA IS THE SECOND IN THE WORLD.**

**WITH 3 LAKHS HUMAN LIVES LOST,  
INDIA IS THE THIRD IN THE WORLD.**

**We assemble in large number  
in religious functions.**

**We assemble in large number  
in political rallies.**

**We assemble in large number  
in social functions organized  
without permission of authorities.**

**We assemble in large number  
even to burry a horse.**

**Most heinous of all is that  
dead bodies of covid patients  
are thrown to the holy river  
and we worship the River.**

**“I am OK, you be careful”  
is the attitude of many; dangerous**

**Worldometer data:**

# COVID19

**WORLD SCENARIO on 31-5-2021**  
**17 Crore cases; 35.5 Lakhs Deaths**

| <u>Country:</u> | <u>Cases</u>    | <u>Deaths</u> |
|-----------------|-----------------|---------------|
| <b>U S A</b>    | <b>34043068</b> | <b>609544</b> |
| <b>India</b>    | <b>28046957</b> | <b>329127</b> |
| <b>Brazil</b>   | <b>16515120</b> | <b>452092</b> |
| <b>France</b>   | <b>5666113</b>  | <b>109402</b> |

**INDIAN SCENARIO on 31-5-2021**  
**280 Lakhs cases; 329127 Deaths**

| <u>States</u>      | <u>Cases</u>   | <u>Deaths</u> |
|--------------------|----------------|---------------|
| <b>Maharashtra</b> | <b>5731815</b> | <b>94844</b>  |
| <b>Karnataka</b>   | <b>2587827</b> | <b>28679</b>  |
| <b>Kerala</b>      | <b>2514280</b> | <b>8642</b>   |
| <b>Tamilnadu</b>   | <b>2068580</b> | <b>23754</b>  |
| <b>UP</b>          | <b>1690016</b> | <b>20346</b>  |
| <b>Andhra</b>      | <b>1685142</b> | <b>10832</b>  |
| <b>Delhi</b>       | <b>1425592</b> | <b>24151</b>  |

**KEEP SOCIAL DISTANCE**  
**STAY HOME, STAY SAFE**

# CARE THE ELDERS

In the matter of medical care BSNL Retirees are the most neglected lot, in the present critical pandemic situation. The Hon'ble Supreme Court on 4th August 2020 and on 8th April 2021 has directed government and private hospitals to give priority in admission and treatment of elderly people looking at their vulnerability to coronavirus. But, it seems that the BSNL Management is oblivious of the Court directive.

*"Mata Pita Guru Daivam"* is the adage in existence from the time of the Vedas. It reflects our culture which tells that elders should be treated with dignity at par with Gods. Present generation enjoys fruits of the labour of their elders. BSNL exists on the sweat, tears and blood of those who have stepped down from service. It needs no elucidation.

BSNL retirees are denied the benefits of various schemes of the Government like Rashtriya Vayoshri Yojana providing medical care to Senior citizens because they are supposed to be protected by BSNL Company. The BSNL retirees are out of purview of The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 because they are supposed to be under the protection of BSNL Company.

In many Circles even the hospitals having MOU with BSNL under BSNLMRS for cashless treatment ask the patients to pay huge amount in advance for treatment of Covid19. The 'cashless treatment' is virtually absent. Most of the BSNL pensioners incur good portion of their pension on healthcare. Bills submitted by them for indoor treatment are not paid and the assured quarterly medical allowance has not been paid since April 2018.

BSNL deny or delay the medical care to its retirees on the plea of financial crisis. But the company is able to reimburse the expenditure incurred by serving staff. When senior Managers of BSNL fall prey to the pandemic the Company instantly sanctions amount for advance payment. So, finance is not the hurdle. The serving staff should be taken care of, no doubt. Simultaneously the old people, the pensioners, should be given due consideration in the matter of medical care. It is the universally accepted fact that elderly persons require more and constant medical care. They deserve priority over young people.

CGHS or NIC or any other CPSE does not discriminate the retirees in this regard. Some major private companies have set examples. But, BSNL discriminates the retirees from serving staff. Repeated pleas of pensioners have gone to deaf ears. Therefore, pushed to the wall, BSNL retirees have sent more than 3500 emails to the Hon'ble Minister for his intervention.

**WE URGE THE MINISTER TO HEED TO THE PLEAS OF RETIREES AND END THE INHUMAN DISCRIMINATION.**

308, भारत संचार भवन, हरीश चन्द्र  
माथुर लेन, जनपथ, नई दिल्ली - 110001, भारत  
308, Bharat Sanchar Bhawan,  
H.C. Mathur Lane, Janpath,  
New Delhi - 110001, India  
दूरभाष / Off. : +91-11-23734070  
फैक्स / Fax : +91-11-23734072  
ई-मेल / E-Mail : dirhrd@bsnl.co.in



भारत संचार निगम लिमिटेड  
(भारत सरकार का उद्यम)  
**BHARAT SANCHAR NIGAM LIMITED**  
(A Govt. of India Enterprise)

अरविन्द वडनेरकर  
निदेशक (एचआर)

**ARVIND VADNERKAR**  
Director (HR)  
BSNL Board

D.O. No BSNLCO-ADMN/11(15)/2/2021-ADMN. DATED 29<sup>th</sup> April 2021

Dear Colleagues,

During last one week, the Covid-19 pandemic has hit India in a very big way. The cases are increasing every day. BSNL employees are also facing the wrath of this disease. In today's trying times, it is our duty and responsibility to ensure that treatment to BSNL employee or his dependent family members affected by this disease is not hampered due to financial constraints. It shall be our endeavor to extend financial support in deserving and genuine COVID cases by way of giving timely medical advance.

Under BSNLMRS, instructions dated 16.04.2010 for medical advance towards expenses on hospitalization and dated 29.12.2020 about the applicable COVID rates are already available for treatment in hospitals not extending credit facility. Copy of the same is also enclosed herewith. An advance for treatment of Covid affected employee and his dependents may be sanctioned accordingly. The amount of outstanding advance aggregated for different occasions in Delhi and Mumbai may be limited to 'Rs 1 lakh per employee for Isolation beds'; 'Rs 2 lakh per employee for ICU without Ventilator' & 'Rs 3 lakh per employee for ICU with Ventilator'. The ceiling of advance for X, Y & Z categories of cities (defined by Ministry of Finance from time to time) shall be limited to 90%, 80% & 75% of the amount mentioned above for Delhi/Mumbai. The category of city shall be decided based on the location of hospital where the treatment is undertaken. Hospital requisition for advance admissible as per aforesaid instructions under BSNLMRS or the above ceiling whichever is lower will be sanctioned.

The requests for medical advance from employees suffering from COVID may be dealt promptly and consolidated fund requirement may be sent by the Circles to CBB Section, BSNL Corporate Office with details of employee-wise advance sought.

All efforts shall be made to provide funds at the earliest. At the same time, I urge upon you to extend all possible support to our employees including dealing their cases with a more simple and humane approach.

With best wishes

  
(Arvind Vadnerkar) 29.4.2021

To  
All the CGMs/Unit Heads, BSNL  
Copy To:  
PPS to CMD/All Directors for information please.

Corporate Office  
Admin & PR Branch  
1<sup>st</sup> Floor, Bharat Sanchar Bhawan,  
H.C.Mathur Lane, Janpath,  
New Delhi-110001.  
Ph: 011-23734157, Fax: 011-23718288



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BHARAT SANCHAR NIGAM LIMITED  
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No BSNLCO-ADMN/11(15)/2/2021-ADMN

DATED 3<sup>rd</sup> May 2021

To,  
All the CGMs/Unit Heads,  
BSNL

Sub: Guidelines under BSNLMRS in view of Covid-19 pandemic

In order to facilitate quick and smooth treatment to our employees during Covid-19 pandemic, following guidelines under BSNLMRS are issued

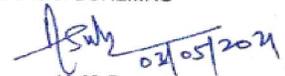
1. **Visit of designated officer** - There is a provision that in all cases involving hospitalization of two or more than two days, a designated officer of BSNL shall visit the hospital and give a prescribed certificate (Guidelines issued vide Order No. BSNL/Admn./15-2/05(Pl.) dated 8th August 2005). Considering the infectious nature of this disease and to protect our employees from exposure to this virus while visiting the hospital, the requirement of visit of designated officer of BSNL to the hospital and giving the prescribed certificate is dispensed with for all the diseases. However, a random check may be made, if felt necessary. Further, all other instructions including attachment of a certificate by the concerned doctor identifying the patient in the copy of BSNLMRS Card as conveyed by this office OM No. BSNL/Admn./15-4/04(Pl.) dated 15.10.2004 and authorization for Indoor treatment shall be strictly followed.

2. **Treatment in non-empanelled hospitals** - In normal circumstances, indoor treatment should be taken only from BSNL empanelled hospitals. As per the existing provisions in MRS policy "In emergency cases, the reimbursement will be allowed for treatment in non-recognized hospitals with the approval of CGM for field office employees and concerned Director of BSNL Board for C.O. employees. The amount will be restricted to the CGHS rates applicable at Delhi". However, in view of the present crisis in availability of treatment of Covid-19 in empanelled hospitals, the requirement of taking indoor treatment of Covid patients only from BSNL empanelled hospitals is dispensed with. However, the amount shall be restricted to the CGHS rates as decided for Covid-19.

3. **Reimbursement of Tele-consultation** - During this pandemic tele-consultation is preferred mode of consultation from a doctor. Hence, Tele-consultation by a registered medical practitioner from India, supported by duly signed/computer generated prescription on doctor's letter head and accompanied by valid printed (system generated) or signed receipt shall be valid.

4. **Charges of RTPCR/ Rapid antigen test** - Charges shall be reimbursed against the production of valid receipt but without the need of medical prescription. However the rates shall be restricted to the prescribed rates by the concerned State Govt. In case no rate has been prescribed by the State Govt, the rates prescribed by the Govt of NCT shall be applicable. These charges shall be reimbursable as part of the annual ceiling for out-door limit under BSNLMRS

The above orders will be applicable w.e.f. 01.04.2021 and remain in effect for 6 months i.e. up to 30.09.2021 or till further orders, whichever is earlier. All other provisions of BSNLMRS shall be strictly followed.

  
(A M Gupta)  
Sr GM (Admin)

Copy to -PPS to CMD/All Directors BSNL Board /CVO, BSNL for information please.

Regd. & Corporate Office. : Bharat Sanchar Bhawan, H.C. Mathur Lane, Janpath, New Delhi-110001  
Corporate Identity Number(CIN): U74899DL2000GO1107739  
Website: www.bsnl.co.in

## **CHQ Email to the minister**

To  
Sh. Ravi Shankar Prasad,  
Hon'ble MoC, New Delhi.

Respected Sir,  
This is a passionate prayer for justice.

BSNL introduced BSNLMRS in 2003 to ensure proper healthcare to its serving and retired employees alike. All the orders issued by BSNL since then ensured equal treatment to serving and retired staff. Time and again, the Corporate Office directed field offices to settle medical claims from pensioners promptly. Though many of such instructions remained only on paper there was no discrimination between serving and retired staff in this regard.

Surprisingly, in the present critical pandemic situation, when elderly people are vulnerable to the deadly disease, the BSNL CO has issued instructions on 29-4-2021 and 3-5-2021 to ensure Covid treatment only to serving staff, totally neglecting the retirees who shed their blood, sweat and tears for development of Indian telecom infrastructure.

While medical bills from Pensioners are pending for three years, it is being paid to the serving staff. The assured medical allowance to pensioners is not paid after March 2018. Fund is allotted to make advanced payment for Covid treatment in the case of serving staff while the retirees are totally neglected in the matter.

BSNL Management violates the policy of the Government by naked discrimination against elderly people.

BSNL pensioners in large number are infected by Covid, few hundred lost life also. Infected cannot take proper treatment for want of funds. Even hospitals empanelled for cashless treatment demand advance payment.

Retirees suffer from frailty, mental tension and financial problems due to inhuman attitude of BSNL management who are benevolent to sanction sufficient fund for serving officers and staff.

Sir, we pray for your compassion, we pray for your immediate intervention to end the inhuman discrimination meted out to BSNL retirees.

Yours faithfully,

**12-5-2021**

## **3555 Emails to the Honourable Minister**

**CHQ has received feed back from the circle secretaries about number of emails sent to the minister for communications, Sh. Ravi Shankar Prasad, bringing out the inhuman attitude of BSNL Management towards the retirees in the matter of medical care when the whole nation is facing a deadly pandemic. As on 26-5-2021, 3555 emails have been sent to the Minister within a week. We appreciate the overwhelming response to the call from CHQ.**

|                     |             |
|---------------------|-------------|
| <b>ANDHRA</b>       | <b>246</b>  |
| <b>BIHAR</b>        | <b>23</b>   |
| <b>CHHATTISGARH</b> | <b>5</b>    |
| <b>DELHI</b>        | <b>35</b>   |
| <b>GUJARAT</b>      | <b>7</b>    |
| <b>HARYANA</b>      | <b>11</b>   |
| <b>JHARKHAND</b>    | <b>63</b>   |
| <b>KARNATAKA</b>    | <b>374</b>  |
| <b>KERALA</b>       | <b>568</b>  |
| <b>MP</b>           | <b>200</b>  |
| <b>MAHARASTRA</b>   | <b>142</b>  |
| <b>ODISHA</b>       | <b>107</b>  |
| <b>PUNJAB</b>       | <b>46</b>   |
| <b>TAMILNADU</b>    | <b>1327</b> |
| <b>TELANGANA</b>    | <b>101</b>  |
| <b>UP WEST</b>      | <b>300</b>  |
| <b>TOTAL</b>        | <b>3555</b> |

# BSNLMRS?

Corporate Office  
Admin & PR Branch  
1<sup>st</sup> Floor, Bharat Sanchar Bhawan,  
H.C.Mathur Lane, Janpath,  
New Delhi-110001.  
Ph: 011-23734157, Fax: 011-23718288



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(भारत सरकार का उपक्रम)  
BHARAT SANCHAR NIGAM LIMITED  
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No 25-1/2021-BSNL(WL)/Admn

DATED: 28<sup>th</sup> May 2021

## Subject: Health Insurance for BSNL Employees – Regarding

Approval of Director (HR), BSNL Board is hereby conveyed for constitution of a committee comprising of following officers for giving its recommendations about a suitable health insurance policy for BSNL employees for approval of the competent authority:

- i. Sh Saurabh Tyagi – Sr GM (Estt)
- ii. Sh A M Gupta – Sr GM (Admin)
- iii. Sh P D Chirania – Sr GM (Fin – CFA)
- iv. Smt Anita Johri – GM (SR)

2. A brief note about the background/need for health insurance policy, present situation in BSNL in this context, benefits to BSNL and points to look for while taking a health insurance policy is enclosed herewith for information.
3. The committee may hold dialogues with the Unions/ Associations at appropriate stages as per the Rules and prevailing practice in BSNL, hold negotiation with any Health Insurance Company and shall recommend the suitable policy for approval of the competent authority.

This is issued with the approval of the competent authority.

Enclosure: Brief Note, as above.

  
(Rajiv Kumar sharma)  
DGM (Admin)

### Copy to:

1. PPS to CMD, BSNL.
2. PPS/PS to Director (HR), BSNL Board.
3. All the committee members.
4. Office file.

**for the information of BSNL Management:**

**Tata Steel has announced social security schemes to the family members of employees affected by Covid-19 pandemic. "Tata Steel's best-in-class social security schemes will help ensure an honourable standard of living for their families," the company said in a statement.**

**The family of the deceased employee/nominee will get the last drawn salary till 60 years of age along with medical benefits and housing facility.**

**In addition to this, for all its frontline employees who as part of their job, met with an unfortunate death due to COVID-19, the company said it will bear all the expenses of their children's education till graduation in India.**

**"The Company has always been a shield of steel, supporting its stakeholders at all times. This time is no different. Tata Steel family stands stoically with all its people, committed to their security and well-being. [News]**

**Tech Mahinda and Bajaj also have announced such schemes for their employees. Elsewhere in this Journal, we have published the circular of the National Informatics Centre in this regard.**

# CHQ LETTER

## ON ANOMALY CASE

Date: 07-04-2021

To,  
The Secretary (T),  
Sanchar Bhawan,  
20, Ashoka Road,  
New Delhi

Sub: **Implementation of Judgment dated 16.12.2016 passed by the Hon'ble Division Bench of the Hon'ble Central Administrative Tribunal (PB), New Delhi, in O.A. No. 2173/2014 titled as "All India BSNL Pensioners' Welfare Association & Ors. Vs. Union of India & Ors." which was upheld by the Hon'ble High Court of Delhi vide Order dated 24.01.2020 and further in terms of the Order dated 18.11.2020 duly passed by the Division Bench of the Hon'ble Central Administrative Tribunal in C.P. No. 422/2017.**

Sir,  
As your goodself is aware that **4230 employees** absorbed from DoT, retired from BSNL, between October 2000 and June 2001 were getting less pension compared to those who retired later. This was because of a clarification issued by DoT on 15/1/2003 which stated that 'for working out the average pay of last 10 months, actual pay **received in CDA and IDA should be taken together**'.

We, in a representative capacity of all the affected 4230 pensioners, filed a

case before Hon Principal Bench of CAT, New Delhi vide OA 2173/2014 wherein the Hon'ble Division Bench of the Tribunal, has been pleased to decide and pronounce the judgement on 16/12/2016 in favour of the applicants. The last para (para 25) is given below.

### **Extracts from PB, CAT, New Delhi**

25. There is, therefore, no ground whatsoever for the respondents to deny the benefit of formula adopted in OM dated 18.10.1999. The impugned order dated 15.01.2003 is thus quashed with direction to the respondents to refix pension of the applicants from the date of their retirement in the same manner as calculated for Central Government employees/ Public Sector Undertaking like FCI by adopting the formula as contained in OM dated 18.10.1999 and give notional benefit of the IDA pay scales and, thereafter, grant all consequential benefits from the date of retirement in accordance with law. We fix a time frame of 90 days from the receipt of a certified copy of this order for implementation of our directions. No costs:

Being aggrieved with the aforesaid Judgement dated 16.12.2016, a W.P.(C) No. 10019/17 was preferred by the Department, which was dismissed by the Hon'ble Division Bench of the Hon'ble High Court of Delhi vide its Order dated 24.01.2020. While dismissing the aforesaid writ petition by the Hon'ble High Court of Delhi. It was directed by the Hon'ble High Court of Delhi to the petitioners that the Order of Ld. Tribunal may kindly be

implemented within 8 weeks from 24/01/2020. The last two paras (paras 44 & 45) of the judgement are given below.

**Extracts from Delhi HC  
judgement**

44. In that view of the matter, the question of issuing the impugned clarification to override the statutory mandate did not arise. The conclusions reached by the CAT are also consistent with the case law referred to hereinbefore and therefore call for no interference.

45. For all of the aforementioned reasons, the petitions are dismissed. The interim order stands vacated. The time for implementation of the impugned order of the CAT is extended by a period of eight weeks from today. The pending application is also disposed of.”

The preferred C.P. No. 422/2017 for implementation of the Judgement dated 16.12.2016, which was closed by the Hon’ble Tribunal vide Order dated 08.02.2018 as a writ petition was preferred and the operation of the Judgement was stayed. Since, the liberty was granted while closing the proceedings of the Contempt petition vide Order dated 08.02.2018, the applicants availed the liberty and therefore, vide Order dated 19.08.2020, the Contempt Petition was revived.

While hearing the final arguments in details, the Hon’ble Tribunal has been pleased to dispose of the Contempt Petition with the following directions:  
“.....On 06.10.2020 when respondents to implement the

directions issued in the O.A. within three months from the date of receipt of a copy of the Order. There shall be no Order as to costs.

j. A.K. Bishnoi,      J.L. Narsimha Reddy  
Member                      A Chairman

In view of the above, the time framed directions granted vide Judgement dated 16.12.2016 (by the Division Bench of Hon’ble Tribunal), 24.01.2020 (by the Division Bench of Hon’ble High Court of Delhi) and lastly on 18.11.2020 by the Division Bench of Hon’ble Tribunal could not be followed on your part. Therefore, the applicants have left with no other or further option, but to initiate legal action for violation of the aforesaid Judgements duly passed by the Division bench of Hon’ble Tribunal as well as the Hon’ble Division Bench of the Hon’ble High Court of Delhi.

We, therefore, lastly request to your goodself to implement the Order directing the PCCA/CCAs to re-fix the pension of all the 4230 officials on the basis of 18/10/1999 DoP&PW OM i.e. notionally fixing the CDA pay into IDA pay for the period of last 10 months and sanction the pension accordingly from the date of their retirement respectively. So that the Orders dated 16.12.2016, 24.01.2020 and lastly on 18.11.2020 would be implemented accordingly failing which the applicants would be constrained to initiate legal proceedings by way of afresh Contempt Petition against you and other related departments in accordance with law.

A line in reply is solicited.

# **CHQ LETTER**

## **ON DENIAL OF MEDICAL CARE TO BSNL PENSIONERS**

**E Mail dated 26-4-2021**

**To  
Shri. P K Purwar,  
CMD, BSNL,  
New Delhi 110001.**

**Copies to  
Sh. Arvind Vadnekar,  
Director HRD, BSNL**

**Smt. Yojana Das,  
Director ,Finance, BSNL**

Respectedd Sir,

I write this letter to you to convey the desperation, anger and anguish of BSNL retirees all over India with regard to lack of medical care in the present crisis created by Covid19.

In 2000, about 3.6 lakh DoT employees migrated to BSNL with the hope that the Government and Management of BSNL would honour their assurances regarding medical care to the employees who built up the telecom infrastructure in our country toiling day in and day out. Those sitting in the air-conditioned offices may not know how the field staff worked in difficult terrains like thick forests, deserts and remote villages etc encountering wild animals, facing inclement weather to erect telephone network. The pensioners of today had given profit of Rs 10000 Crore per year when they were in service. The very same heroes of Indian Telecom are being ignored, neglected, and rather harassed by BSNL by denying proper medical care violating the government policy and the directives from Apex Court.

The Hon'ble Supreme Court on 4<sup>th</sup> August 2020, in a case filed by senior lawyer and former Law Minister of India Shri. Ashwani Kumar, had directed government hospitals to give priority in admission and treatment of elderly people looking at their vulnerability to corona virus. Again on 8th April 2021, a bench consisting of Justice Ashok Bhushan and Justice R S Reddy extended its order to private hospitals also considering the surge of Covid cases. .

Government of India has adopted certain policies. Rashtriya Vayoshri Yojana is one such scheme for providing Physical Aids and Assisted-living Devices for Senior citizens belonging to BPL category. This is a Central Sector Scheme, fully funded by the Central Government. The expenditure for implementation of the scheme is being met from the "Senior Citizens' Welfare Fund". The Scheme is being implemented by the Artificial Limbs Manufacturing Corporation (ALIMCO), a PSU under the Ministry of Social Justice and Empowerment. Benefits of RVY are not available to BSNL retirees because they are 'pensioners'.

The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 was enacted to provide financial security, welfare and protection for senior citizens. It requires children to provide maintenance for their parents, and the government to provide old age homes and ensure medical care for senior citizens. It set up Administrative Tribunals and Appellate Tribunals to ensure

maintenance. The BSNL retirees are out of purview of such Tribunals because they are supposed to be under the protection of BSNL Company.

**But, it seems that BSNL Management is unaware of such directives from the Apex Court and the government policy initiatives.**

BSNLMRS was one of the best systems made available to retirees in CPSEs in India. But, now we find it acts as most harassing weapon to punish the telecom pensioners who worked tirelessly for the nation. They are deprived of medical care either from BSNL or from other sources.

One Mr. Chandrasekharan Nair, Retired Sr. TOA of Nedumangad in Trivandrum SSA died recently as he could not continue his dialysis. The Doctor who was treating him in the empanelled hospital shifted to another hospital in the city which is not empanelled. He had no option but to go to that doctor for continuity of the treatment. After undergoing dialysis twice in every week he had been submitting bills for reimbursement. BSNL failed to pay the bills. When the hospital refused to continue the dialysis he stopped it and he died a premature death. There are many such cases.

In each Circle few hospitals were giving cashless treatment to BSNL retirees. But, now, despite the MOU remains valid, most of such hospitals ask the patients to pay the amount in advance and claim reimbursement on the plea that BSNL has not cleared their bills. Practically the 'cashless treatment' is absent and the BSNL retirees are denied treatment even in chronic cases.

BSNL retirees are compelled to migrate to CGHS. Few thousand pensioners have migrated in areas covered by CGHS. Immediately, it is reported from some Circles, their vendor codes are removed from the ERP without entering data of all pending claims and as a result they are denied reimbursement.

Most of the BSNL pensioners incur good portion of their pension for either indoor or outdoor treatment. Bills submitted by them for indoor treatment were ignored and the assured quarterly medical allowance has not been paid since April 2018 in many Circles like Karnataka, Kerala, Rajasthan, Punjab etc, to name few.

BSNL denied or delayed the medical care to its retirees on the plea of financial crisis. But the company is able to reimburse the expenditure incurred by serving staff. We do not suggest that bills submitted by serving staff should not be paid. **They should be paid, no doubt.** But question is who should get the priority in the matter? We strongly feel that the old people, the pensioners, should be given priority in the matter of medical care. It is the universally accepted fact that elderly persons require more and constant medical care. They deserve Priority over young people.

Affordability is also a factor to be considered in this regard. An official drawing salary of Rupees One lakh per month can manage, at least in normal condition, to meet his expenditure on treatment. Whereas a retiree drawing pension of Rs 20000 or so cannot manage it. Some times the amount runs in to lakhs.

**In military, the veterans are given priority. In many CPSEs the former employees are given priority in medi-care. Only in BSNL we find a different, discriminatory treatment.**

We have approached senior officers in Corporate Office several times to bring the matter to their notice. They used to make over the matter to some junior managers without giving any guidelines. When the Corporate Office allots funds to Circles it is always far less than required.

We are in a crisis the nation never faced in the past. In spite of the inhuman attitude adopted by BSNL Management, the members of AIBSNLPWA had donated **Rs 1.04 crore** to the PMNRF and CMDRF to meet the exigency in the present crisis. We do not expect any gratitude for it. We have done it as our duty to the Nation. Ingratitude is quite common.

**We request you to kindly give priority to the seniors, the pensioners, in the matter of medical care and**

- 1. Allot sufficient funds exclusively to ensure medical care of BSNL retirees;**
  - a. To clear all pending bills from the empanelled hospitals with whom MOU was reached for giving cashless treatment.**
  - b. To clear all pending claims from BSNL retirees for reimbursement of charges incurred for indoor treatment as well as outdoor treatment with voucher.**

**Priority may be given to chronic diseases considering the high cost involved.**
  - c. To make up-to-date payment of medical allowance to those who opted for 'without voucher' scheme.**

**2. Establish a monitoring system in Corporate Office to ensure proper utilization of the funds allotted to Circles.**

**3. The Data Centre at Ghaziabad may be instructed to take necessary corrective measures in the system so that all the medical claims pertaining to BSNLMRS period, submitted by BSNL retirees who have migrated to CGHS are entertained.**

**Yours faithfully,**

  
**P. Gangadhara Rao, \*\*  
General Secretary.**

# CHQ LETTER

**dated 30-4-2021**

To  
Shri. Arvind Vadnekar,  
Director (HR), BSNL Board, BSNL, New Delhi

Sir,  
Sub: Treatment of COVID cases for Retired employees and their dependents  
Ref: Your D.O.No.BSNLCO-ADMN/11(15)/2/2021-ADMN dated 29th April 2021

We highly appreciate your concern about the health of BSNL employees & their dependents.

The first para in the above-referred letter states *“In today’s trying times, it is our duty and responsibility to ensure that treatment to BSNL employees or his dependent family members affected by this disease is not hampered due to financial constraints. It shall be our endeavour to extend financial support in deserving and genuine COVID cases by way of giving timely medical advance”*.

In the second para of that letter refers orders dated 16/4/2010 & 29/12/2020. Point 2 of 16/4/2010 order clearly mentions *“For serving and retired employees dependent means and includes self, spouse, two dependent children and dependent parents”*.

Point 3 of 16/4/2010 states *“an advance can be granted upto 80% of the estimated expenditure and paid directly to the hospital”*.

The subject matter of 29/12/2020 is *“Clarification regarding CGHS rates for treatment being taken by BSNL employees/Retired employees in private empanelled Hospital -in view of the COVID-19 Pandemic”*.

So, it is absolutely clear that your D.O letter equally takes care of not only serving BSNL employees but also Retired BSNL employees who are covered under BSNLMRS.

But it could have been better if two words “Retired employees” are also included in your D.O letter because there is a feeling among the common Retired employees that BSNL management has not taken care of them even though they contributed their mite for the growth of BSNL and many BSNL retired employees are affected by COVID-19. We request you, sir, to ensure equal treatment both for serving and retired employees with regard to medical care as per the existing orders.

## CHQ LETTER

To

dated 5-5-2021

Shri. Arvind Vadnekar,  
Director (HR), BSNL Board,  
308, Bharat Sanchar Bhavan,  
H C Mathur Lane, Janpath,  
New Delhi 110001.

Sir,

Sub: Treatment of COVID cases for Retired employees and their dependents  
Ref: **Your D.O.No.BSNLCO-ADMN/11 (15)/2/2021-ADMN dated 03-05-2021**

We do appreciate the directions issued vide the letter referred above, in view of the grim situation prevailing, to do away with usual visit by designated officer, permission to take treatment in any hospital, to grant tele-consultation fees and reimburse the charges incurred for RTPCR/Rapid Antigen tests etc.

But, we are shocked to learn that you have ignored the BSNL retirees once again in providing medical care, that too in the present crisis. It is an unfortunate deviation from the policy adopted hitherto by BSNL Management and the Government.

The orders issued from time to time by BSNL CO did not discriminate the Retirees from Serving Staff. None of the orders issued by CGHS or Health ministry discriminates the senior citizens in providing proper treatment to elderly people.

Para 1.5.1 of BSNL/Admn.I/15-4/05 dated 28-2-2003 states; *“All serving and retired employees (including voluntarily retired) of BSNL including deputationist will be eligible for this scheme.”*

Again, para 2.2.0 of ibid says; *“Treatment in recognized hospitals/nursing homes etc. An employee (including retired employee) and his/her dependants shall be entitled to the reimbursement of expenses at the approved rates....”*

After three years, BSNL CO vide its BSNL/Admn I/I dated 23-8-2006, under the title of **REIMBURSEMENT OF MEDICAL CLAIMS FOR RETIRED EMPLOYEES OF BSNL** it was clearly stated:

*1.1 Eligibility: Presently defined as per clause 1.4 (ix) of Circular dated 28-2-2003 and amended vide order No BSNL/ADMN.I/1 dated 3-6-2004*

*(i) Employees retired after 1-10-2000, i.e. after formation of BSNL, are only eligible....'*

3.0 (v) of ibid states further; *"Retired employee may draw the attention of the designated officer in SSA/Circle in case he/she faces any problem in getting proper treatment in the empanelled hospital."*

We can quote more such orders/guidelines issued by BSNL CO, explicitly showing its commitment on the healthcare of retired staff. Therefore, we fail to understand the reason for recent deviation in policy in this regard.

According to the experts, the Covid situation in our country will be worsening in coming weeks or months. Elderly people are prone to the deadly disease. As such, the government is taking all efforts to save lives of senior citizens. Priority is given in every aspect, including vaccination, immediate treatment etc. to the elderly people.

Under the above circumstances, our Association once again requests you to look into the matter and extend all benefits provided under BSNLMRS to the retired employees of BSNL.

Yours faithfully,

  
P. Gangadhara Rao, \*\*  
General Secretary.

# CHQ LETTER

E Mail Dated 24/05/2021

To

- 1) Shri Ajay Kumar Nema, Director (Staff), Sanchar Bhavan, Newdelhi [dirstaff-dot@gov.in](mailto:dirstaff-dot@gov.in)
- 2) Shri Bhart Kumar Jog, Member (S), Sanchar Bhavan, Newdelhi [members-dot@nic.in](mailto:members-dot@nic.in)
- 3) Shri P.K.Sinha, Member (F), Sanchar Bhavan, Newdelhi [memberf-dot@nic.in](mailto:memberf-dot@nic.in)

Respected Sir,

Sub: **Undue delay in payment of salary and grant of family pension – Case of late S.Palaniyandi, LM, Tiruchirappalli, Tamilnadu – Immediate action requested**

Director (Staff) issued order on **8/5/2018** vide No.1/22/2012.Vig.III stating that the suspension period 23/8/2000 to 30/6/2012 (Date of superannuation) of late S.Palaniyandi, LM, Trichy be treated as duty for all purposes and full pay & allowances be paid to him as per FR 54-A(3).

2. S.Palaniyandi was suspended before formation of BSNL and he had no opportunity to opt for BSNL and he continued as DoT staff. So, the pay & allowances as per the above-mentioned Director (Staff) order has to be paid by DoT on CDA pay. PGM, BSNL, Tiruchirappalli calculated the pay & allowances for the period from 23/8/2000 to 30/6/2012 which worked out to Rs.15,60,929/- and bonus due to the extent of Rs.61,001/- and intimated CGM, BSNL, Tamilnadu Circle.

3. BSNL corporate office, vide its letter dated **5/8/2019**, wrote to Director (Staff) to make payment and requested for issuing necessary order to PCCA, TN for payment of pay & allowances.

4.PCCA, TN has written a letter on 30/4/2021 to Director (Staff), DoT, Newdelhi requesting for orders for payment of pay & allowances.

5.S.Palaniyandi expired on **15/5/2013** and his wife Mrs. P.Maruthambal is entitled for family pension. Because of non-settlement of pay & allowances, the family pension was not processed. The family is under severe financial strain and suffering a lot.

6.May we request you, sir, to send the necessary order to PCCA, TN for making the payment of due salary and bonus to the spouse of late S.Palaniyandi without further delay.

A line in reply is highly solicited.

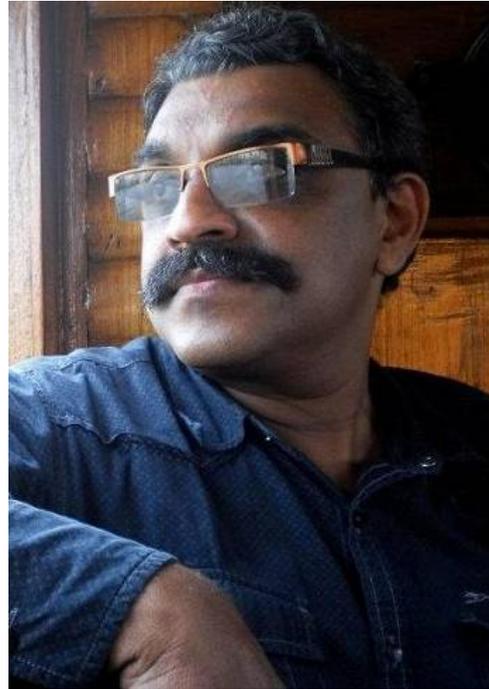
Yours faithfully,

  
P. Gangadhara Rao,  
General Secretary.

## **AN OFFICER WITH A NOBLE HEART**

**In the next page you find the letter written by Shri C V Vinod, CGMT of Kerala Circle to Director H R, BSNL Corporate Office requesting for sanction of special funds to provide immediate financial advance to the BSNL employees infected by the pandemic Covid19 and hospitalized.**

**We appreciate the concern expressed by Shri Vinod and the initiative he has taken.**



**In the past we had some officers of this nature who stood with the workers at the time of crisis. That is how we could develop the telecommunication infrastructure in the country, flood or drought, cyclone or earthquake.**

**Efficiency of the system depends upon the cooperation of the Management and the workforce in the field.**

**Does the present management listen?**

केरल परिमंडल KERALA CIRCLE  
दूर संचार भवन, पी.एम.जी.जंक्शन  
Door Sanchar Bhawan, PMG Junction  
तिरुवनंतपुरम Thiruvananthapuram-695033  
टेलीफोन Telephone 0471-2302200 फेक्स Fax 2305150  
ईमेल Email : cgm Kerala@bsnl.co.in



भारत संचार निगम लिमिटेड  
(भारत सरकार का उपक्रम)  
BHARAT SANCHAR NIGAM LIMITED  
(A Govt. of India Enterprise)

No.CGM/KRL/GEN/2021  
Date : 26<sup>th</sup> April 2021

**To The Director (HR)  
Bharat Sanchar Nigam Limited  
New Delhi-110 001.**

**Respected Sir,**

**Sub:- Request for sanction of funds for treatment of BSNL employees affected with Covid – reg.**

The second wave of Covid-19 pandemic is spreading across the country with enormous rise in the number of persons getting affected and hospitalized with major health complications. In Kerala State as well, though the health infrastructure is fairly good, the number of Covid-19 persons are increasing alarmingly.

Sir, several BSNL employees in the Circle have been tested covid positive and advised hospitalization. We have been keeping a data of BSNL employees reported covid positive on a daily basis to have appropriate remedial action.

There have been reports that many of the private hospitals in the state are demanding deposit of Rs.5 lakhs to Rs.10 lakhs for admission and treatment in advance from patients.

Many of the BSNL employees have conveyed their apprehension to the management over this issue and are much worried about themselves and their dependents as most of the covid positive BSNL employees are those who have field interactions like TMs, CSC Staff, field officers etc.

There have also been feed backs that many of the financial institutions, both in public and private sector are having a hesitant approach to give loans to BSNL employees, pointing out that employees are not paid their salaries regularly or in time. This is adding pressure to the employees in case of emergencies. It is reported that most of the Govt. hospitals have reached a saturated level for admissions and efforts are being made for early hospitalization in Govt. hospitals.

This being the pulse of the employees as a whole, owing to the present peculiar situation, **it is requested to take up at the highest level and make provision for funds to sanction upto a maximum amount of Rs.10 Lakhs as medical advance to employees for self or their dependents admitted for covid treatment in any private hospital and need further treatment in ICU.**

**The delegation of powers for approval of medical advance may be given to CGMs for approving the same, and emergency funds allotted to Circle at least around Rs.2 Crores for each Circle for payment to most deserving cases as decided by CGM .**

  
(C.V. Vinod)  
Chief General Manager

**F.NO-Z.28015/100/2021-DM Cell  
Government of India  
Ministry of Health and Family Welfare**

Nirman Bhawan, New Delhi  
Dated the 8<sup>th</sup> May 2021

**ORDER**

**Subject: National Policy for Admission in Hospitals**

Ministry of Health and Family Welfare enunciated a policy of setting up three tier Health infrastructure for appropriate management of suspect/confirmed COVID-19 cases. The guidance document issued in this regard on 7<sup>th</sup> April 2020, envisages setting up of :

- a. COVID Care Center (CCC) that shall offer care for mild cases. These have been set up in hostels, hotels, schools, stadiums, lodges etc., both public and private. Functional hospitals like CHCs, etc, which may be handling regular, non-COVID cases may also be designated as COVID Care Centres as a last resort.
- b. Dedicated COVID Health Centre (DCHC) that shall offer care for all cases that have been clinically assigned as moderate. These should either be a full hospital or a separate block in a hospital with preferably separate entry/exit/zoning. Private hospitals may also be designated as COVID Dedicated Health Centres. These hospitals would have beds with assured Oxygen support.
- c. Dedicated COVID Hospital (DCH) that shall offer comprehensive care primarily for those who have been clinically assigned as severe. These Hospitals should either be a full hospital or a separate block in a hospital with preferably separate entry/exit. Private hospitals may also be designated as COVID Dedicated Hospitals. These hospitals would have fully equipped ICUs, Ventilators and beds with assured Oxygen support.

2. The above mentioned COVID health infrastructure has been aligned with clinical management protocol for admission of Mild cases to CCC, Moderate cases to DCHC and severe cases to DCH.

3. Further Pursuant to the order of the Hon'ble Supreme Court in Suo-Moto writ petition (Civil) No3 of 2021 dated 30th April 2021 and in exercise of powers delegated under the section 10(2) of the Disaster Management Act 2005 vide Order No. 40-2/2020 DM-1A Dated 11th March 2020, it is hereby directed that the Hospitals under the Central government, State Governments and Union territory administration including private hospitals (in States and Union Territories) managing COVID patients shall ensure the following:

- a) Requirement of a positive test for COVID-19 virus is not mandatory for admission to a COVID health facility. A suspect case shall be admitted to the suspect ward of CCC, DCHC or DHC as the case may be.
- b) No Patient will be refused services on any count. This includes medications such as oxygen or essential drugs even if the patient belongs to a different city.
- c) No patient shall be refused admission on the ground that he / she is not able to produce a valid identity card that does not belong to the city where the hospital is located

No.CGHS/CSMA-01/2021/Admn.  
Government of India  
Ministry of Electronics & Information Technology  
National Informatics Centre  
A-Block, CGO Complex, Lodhi Road, New Delhi

Dated: 26.04.2021

### **Office Memorandum**

Keeping in view the surge in Covid-19 spread among employees and their families, it is hereby clarified that under emergency circumstances, the patient can be taken to any hospital providing treatment in order to save the patient.

2. The extant rules stipulate that CGHS beneficiaries and other Central Government employees including their eligible family members under CS (Medical Attendance) Rules have the option to go to a nearby Government hospital/empanelled private hospital or ***even any private hospital, in case of emergency.***

3. However, if treatment is undertaken at private non-empanelled hospitals under emergency, reimbursement will be limited to CGHS rates or actual, whichever may be lower. Since, non-empanelled private hospitals often charge at rates different from the CGHS rates there will be difference in the amount reimbursed if the private hospital charges are higher than CGHS rates.

4. They are advised that they may seek treatment in an ***emergency*** at:

- The nearest Government Hospital of their choice, for the required emergency.  
OR
- They may go to the nearest empanelled private hospital, where on certification by the concerned wellness centres/nodal officer, they are expected to extend/provide the necessary credit facility. In case the empanelled private hospital does not provide credit or beneficiary decides to pay the bill for settlement, the reimbursement shall be limited to the CGHS rates as per rules in force.
- Individual beneficiaries may decide to use their own health insurance cards for the hospitalisation. In such cases they are eligible for "***dual claim***" as per rules where the first claim is made to the insurance company. A set of certified documents submitted/issued by the insurer may then be submitted to the Office for reimbursement as per rules. The limitation being the CGHS rates in force, and in any case, shall not exceed the total expenditure incurred.
- In case of emergency treatment in empanelled private hospital, NIC provides a letter to the concerned hospital, through the beneficiaries, on certification by the concerned wellness centres/nodal officers, to provide the necessary credit facility, stating that "the bills shall be paid as per rules".

  
( Manoharan R )  
Joint Director(Admn)

Copy to all Officers/Staff ... through DigitalNIC

## OBITUARY

### **Com K Balakoteswara Rao**

Our beloved District Secretary of AIBSNLPWA Guntur district branch Com K Balakoteswara Rao is no more. He breathed his last in the early hours of 05-05-2021( at 02-30 ) due to damage of lungs. Since there were no beds available in Guntur he was taken back to Tenali and treatment was continued at home with oxygen. On 30th of May his wife Smt Lakshmi Lalitha Kumari expired due to Carona. His only daughter is with him and she also under home quarantine. Com K Balakoteswara Rao was retired in 2014. He was elected as Dist Secretary of AIBSNLPWA Guntur during 2018. He is very honest and efficient D S. He also made all arrangements for conducting our Circle Executive Committee meeting at Guntur which was converted as virtual meeting due to Covid pandemic. In addition to the pensioners problems he used to attend working employees issues also. During 2020 January to March he attended all the meetings of VRS Retirees. With his rest less efforts the membership of Guntur was crossed 1000 mile stone and also more than Rs 3 Lakhs donations sent to PMNRF from Guntur district. I got close association with him since 1993. When I worked as Dist Secretary of AITEEU CI III Guntur during 1995 to 1998 he was the Branch Secretary of Tenali branch. His demise is a great loss to our Association which can not be substituted in near future. On my own behalf and on behalf of our Circle Association I pay my sincere homage to Late Com K Balakoteswara Rao and heart felt condolences to the bereaved family members.....

**K S Koteswara Rao,  
CP, AIBSNLPWA AP Circle**

### **Com.Murugan**

Com.Murugan, D.S.Vellore passed away on 24.4.2021. His wife passed away on 21.4.2021 three days prior to him. Both not of Covid. After retirement Com.Murugan organized Vellore Telecom District pensioners Association and enrolled NFTE members. He didn't join the AIBSNLPWA branding it a CP M organization. While in service Com.Muthiyalu was circle Secretary and Murugan was District Secretary E3. With that comradeship Com.Muthiyalu went to Vellore many times and pursued Murugan and other Comrades to join AIBSNLPWA and explained it is an organisation of all pensioners. Finally Murugan agreed to merge Vellore District pensioners Association and the merger took place on 30.8.2013. Com.Rama Rao Circle Secretary, Com.Muthiyalu, Circle President and Com.R.K former Secretary NFTE participated. At that time membership of AIBSNLPWA was below 20 and Vellore Telecom Pensioners Association was more than 150. After that Murugan worked tirelessly and today the membership is 854. He is a good organiser. He took Com. A Sugumaran All India Vice-president. many times to Vellore to bring back the Officers from AIBDPA and succeeded to large extent. He was functioning systematically Arranged meetings every month. During pandemic and unusual situations He took care with other office Bearers and go other stations ,meet pensioners, discuss issues and collect problems. He functioned to the satisfaction of all members. All members affectionately moved with him. His services would be remembered by pensioners for ever.

**K Muthiyalu,  
All India Org. Secretary.**

**Com.S.Sridharan** passed away on 6.5.2021. We have lost a very active.and a senior leader. He was a founder member of Chennai Traffic

Dn.He was also a founder member of ST.R Dn and Treasurer.At present he is one of the Circle Office Bearers of Tamil Nadu Circle. He is also Dy.General Secretary of All India Federation of Pensioners Association. He shouldered the activities of that Association very much.He took keen interest in the growth of AIBSNLPWA.He never missed a meeting or any struggle program.He used to move with everyone and maintained cordiality.He will be remembered for long.

**K.Muthiyalu ,Dy.GS.**

### **Com. R Ramachandra Rao**

Covid19 has taken away from us another leader. Com. R Ramachandra Rao (70), Retd SDOP Eluru, former All India Vice President and former District Secretary of our West Godavari SSA Unit expired on 29-5-2021 due to Covid 19. He lost his second son on 12<sup>th</sup> May 2021 due to Covid19. Again, his wife is also infected by the disease and she is in hospital while writing this Note. Com. Rao went to a private hospital on 29<sup>th</sup> morning and he was directed to the Government hospital. He got admitted there and breathed last after few hours. Com. Rao was one of the very dedicated leaders of our Association. He took extra initiative to enroll all members as life members and West Godavari branch became the first major branch in the entire country to have 100% life members. Now the branch has 1000 life members.

Very energetic Com. Ramachandra Rao has been taking up individual cases of family pensioners , with dedication, organizing charity activities on the Pensioners Day every year and relentlessly trying to strengthen our organization in West Godavari SSA.

**V Varaprasad,  
Dy GS and CS, AP Circle**

**Com. Vipin Sharma**, Ex Circle President of UP West Circle expired on 27-4-2021 due to Covid.

Com. Chourishiya, DS of our **Ajmer SSA** branch reports that the SSA lost 24 comrades, including pensioners , serving staff and the family members due to the pandemic.

### **A FAMILY TRAGEDY**

**Sri. Y Dasan**, Retired PM and our member of Nedumangad branch in Trivandrum district expired due to Covid on 3rd May 2021. His son Mr Binu expired due to Covid on 13th May 2021. Wife of Sri Dasan also expired due to Covid on 16th May 2021. The daughter in law and grand child of Dasan were in the hospital due to Covid. Luckily they came out negative.

A pensioner's family is in distress. There may be many such cases at other places. Since Covid related deaths have become very common it is not reported.

BSNL is insensitive to the woes of people who built up Indian Telecom. The Minister is not responsive to our pleas. He may give great speeches about the role of BSNL at the time of natural calamities. Bitter experiences teach us bitter lessons. Lip sympathy is worthless .

**It is reported that Shri S K Gupta, Member of MTNL Board and Sh. Vinod Kumar, Director F of BBNL passed away during this period infected by Covid19.**

**We convey our deepest condolences on the demise of those who have fallen victims to the deadly pandemic.**

## VACCINE: WHY DIFFERENTIAL PRICING?

[R Ramakumar, Professor, Tata Institute of Social Sciences, Mumbai.]

Until April 19, the Centre had been procuring all vaccines and allotting them to states. In all official statements after April 19, government spokespersons held that the new “Liberalised Pricing and Accelerated National Covid-19 Vaccination Strategy” sought to divide the available monthly doses into two parts. The first 50% would go to the Centre but the second 50% would be directly purchased by the state governments and private hospitals. The prices were differently fixed for the Centre, the state governments and private hospitals.

The impression given was that while the second 50% of the doses would be shared across state governments and private hospitals, state governments would receive priority. There was a clear reason for policy to do so. Prices in state government vaccine centres were lower than in private hospitals, and many states were providing vaccines free of cost. Hence, it would be to this channel to which poorer households would flock. It was then natural to reason that more vaccines would flow to state government centres than to private hospitals, which essentially cater to the rich.

The affidavit submitted by the Centre to the Supreme Court in the suo moto writ petition in the matter of “Re: Distribution of Essential Supplies and Services During Pandemic”. affidavit tells us that this will not be the case. State governments will have no priority or advantage over private hospitals. The actual sharing ratio would be 50:25:25 between the Centre, state governments and private hospitals. In other words, for every 100 doses released by the Central Drugs Laboratory each month, only 25 doses can be directly purchased by state governments while another 25

doses are specifically set apart for private hospitals. The affidavit states that:

“Out of the 50% quota allotted to each state, the division is made on 50%/50% basis. In other words, from out of the 50% allotted to the state, 50% will go to the State...and the balance 50% will go to the private sector based upon the contracts between private sector and vaccine manufacturers.”

In fact, this latest twist in vaccine distribution is in alignment with the demands of the two monopolistic vaccine producers. After April 19, the Serum Institute of India had publicly expressed the view that it would prefer selling Covishield to private hospitals at higher prices (Rs 600 per dose) than to state governments at lower prices (Rs 400 per dose, later reduced to Rs 300 per dose). SII's Adar Poonawalla had said in an interview to CNBC-TV18 that: *“I don't know why there is such a hullabaloo over every state complaining about this price, because it is their option and not their compulsion...In effect, the states don't really need to buy anything if they don't want to...There are enough private hospitals to take care of each state... no state really needs to spend any of their money.”*

The new affidavit shows that the Centre has, once again, succumbed to the demands of private vaccine companies to earn super-profits. Private hospitals have been placed on an equal pedestal as state governments and provided with an assured quota of 25%.

A suspicion that state governments would be sidelined was first raised in an article I had co-authored in the Indian Express on May 6. Our

argument was the following. On May 3, in an official statement, the Centre had released a set of figures related to the availability of vaccine doses and projected inflows of vaccine doses over the three months of May, June and July 2021.

This table tells us that Centre would have an entitlement of 21.4 lakh doses per day over May, June and July. The total production capacity of vaccines in India does not exceed 28 lakh doses per day. Thus, of the 28 lakh doses per day, the government would buy about 76.4%. Only 23.6% would be left for state governments and private hospitals. Seen in this perspective, after setting aside a part of the production for exports and private hospitals, the share of doses left for the state governments was likely to be less than 23.6% of overall production.

Our hunch has now been confirmed by the affidavit in a different way. The claim of the state governments has now been statutorily confined to 25%. Such an allotment flies in the face of the affidavit's claim that the new vaccine policy is "just" and "equitable". It is neither.

In the affidavit, the Centre has also stated why it deregulated vaccine prices on April 19. It says that the new policy, "...aims at liberalised vaccine pricing and scaling up of vaccine coverage to incentivise vaccine manufacturers to rapidly scale up their production and to attract new vaccine manufacturers... Herein, differential pricing is based on the concept of creating an incentivised demand for the private vaccine manufacturers in order to instil a competitive market resulting in higher production of vaccines and market-driven affordable prices for the same."

Thus, the Centre is inducing vaccine producers to raise supply through differential and market-driven prices. Yet, the same affidavit claims rather audaciously that "it is ensured that the two vaccine manufacturers are not unduly enriched from out of public money". This too appears to be wrong.

A recent report in Quartz argued that the estimated production cost of a Covid vaccine in India ranges between Rs 30 and Rs 80 per dose. If this is correct, the regulated price of Rs 150 per dose already provided a profit of 188% to 500% per dose. At the same time, Covishield's liberalised price of Rs 600 per dose for private hospitals provides the Serum Institute a profit of 750% to 2000%. Covaxin's liberalised price of Rs 1,200 per dose for private hospitals provides Bharat Biotech a profit of 1500% to 4000% per dose. Not "unduly enriched"? Pray, how?

There is also a clear case of discrimination in the new vaccine policy, given that the burden of deregulation is disproportionately borne by state governments. Even for the latest purchase order placed with the Serum Institute and Bharat Biotech in April, the price payable for the Centre is about Rs 158 per dose for both Covishield and Covaxin. The affidavit admits as much. It says:

"...100% advance of Rs. 1732.50 crore was released to Serum Institute of India (SII) for 11 crore doses of Covishield vaccine for the months of May, June and July. Additionally, 100% advance of Rs. 787.50 crore was released to Bharat Biotech India Ltd (BBIL) for 05 crore Covaxin doses for the months of May, June and July."

If the Centre pays Rs 158 per dose, state governments pay Rs 300 per dose for Covishield

and Rs 400 per dose for Covaxin. There is no reason offered for why states must pay a higher price except that the Centre has placed "large purchase orders". Yet, the affidavit claims that its policy is "equitable" and "non-discriminatory". Equality and non-discrimination should not be limited to the prices payable across States. It must be equally applicable for prices payable across Centre and States.

Instead, if the Centre was the single procurer of vaccines on behalf of the states, the advan-

tages of bulk purchase would have become available for everyone in the form of lower prices. The liberalised price policy did away with that possibility by fragmenting vaccine markets and ended up placing undue financial burdens on State governments.

In sum, the new liberalised vaccine policy of the Centre is unjust, inequitable, and discriminatory. One hopes that the Supreme Court takes note of these egregious distortions when it considers the writ petition on May 13.

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## SUPREME COURT ON VACCINATION POLICY.

On 30-4-2022, In the suo moto proceedings on the Covid-19 crisis, the Supreme Court on Friday asked a string of questions to the Centre about its plans on implementing a lockdown, oxygen distribution to states, vaccine prices and availability of medicines. Last week, the apex court took cognizance of the issues related to the oxygen supply, drug supply, and various other government policies and measures in relation to the Covid-19 pandemic. A bench of Justice DY Chandrachud, LN Rao and SR Bhat said that the court has received some petitions which raise entire local issues of grave importance.

### **Why two prices for Covid-19 vaccine?**

The Supreme Court on Friday said that the differential pricing of vaccine for the Centre, states and private hospitals is "very very disturbing". The SC asked Centre to explain why the Covid-19 vaccine has been priced differently for the states, the private sector and the Centre.

"Why cannot the government buy all vaccines and proceed on the lines of the national immunisation programme," asked the court. SC said the government must consider National Immunisation Programme for various vaccines and must think of providing free of cost vaccination to all citizens. The court said that the private manufacturers cannot be left to decide which state should get how much quantity vaccines. The court also asked how will the central and state government enable vaccine registration for illiterates or those who don't have access to the internet. "Will one state get priority access over another in getting the vaccines," asked the court adding how will the manufacturers ensure equity in the distribution of vaccines.

The government has said that it will submit the exact population of India in the age group of 18 to 45.

[from Times of India]

# **INCOME TAX RETURNS**

**CENTRAL BOARD OF DIRECT TAXES**

**CIRCULAR No 9 Dtd 20-5-2021.**

**F. NO.225/49/2021-ITA-1I**

**Subject: Extension of time limits of certain compliances to provide relief to taxpayers in view of the severe pandemic**

The Central Board of Direct Taxes, in exercise of its power under section 119 of the Income-tax Act, 1961 (hereinafter referred to as "the Act") provides relaxation in respect of the following compliances:

- 1) The Statement of Financial Transactions (SFT) for the Financial Year 2020-21, required to be furnished on or before 31st May 2021 under Rule 114E of the Income-tax Rules, 1962 (hereinafter referred to as "the Rules") and various notifications issued thereunder, may be furnished on or before 30th June 2021;
- 2) The Statement of Reportable Account for the calendar year 2020, required to be furnished on or before 31st May 2021 under Rule 114G of the Rules, may be furnished on or before 30th June 2021;
- 3) The Statement of Deduction of Tax for the last quarter of the Financial Year 2020-21, required to be furnished on or before 31st May 2021 under Rule 31A of the Rules, may be furnished on or before 30th June 2021;
- 4) The Certificate of Tax Deducted at Source in Form No 16, required to be furnished to the employee by 15th June 2021 under Rule 31 of the Rules, may be furnished on or before 15th July 2021;
- 5) The TDSITCS Book Adjustment Statement in Form No 24G for the month of May 2021, required to be furnished on or before 15th June 2021 under Rule 30 and Rule 37CA of the Rules, may be furnished on or before 30th June 2021;
- 6) The Statement of Deduction of Tax from contributions paid by the trustees of an approved superannuation fund for the Financial Year 2020-21, required to be sent on or before 31st May 2021 under Rule 33 of the Rules, may be sent on or before 30th June 2021;
- 7) The Statement of Income paid or credited by an investment fund to its unit holder in Form No 64D for the Previous Year 2020-21, required to be furnished on or before 15th June 2021 under Rule 12CB of the Rules, may be furnished on or before 30<sup>th</sup> June 2021.

8) The Statement of Income paid or credited by an investment fund to its unit holder in Form No 64C for the Previous Year 2020-21, required to be furnished on or before 30th June 2021 under Rule 12CB of the Rules , may be furnished on or before 15th July 2021;

9) The due date of furnishing of Return of Income for the Assessment Year 2021-22, which is 31<sup>ST</sup> July 2021 under sub-section (1) of section 139 of the Act, is extended to 30th September 2021;

10) The due date of furnishing of Report of Audit under any provision of the Act for the Previous Year 2020-21, which is 30th September 2021, is extended to 31st October 2021;

11) The due date of furnishing Report from an Accountant by persons entering into international transaction or specified domestic transaction under section 92E of the Act for the Previous Year 2020-21, which is 31<sup>ST</sup> October 2021, is extended to 30th November 2021;

12) The due date of furnishing of Return of Income for the Assessment Year 2021-22, which is 31<sup>st</sup> October 2021 under Sub-section (1) of section 139 of the Act, is extended to 30th November 2021;

13) The due date of furnishing of Return of Income for the Assessment Year 2021-22, which is 30th November 2021 under sub-section (1) of section 139 of the Act, is extended to 31<sup>st</sup> December 2021;

14) The due date of furnishing of belated/revised Return of Income for the Assessment Year 2021-22, which is 31<sup>st</sup> December 2021 under sub-section (4)/sub-section (5) of section 139 of the Act, is extended to 31st January 2022.

**Clarification 1:** It is clarified that the extension of the dates as referred to in clauses (9), (12) and (13) above shall not apply to Explanation 1 to section 234A of the Act, in cases where the amount of tax on the total income as reduced by the amount as specified in clauses (i) to (vi) of sub-section (1) of that section exceeds one lakh rupees.

**Clarification 2:** For the purpose of Clarification 1, in case of an individual resident in India referred to in sub-section (2) of section 207 of the Act, the tax paid by him under section 140A of the Act within the due date (without extension under this Circular) provided in that Act, shall be deemed to be the advance tax.

# WE MUST COME OUT OF THIS

