



Department of Ex-Servicemen Welfare

Ministry of Defence
Government of India



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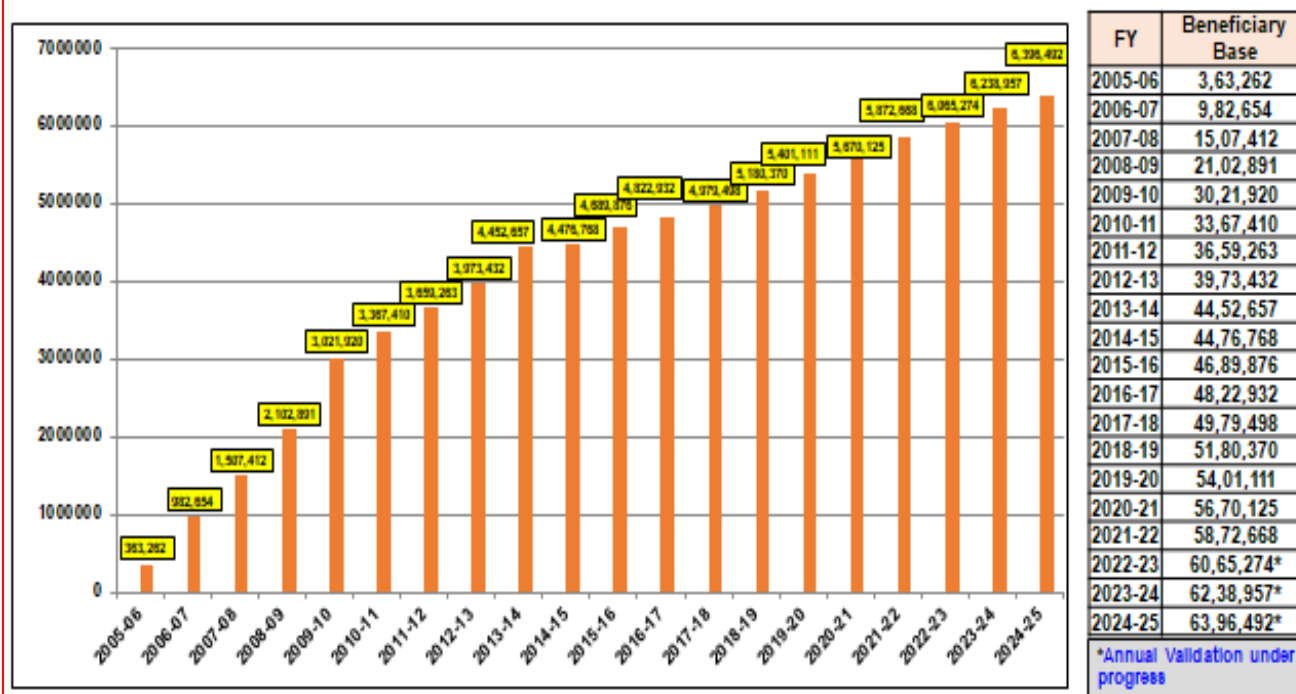
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CHAPTER 1: INTRODUCTION

Historical Background

1. The Ex-Servicemen Contributory Health Scheme (ECHS) was launched on 01 April 2003 to provide quality medical care to the Ex-servicemen (ESM) and their dependents by utilizing the existing medical infrastructure of Armed Forces and private empanelled/ government hospitals across the country. The scheme rapidly gained credibility and has expanded to 30 Regional Centres (RC) and 448 Polyclinics (PC) pan India with a total beneficiary base of approximately 64 lakhs. The scheme has also been extended to Gorkha Domiciles with eight Polyclinics in Nepal.

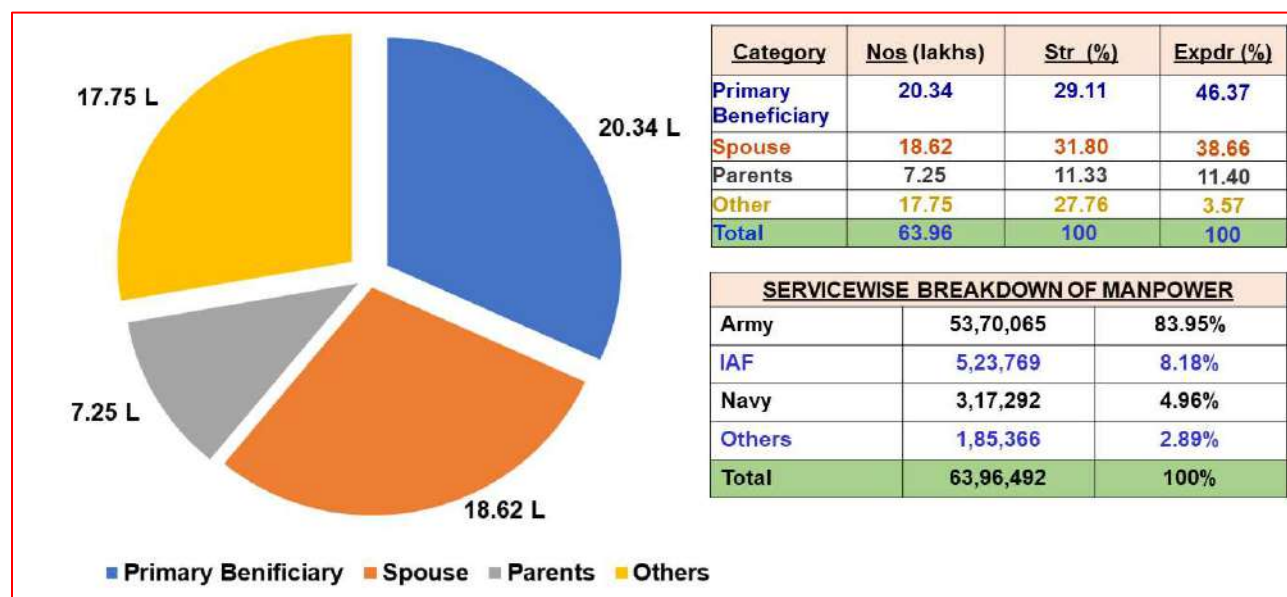
Rise in Beneficiary Base from 2005-06 to 2024-25



2. The policy framework for the Scheme is laid down by the Government and executive control is exercised by the Secretary, Department of Ex-servicemen Welfare (DoESW), Ministry of Defence. The Scheme is managed through the existing infrastructure of the Armed Forces to minimize administrative expenditure. This includes Static Headquarters of the three Services, spare capacity of the Armed Forces medical facilities, central procurement agencies of the Services, Defence land and buildings etc. Regional Centres exercise technical control over the empanelled hospitals and polyclinics. Station Commanders assisted by the affiliated Senior Executive Medical Officers (SEMO) exercise functional control over the ECHS Polyclinics.

3. With time, the scheme has grown both in size and stature. Increase in number of Ex-Servicemen and their dependents and inclusion of pensioners of Territorial Army (TA), Defence Security Corps

(DSC), Uniformed Indian Coast Guard (ICG), Military Nursing Service (MNS), Special Frontier Force (SFF), Nepal Domiciled Gorkha (NDG), whole time National Cadet Corps (NCC) Officers, eligible Army Postal Service (APS) pensioners, Assam Rifles pensioners, World War II Veterans, Short Service Commissioned Officers (SSCOs), Emergency Commissioned Officers (ECOs) & Pre-Mature Retirees, the beneficiary base has increased to 64 lakhs with approximately 19 lakhs being primary members.



Beneficiary Breakdown (Data as on 31 Mar 2025)

4. While a lot of progress has been made in the overall infrastructure, Information Technology platforms, number of empanelled hospitals and ease of availing services as also policy structure, there is scope for further improvement. The initiatives taken to further improve the Scheme are given in succeeding paragraphs.

Command and Control

5. The policy framework for the scheme is laid down by the Government and executive control is exercised by the Secretary, Department of Ex- servicemen Welfare (DoESW), Ministry of Defence. ECHS has a three-tiered command and control structure as under: -

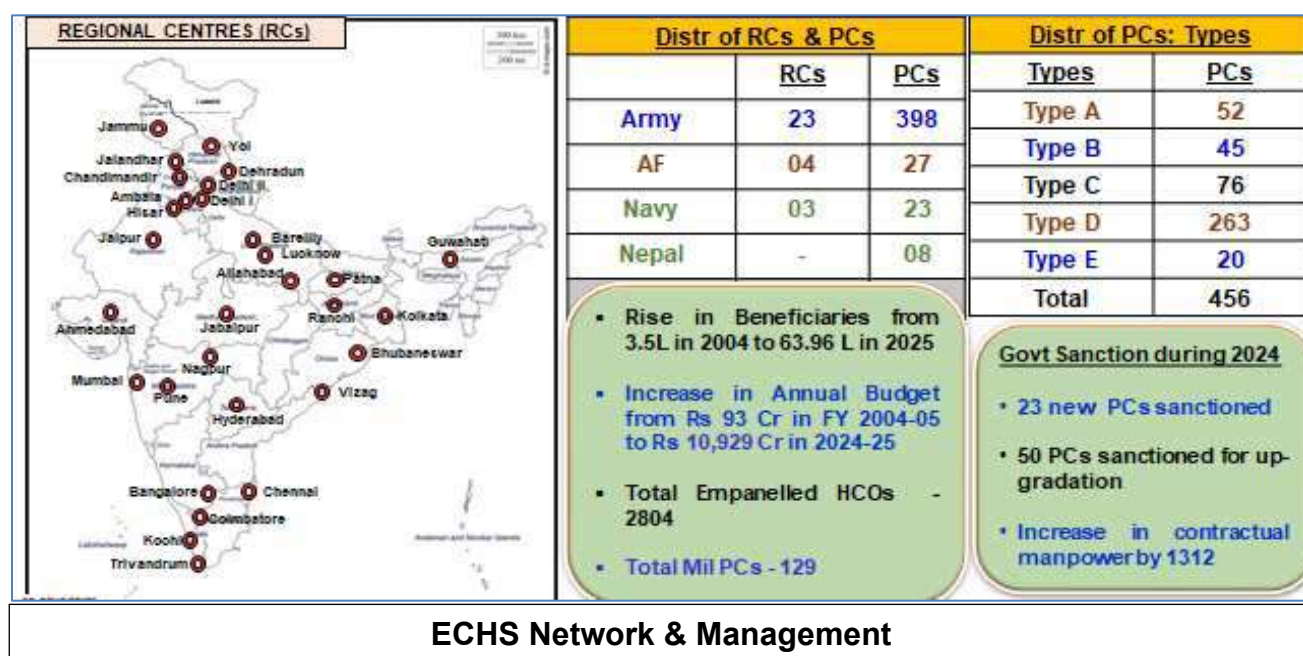
5.1. The **Central Organisation ECHS** at Delhi functioning under the Chiefs of Staff Committee through Adjutant General in the Integrated Headquarters of Ministry of Defence (Army).

5.2. At the regional level, there are **30 Regional centres (RC)** responsible for overseeing the functioning of Polyclinics under their respective areas of jurisdiction.

5.3. There are **456 PC** including eight in Nepal. Polyclinics is the nerve centre of the ECHS

and is structured to provide 'Out Patient Care' to include consultation with Doctors, essential investigations, dental treatment, Physiotherapy and dispense medicines. The staff at ECHS Polyclinics is employed on contractual basis. Up to 60% posts of Doctors and 70%, posts of Para-Medical/Non- Medical staff are reserved for Ex-Service Men. Specialized treatment for serious cases is provided at Military and empanelled private hospitals with valid Memorandum of Association (MoA). Rates for treatment at private hospitals are as per Central Govt Health Scheme rates.

6. Command & Control Set Up of ECHS is at **Appendix A**.
7. Command & Control Set Up of Central Organisation, ECHS is at **Appendix B**.



Manpower

8. **Case for promulgation of Peace Establishment (PE) of ECHS.** The details are as under.
 - 8.1. Fresh case for promulgation of Peace Establishment of ECHS was processed with Headquarters Integrated Defence Staff (HQ IDS) by Central Organisation ECHS on 03 May 2024. HQ IDS had returned the case on 15 May 2024 directing that comments may be obtained from Air & Naval HQs.
 - 8.2. Accordingly, the case file was processed to Navy HQ on 22 May 2024 for comments. Navy HQ has concurred with the proposal & agreed share of manpower on 24 Jul 2024 and the case was further forward to Air HQ for obtaining comments. On 04 Nov 2024, Air HQ has returned the case file duly concurred along with remarks to process the case on 'accretion basis'.
 - 8.3. Thereafter, the case has been processed with Director General Staff Duties

(DGSD) (SD-6) or further consideration. However, DGSD (SD-6) had returned the case along with directions to process the case with appropriate authority. The case has now been submitted to Ministry of Defence, Department of Ex-Servicemen Welfare (MoD, DoESW).

9. Regularisation of Service Manpower

9.1. ECHS is manned with serving manpower from the Army, Navy & Air Force since its inception in 2003. A total number of 136 Officers & 553 Junior Commissioned Officers/ Other Ranks (JCOs/OR) are auth to ECHS vide Govt Govt Sanction Letters (GSLs) issued from time-to-time during augmentation of ECHS in three phases. The Navy and the Air Force have provided the authorised manpower as posted strength as per GSLs issued by Govt of India (Gol) for all the three phases. However, out of the agreed share of 404 Junior Commissioned Officers/ Other Ranks (JCOs/OR), the army has provided 350 JCOs/OR (fully for Phase-I & partially for Phase-II) as posted strength.

9.2. A case for regularization of 172 JCOs/OR as permanent posting from 'over and above attached was taken up with Additional Director General (ADG), MP-01 vide Central Organisation ECHS letter No. B/49880/AG/ECHS/over & above/RC dated 20 May 2024. Accordingly, sanction has been accorded by the MP-01 for permanent posting of 172 JCOs/ OR vide their letter No. B/08311/18/ECHS/MP-01 dated 31 May 2024.

9.3. A strength of 38 JCOs/OR posted at Central Organisation ECHS and Regional Centres is still being provided as attached strength on over and above basis. The case for regularization/ extension of attachment period was taken up with MP-01 vide Central Organisation ECHS letter No B/49880/AG/ECHS/over & above/RC dt 28 May 2024, even dated 06 Jan 2025 and 27 Jan 2025 respectively. However, the sanction of the same is still awaited from Manpower Directorate (MP Dte). Apart from the abovementioned service manpower, a strength of 16 JCOs/OR (Initial Defi) is yet to be provided by the Army (Phase II & III). Case for release of above-mentioned manpower has also been taken up with MP Dte vide Central Organisation ECHS letter No. B/49880/AG/ECHS/over & above/RC dt 05 Aug 2024. Sanction of the same is also awaited.

10. **Categorization of Polyclinics (PC).** Based on authorized strength of Ex-Servicemen (ESMs), Polyclinics are categorized as Type 'A', Type 'B', Type 'C', Type 'D' and Type 'E' as follows:-

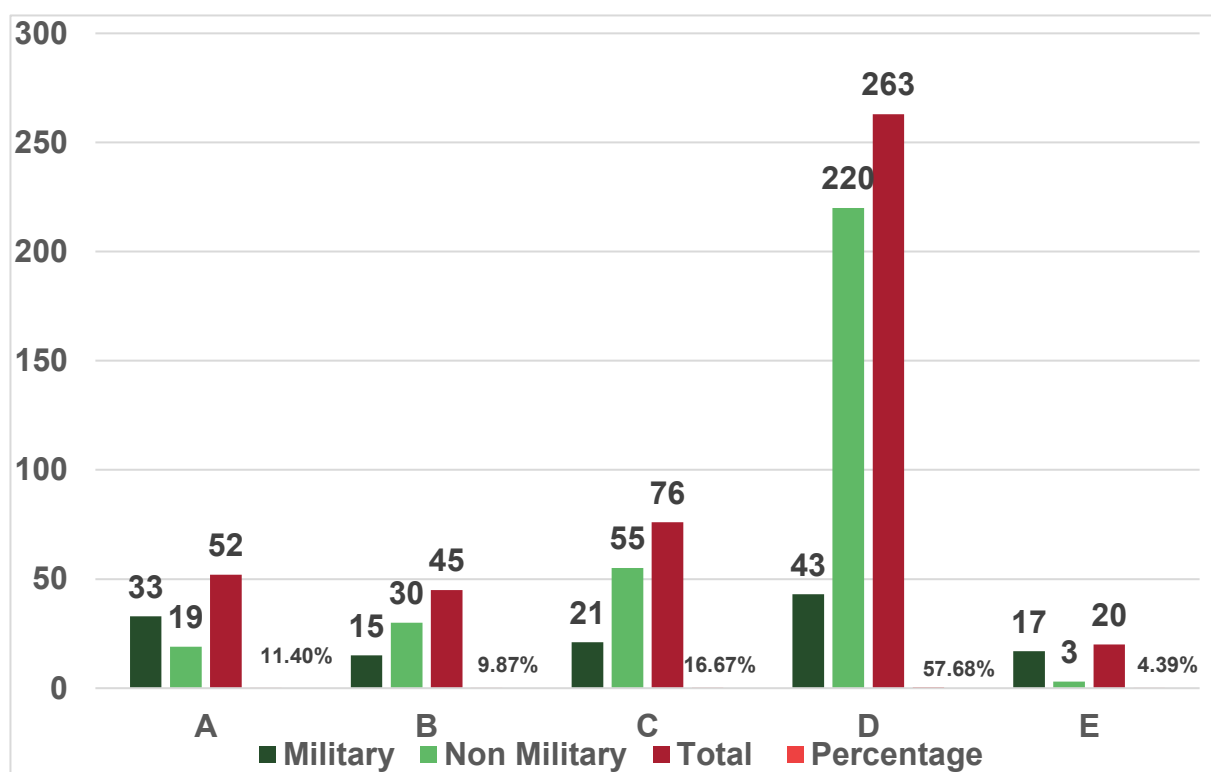
S No	Type	No of Ex-Servicemen
10.1.	A	Above 20,000
10.2.	B	Above 10,000
10.3.	C	Above 5,000
10.4.	D	Above 2,500
10.5.	E	Above 1500 (for remote areas)
Categorization of Poyclinics		

11. At the time of inception of the Scheme, the Government had sanctioned creation of the Central Organisation ECHS 13 Regional Centres and 227 Polyclinics. In October 2010, expansion of ECHS network was approved by authorizing 15 more Regional Centres and 199 additional Polyclinics (including 17 mobile clinics and six Polyclinics in Nepal) & one additional Polyclinic at Indore making a total of 433 ECHS Polyclinics. On 01 Nov 2024, a total of 1358 contractual vacancies have been authorised by the MoD vide their letter No 22(D)(15)/2020/WE/D(Res-I) dt 01 Nov 2024 during expansion of ECHS (upgradation of 50 existing polyclinics & establishment of 21 new polyclinics). Distribution of the same as under:-

S No	Cat	Initial	Additional (2010)	Additional (2024)	Total
11.1.	Military	106	06	-	112
11.2.	Non-Military	121	177	21	319
11.3.	Mobile Clinics	-	17+03(Nepal)	-	17+03(Nepal)
11.4.	PC in Nepal	-	03	02	05
11.5.	Total	227	206	23	456
Number of Poyclinics					

12. **Type-wise Breakdown of Polyclinics.** The Polyclinics are divided into two types as Military (Located in proximity to Services Medical Facilities) & Non Military (Located away from Services Medical Facilities). The breakdown is as under:-

S No	Type	Military	Non-Military	Total	Percentage
12.1	A	33	19	52	11.4%
12.2	B	15	30	45	9.87%
12.3	C	21	55	76	16.67%
12.4	D	43	220	263	57.68%
12.5	E	17	03	20	4.39%
	Total	129 (28.28%)	327 (71.71%)	456	
Type-wise Breakdown of Poyclinics					




Type-wise Graphical Breakdown of Polyclinics

13. **Regional Centers.** List of Regional Centers along with their command and control arrangement is attached as **Appendix C**.
14. **Authorisation of contractual manpower in Polyclinics.** Authorisation in different type of Polyclinics is attached as **Appendix D**.
15. **Strength of Manpower in Polyclinics.** Based on establishment, the strength of contractual staff in Polyclinics is attached as **Appendix E**.
16. State-wise distribution of Polyclinics is attached as **Appendix F**.
17. Existing remuneration of contractual staffs is attached as **Appendix G**.

Eligibility Conditions & Financial Contribution

18. The scheme caters for medical care to all Ex-Servicemen (ESM) pensioners includes disability, family pensioners and their dependents. It also includes wife/husband, legitimate children and wholly



dependent parents of the ESM. To be eligible for membership of ECHS, a person must meet following twin conditions: -

18.1. Should have Ex-Servicemen status.

18.2. Should be drawing normal service/ disability/ family pension from Controller of Defence Accounts (CDA).

19. **Ex-Servicemen Pensioners.** Any personnel who has served in any rank as a combatant or non- combatant in the regular Army, Navy and Air Force of the Indian Union and fulfills the following conditions:-

19.1. Who has retired from service after earning his/ her pension.

19.2. Who has been released from service on medical grounds attributable to military service or, in circumstances beyond his control, and is in receipt of medical/ disability pension.

19.3. Ex-Servicemen who are drawing only disability element (without service/ retiring pension) cannot be considered as pensionary award. Hence, such types of ESM may not be granted ECHS membership.

19.4. A Recruit who is in receipt of Medical Disability pension is eligible to join ECHS. The parents, wife and children of a recruit are also eligible for ECHS benefits.

(Authority Department of Ex- servicemen Welfare (DoESW), Ministry of Defence letter No 22D(12)/US(WE)/D(Res)/2010 dt 04 Mar 2011).

19.5. Ex-cadets/ disabled cadets boarded out on medical grounds do not have ESM status. Hence, ECHS facilities are not granted to them.

19.6. Additional eligibility for ECHS membership:-

20. **Territorial Army (TA) Pensioners.** It includes following categories of Territorial Army pensioners: -

20.1. Pension holder for continuous embodied service.

20.2. Persons with disability attributable to mil service, who meet the twin eligibility conditions as mentioned at Para 1 above.

20.3. Gallantry Award winners who meet the twin eligibility conditions as mentioned at Para (i) above.

21. Fwg Pensioners are also included under the scheme: -

21.1. Defence Security Corps (DSC) pensioners.

21.2. Uniformed Indian Coast Guard (ICG) pensioners.

21.3. Military Nursing Service (MNS) pensioners.

21.4. Special Frontier Force (SFF) pensioners.

21.5. Nepal Domiciled Gorkha (NDG) pensioners.

21.6. Whole Time NCC Officers of National Cadet Corps (NCC) who are ESM and in receipt of pension/disability/family pension.

21.7. Eligible Army Postal Service pensioners who were existing 16/32Kb ECHS card holders prior to 17 Nov 2016 and who finally retired directly from the APS without reversion to the Deptt of Posts.

21.8. Assam Rifles pensioners.

21.9. World War II Veterans, Short Service Commissioned Officers (SSCOs), Emergency Commissioned Officers (ECOs) & Pre Mature Retirees (ECHS facility extended only to the ESM and their spouses only. (Govt of India letter No 17(11)/2018/WE/D (Res-1) dated 07 Mar 2019.

Auth : Ministry of Defence, Department of Ex- servicemen Welfare (DoESW), letter No 22(i)/01/US(WE)/D(Res) dt 30 Dec 2002, dt 04 Mar 2011, dt 31 Oct 2012, dt 17 Nov 2016, dt 07 Mar 2019, and IHQ of MoD(Army), PS Dte letter No B/41052/DE/ Clarification/AG/PS-5 dt 06 Aug 2018.

22. **Family Pensioners.**

22.1. Implies the legally wedded spouse of an Armed Forces personnel, whose name figures in the Service Records of the personnel and whose husband/ wife (as the case may be) has died either while in service or after retirement and is granted family pension under the pension rules in vogue. This term also includes a child drawing family pension on the death of his pensioner father/mother as also next of Kins (NOKs) of a deceased bachelor soldier who are in receipt of family pension.

22.2. Parents i.e mother and father of an unmarried deceased soldier and in case of deceased parents, the NOK of unmarried deceased soldier are also eligible, provided they are in receipt of liberalized family pension.

Auth : Central Org ECHS letter No B/49701-PR/AG/ECHS dt 01 Jun 2006, dt27 Sep 2017 and dt 16 Nov 2017.

22.3. Income Criteria from all Sources for Dependents. Consequent to the implementation of recommendations of the 7th Pay Commission and revision of income criteria for dependency of family in the Central Govt Health Scheme vide Govt of India, the income criteria for dependency of family in ECHS also stands revised to Rs 9000/- plus amount of Dearness Relief on the basic pension of Rs 9000/- as on the date of consideration.

Auth : Govt of India, Ministry of Health and Family Welfare letter No S.11012/1/2/2016-CGHS-P dt 08 Nov 2016.

Parents

22.4. Father and mother of ESM pensioner shall be deemed to be dependent if they normally reside with the ESM pensioner and their combined income from all sources does not exceed Rs 9000/- pm excluding DA thereon.

22.5. Parents of the spouse of ESM are not permitted to become members.

22.6. In case a widow, who is in receipt of family pension joins the ECHS, then parents of her late husband can be made dependents. In case both husband and wife are defence personnel, parents of both members are eligible if both pay subscription subject to meeting dependency criteria. As well as in case of female employees, parents or parents-in-law at her option subject to the conditions of dependency and residence etc. being satisfied.

22.7. If adoptive father has more than one wife, only the first wife is eligible.

22.8. Step Parents are not eligible to avail ECHS benefits.

Auth: Central Org ECHS letter No B/49701-PR/AG/ECHS dt 01 Jun 2006, 27 Sep 2017 and 16 Nov 2017.


Spouse.

22.9. Legally wedded wife including more than one wife. Spouse living separately is included as dependent, as long as the ESM pensioner is responsible for her maintenance. In case spouse remarries, then he/she is not entitled.

22.10. When the spouse is legally separated, he/ she cannot be termed as a dependent and hence cannot be made member of ECHS.

22.11. In the event of plural marriage, where it is permitted by the rules, the following conditions should be fulfilled for claiming ECHS membership:-

22.11.1. Necessary casualty for entering into plural marriage should have been published through unit Part II orders and names of both the wives



should be found recorded in the service discharge book/service particulars of retired officers booklet issued by respective Service HQ.

22.11.2. The names of both the wives should be found recorded in the PPO for grant of family pension award.

22.11.3. In the case of widows, both wives should be in receipt of a share of family pension and PPO should be produced in support of evidence.

22.11.4. If a war widow remarries then she and her children from first marriage are eligible. Her husband, however, will NOT be eligible.

Auth: Central Org ECHS letter No B/49701-PR/AG/ECHS dt 01 Jun 2006, 27 Sep 2017 and 16 Nov 2017.

Daughter.

22.12. Details must exist in the service record of the pensioner.

22.13. Unmarried and unemployed daughters are permitted to be incl as dependents.

22.14. Widowed/ divorced daughters dependent on the pensioner and residing with the latter are also permitted to be included. However, minor children of widowed/separated daughters who are dependent upon the ECHS beneficiary and normally residing with him shall be eligible upto the age of 18 years.

22.15. **Mentally/ Physically Handicapped Daughter.** Mentally/ physically handicapped daughter who is unable to earn her livelihood is permitted to be dependent for life time. It means that ECHS benefits are entitled to dependent daughter for life time treatment subject to the following eligibility conditions:-

22.15.1. Should be unmarried.

22.15.2. Income should be less than Rs 9000/- per month excluding DA thereon.

22.15.3. Should be normally residing with the primary ECHS beneficiary.

Auth : Central Org ECHS letter No B/49701-PR/AG/ECHS dt 01 Jun 2006 dt 27 Sep 2017 and 16 Nov 2017.

Son. Son is eligible for ECHS membership till he starts earning or attains the age of 25 years or gets married, whichever is earlier. A mentally/ physically handicapped son who is unable to earn his livelihood is permitted to be dependent for life time. It means that ECHS benefits are entitled to dependent disabled son beyond 25 years of age subject to the following eligibility



conditions:-

22.16. Should be disabled.

22.17. Disability should be 40% and above.

22.18. Should be unmarried.

22.19. Income should be less than Rs 9000/- per month excluding DA thereon.

22.20. Should be normally residing with the primary ECHS beneficiary.

23. **Personnel With Disability Act.** Disability should be listed in Person with Disability (PWD) Act 2016 (List of 21 diseases as per PWD Act 2016 are:- Blindness, Low- vision, Leprosy Cured persons, Hearing Impairment (deaf and hard of hearing), Locomotor Disability, Dwarfism, Intellectual Disability, Mental Illness, Autism Spectrum Disorder, Cerebral Palsy, Muscular Dystrophy, Chronic Neurological conditions, Specific Learning Disabilities, Multiple Sclerosis, Speech and Language Disability, Thalassemia, Hemophilia, Sickle Cell Disease, Multiple Disabilities including deaf, blindness, Acid Attack Victim and Parkinson's Disease).

Note: PWD Act 2016 annuls PWD Act 1995. However, the benefits extended under PWD Act 1995 to existing members will continue, even under PWD Act 2016 irrespective of category (Married/unmarried) subject to applicant meeting the income criteria Rs 9000/-pm excluding DA thereon.

Auth: MoD, DoESW letter No 18(77)/2017/WE/D(Res-1) dt 18 Sep 2018 and CO ECHS letter No B/49701-PR/AG/ECHS/2020 dt 14 Jul 2020.

24. **Special provision for Nepal Domiciled Gorkhas (NDG).** Ex-Servicemen Contributory Health Scheme (ECHS) was extended to Nepal Domiciled Gorkhas (NDG) and their dependents on 10 Sep 2010 by the Govt of India. One Polyclinic each was sanctioned at Kathmandu, Pokhara and Dharan, with a Mobile Clinic co-located with each of them. Two additional Polyclinics at Butwal and Dhangadi has been sanctioned on 01 Nov 2024 by GoI/MoD.

24.1. **Eligibility.** NDG pensioners and retired uniformed pensioners from Coast Guard and their dependents are also eligible to be members of the Scheme. The contribution amount in respect of pensioners will be deducted by the pension payment authority as per option exercised by the individual at the time of retirement.

24.2. **Contribution.**

24.2.1. War Widows, Battle Casualties (BCs) and Pre-1996 retirees are exempted from one time ECHS contribution. For others, the contribution will be as applicable to ESM in India.

24.2.2. All NDG ESM, who retired prior to 29 Dec 2017, will pay pre-revised rates of contribution as were applicable for Indian ESM. Post 29 Dec 2017, the revised rates will be applicable.

24.2.3. **Type of Polyclinics.**

Type A. - Kathmandu, Pokhara and Butwal (caters for more than 20,000 ESM).

Type B. - Dharan and Dhangadi (caters for more than 10,000 ESM).

Type E (Mobile). - For remote areas (co-located with each ECHS Polyclinic & caters for less than 2500 ESM).

24.2.4. **Membership.** As on date, a total of approx 1,12,726 ECHS beneficiaries of Nepal.

24.2.5. **Civil Empaneled Medical Facilities.** List of hospitals empaneled with ECHS Nepal is attached as **Appendix H.**

25. **Persons Not Eligible under ECHS.** Fwg are not eligible for the Scheme:-

25.1. Whole time National Cadet Corps (NCC) Officers who do not meet the twin conditions of being an ESM and in receipt of pension.

25.2. Legally divorced spouse.

25.3. Married and/or employed daughter/ and any child whose total monthly income from all sources in more than Rs 9000/- + DA pm thereon. Sons above 25 yrs of age or who have started earning or get married whichever is earlier.

25.4. Parents of widows/ war widow.

25.5. Husband of a re-married war widow including children born from him.

25.6. ESM drawing only disability element (without service/ retiring pension) cannot be considered as pensionary award. Hence, such types of ESM are ineligible for ECHS facility.

25.7. Ex-cadets/ disabled cadets who were boarded out on medical grounds do not have ESM status. Hence, ECHS facility is not considered.

25.8. Step Parents are not eligible for ECHS benefits.

26. **Financial Contribution.** The amount of contribution for becoming and ECHS member varies from Rs 30,000/- for recruit to Rs 1,20,000/- for Officers as follows: -

26.1. **Contribution and Entitlement**

S No	Rank	One time Contribution	Entitlement of Ward
26.1.1.	Rect to Havs and equivalent in Navy & AF	Rs 30,000/-	General
26.1.2.	Nb Sub/Sub/ Sub Maj or equivalent in Navy & AF (incl Hony Nb Sub / MACP Nb Sub and Hony Lt	Rs 67,000/-	Semi Private
26.1.3.	All Officers	Rs 120,000/-	Private
Contribution by Beneficiary			

26.2. **Exemption from ECHS Contribution.** Following person are exempted from payment of ECHS contribution:-

26.2.1. War widows (Gol, MoD letter No 22(1)/01/US(WE)/D(Res) dated 08 Mar 2004).

26.2.2. War disabled pensioners (Gol, MoD (DoESW) letter No PC to 24 (2)/05/US(WE)/D(Res) dt 24 Jul 2005, 07 Feb 2006 and letter No PC to 24(2)/05/US (WE)/D(res)/Pt III dt 16 Feb 2006).

26.2.3. Pre 01 Jan 1996 Pensioners (Gol. MoD (DoESW) letter No 17(10)/06/US(WE)/D(Res) dt 13 Apr 2007).

26.3. **Annual Validation of dependents.** Annual Validation of Dependents based upon Annual Information Statement (AIS) issued by the Income Tax Department. AIS provides a comprehensive view of information for a taxpayer displayed in Form 26AS. The taxpayer can provide feedback on information displayed in AIS.



26.4. **EXEMPTION OF ANNUAL VALIDATION.** ANNUAL VALIDATION FOR BENEFICIARIES ABOVE 80 YRS OF AGE & ABOVE AND FOR WHITE CARD HOLDERS HAS BEEN EXEMPTED.

26.5. **REFUND OF ECHS CONTRIBUTION.** IN THIS REGARD, THE POLICY IS ISSUED BY COMPTROLLER GENERAL DEFENCE ACCOUNTS (CGDA) LETTER NO T/IV/4807/ECHS-IV DT 25 APR 2005 IS TO BE TAKEN INTO COGNIZANCE AND REFUND CASES DEALT WITH ACCORDINGLY. PRE-RECEIPTED CONTINGENT BILL FOR REFUND OF ECHS CONTRIBUTION IS TO BE PROCESSED TO CONCERNED PCDA/CDA WITH A COPY OF MILITARY RECEIVABLE ORDER (MRO) DULY COUNTERSIGNED BY ECHS AUTHORITIES AT STN HQ/RC.

Procedures at Regional Centres and Polyclinics.

27. Procedure for registration, Polyclinics timings, facilities available, issue of medicines, referrals to empanelled hospital, treatment in Service Hospital and other related issues are covered in this head.

28. REGISTRATION / PROCEDURE TO APPLY FOR 64 KB ECHS SMART CARD ONLINE.

28.1. To visit www.sourceinfosys.com register yourself and fill up the online application form followed by payment procedure under the correct category as per date of retirement / category of ESMs / Primary Beneficiaries.

28.2. To upload Bankers Certificate/ Defence Pension Disbursing Office (DPDO) Certificate showing details of pension being drawn and stoppage of Fixed Medical Allowance (FMA), if applicable.

28.3. To upload Copy of MRO, if applicable. (Air Force Veterans retired prior to 01 Jan 1996 and battle casualties/war widows are exempted from paying contribution).


28.4. To upload Copy of Pension Payment Order (PPO)/Pension book and service discharge book showing details of dependents.

29. ONLINE FACILITATIVE MEASURES.

29.1. An ECHS beneficiary can change his parent Polyclinic online once in three months, in case desired.

29.2. Data related to ECHS beneficiary and his/ her dependents can be amended/ changed online.

29.3. There exists an online provision to add dependents after filing necessary application form which is available online.



29.4. In case of loss of cards/ demise of beneficiary, online provisions exist to block/ reprint the ECHS Card.

29.5. Request for extension of hospital stay can be processed online through website or ECHS beneficiary app.

29.6. Claim related waivers and sanction can be processed online for reimbursement of all individual claims.

29.7. The facility for online uploading of claims for reimbursement with options of IPD, OPD and pharmacy bills has been enabled on the Bill Processing Agency (BPA) portal. The status of the claim is also visible to the beneficiary on the BPA portal.

29.8. An (Not Available/ Local Procurement) NA/LP of Med Module exist wherein the ECHS Polyclinics can prepare summary of NA medicines on daily basis and demand the NA medicines from Authorised Local Chemist (ALC).

30. **Online Individual Reimbursement Claim Facility.** A facility has been created to enable an ECHS beneficiary to upload all individual reimbursement claim directly on the BPA portal. Instructions are as follows: -

30.1. Enter the 12 digit card number as mentioned on beneficiary/ dependent 64 KB ECHS Card.

30.2. Enter the mobile number which is registered with 64 KB ECHS Card.

30.3. If the card number and mobile number are correct then an OTP will be sent on the registered mobile number.

30.4. In a month only four IPD claims can be submitted online.


30.5. In a month only four OPD claims can be submitted online.

30.6. In a month only eight Pharmacy Bills can be submitted online.

30.7. **Documents to be uploaded.** The following documents are mandatory for uploading reimbursement claim:-

IPD.

30.7.1. ECHS Card Copy.

- 
- 30.7.2. EIR in case of emergency.
 - 30.7.3. Emergency Letter (By Hospital).
 - 30.7.4. Bill Details.
 - 30.7.5. Discharge Summary.
 - 30.7.6. Medical Reports.
 - 30.7.7. Copy of Cancelled Cheque.

OPD


- 30.7.8. ECHS Card Copy.
- 30.7.9. Prescription Slip.
- 30.7.10. Bill Details.
- 30.7.11. Medical Reports.
- 30.7.12. Copy of Cancelled Cheque.

PHARMACY (NA MEDICINE REIMBURSEMENT).

- 30.7.13. ECHS Card Copy.
- 30.7.14. Prescription Slip.
- 30.7.15. Bill Details.
- 30.7.16. NA Certificate.
- 30.7.17. Copy of Cancelled Cheque.

31. TIMING OF ECHS POLYCLINICS.

- 31.1. OPD Timing for MOs & Dental Offrs - 0800hr to 1500hr.
- 31.2. OPD Timing for Specialists - 0830hr to 1330hr.



31.3. Documents & Emergency Patients - 1500hr to 1600hr.
Closed on Holidays & Sundays.

32. FACILITIES AVAILABLE AT THE POLYCLINIC.

32.1. Medical and dental care (Medical and Dental Officer).

32.2. Consultation by Medical Specialist (Type A, B & C Polyclinic in Military/ Non Military).

32.3. Consultation by Gynecologist (Type A & B in Non Mil).

32.4. Lab investigation, X-Ray, Physiotherapy (Type A only).

32.5. Issue of medicine and domiciliary medical equipment.

33. **TREATMENT IN SERVICE HOSPITALS.** ALL ELIGIBLE ECHS MEMBERS ARE ENTITLED TREATMENT IN SERVICE HOSPITALS. SERVICE HOSPITALS WILL PROVIDE THEM TREATMENT REQUIRED ON A REFERRAL BASIS THROUGH THE PARENT POLYCLINIC. THEY CAN ALSO REPORT DIRECTLY TO A SERVICE HOSPITAL IN CASE OF AN EMERGENCY OR EVEN WHEN THE POLYCLINIC IS CLOSED OR DOES NOT EXIST IN A STATION. THE TREATMENT PROVIDED TO AN ECHS MEMBER IS SUBJECT TO THE AVAILABILITY OF BED, REQUIRED SPECIALTY AND DIAGNOSTIC FACILITY IN THE SERVICE HOSPITAL.

34. **REFERRAL TO EMPANELED HOSPITAL.**


34.1. Patient will be referred to an empanelled facility if the required facility/ beds are not available in the Service Hospital. ECHS member will be referred to the empanelled facility of his choice.

34.2. A single referral for treatment in the empanelled hospital will be valid for three months. With the above referral a patient can consult a specialist in the same hospital for a maximum of six times.

34.3. The age for directly visiting the empanelled hospital without referral from the polyclinics has been reduced from 75 to 70 years.

34.4. Patient can be referred for indoor treatment, Investigation, day care and consultation in empanelled hospital, if required facility is not available in the service hospital.

34.5. ECHS smart card with photocopy and referral from will be produced at the hospital reception for availing of the treatment.



34.6. In case of a direct emergency admission in an empanelled hospital, referral must be obtained within 48hr from the Polyclinic.

34.7. Any payment made by an individual to an Empanelled Hospital in violation to ECHS policy, cannot be reimbursed to the individual by the ECHS. Under no circumstances, the payment to the empanelled facility will be done by an ECHS member.

34.8. **Hospital Feedback.** All empaneled hospitals will present a “Feedback Form” to ECHS member who will complete it at the time of discharge. The same will be forwarded to the polyclinic for monitoring the quality of medical care provided by the hospital.

35. **EMERGENCY TREATMENT.**

35.1. In an emergency, a patient can directly report to service hospital/ nearest empaneled hospital/ non empaneled hospital.

35.2. It is responsibility of the ECHS member to intimate to Officer in Charge (OIC) Polyclinic within 48hr of an emergency admission, settle the hospital expenses and submit reimbursement claim at polyclinic within 30 days of discharge from the hospital.

35.3. Reimbursement will only be allowed for the actual emergency at the Central Govt Health Scheme rate or actual claim whichever is less, irrespective of amount spent by the individual.

35.4. Onus of proving that the treatment was taken for an emergent condition lies on the ECHS member.

36. **Issue of Medicines/Eqpt/Appliances.**


36.1. Medicines prescribed by a service hospital, empanelled hospital and polyclinic will be issued to the ECHS member as per the generic name only.

36.2. Medicines can normally be prescribed for 30 days and a maximum period of 90 days if no review is required in the interim period as also depending upon the availability of medicine.

36.3. ECHS member is also authorised medicine from outstation polyclinic during visit to an outstation. However, issue of medicines will be restricted to a period of 07 days.

36.4. If ECHS beneficiary suffering from chronic disease is visiting abroad, he/ she will be issued medicines for six months based on VISA and tickets furnished by the beneficiary to the Officers-In-charge ECHS PC.

36.5. Issue of medical Equipment/ appliances like Glucometer, Nebuliser, Orthopedic



appliances, Hearing Aids, Continuous Positive Airway Pressure/Bilevel Positive Airway Pressure Machines (CPAP/BIPAP Machines), Artificial Limbs and other equipment authorised to ECHS members will be issued by the parent polyclinic as per the recommendation of the concerned specialist through the laid down procedure.

36.6. If medicines are Not Available (NA) at the dispensary of ECHS Polyclinics, then OIC PC will procure medicines from Authorised Local Chemist (ALC) and provide the same to the beneficiary within 48-72 hrs. If medicines are NA in dispensary as well as ALC, then NA will be given on prescription to ECHS beneficiary based on which the beneficiary can purchase the medicines from local med store and claim reimbursement. There is no provision for reimbursement of expenses on medicines purchased by ECHS member on his own.

37. Dental Treatment.

37.1. Denture will be permitted on the advice of a Dental Officer in the ECHS Polyclinic/ Service Dental Centre.

37.2. Partial/ complete denture presently is permitted only on once in a life time basis.

38. DIALYSIS.

38.1. AUTHORISED AT SERVICE HOSPITAL/ EMPANELLED HOSPITAL.


38.2. STATION WHERE FACILITY OF DIALYSIS DOESN'T EXIST, THE DIALYSIS CAN BE CARRIED OUT IN A NON-EMPANELLED HOSPITAL. IT WILL BE REIMBURSED AT CENTRAL GOVT HEALTH SCHEME RATE OR AMOUNT PAID, WHICHEVER IS LESS, ONCE IN A MONTH.

39. EMERGENCY INVESTIGATION IN NON-EMPANELLED FACILITY. URGENT LIFESAVING INVESTIGATION NOT AVAILABLE IN A SERVICE HOSPITAL/ EMPANELLED FACILITY CAN BE CARRIED OUT IN NON-EMPANELLED HOSPITAL WITH AN URGENCY CERTIFICATE BY THE CONCERNED SPECIALIST OF SERVICE OR EMPANELLED HOSPITAL AND NA CERTIFICATE BY THE OFFICER-IN-CHARGE POLYCLINIC. CLAIM WILL BE SUBMITTED WITH ABOVE CERTIFICATE AT POLYCLINIC ALONG WITH OTHER DOCUMENTS AS REQUIRED FOR REIMBURSEMENT OF EMERGENCY TREATMENT IN A NON-EMPANELLED.

40. TREATMENT IN THE GOVT/ CIVIL HOSPITAL AND AN INSTITUTE OF NATIONAL REPUTE.

40.1. These hospitals are treated as empanelled hospitals. ECHS member if referred can avail of an advance up to 80% of cost estimated expenditure on treatment after sanction of Competent Financial Authority (CFA). Remaining 20% of the expenses will be reimbursed to the individual.

40.2. Advance will be generally provided by the concerned Station HQs where parent



polyclinic is located or where patient is undergoing treatment after taking approval of Competent Financial Authority (CFA).

41. **TB AND LEPROSY CASES.** THESE CASES WILL BE TREATED UNDER NATIONAL PROGRAMME AT DISTRICT LEVEL AND ALSO IN THE EMPANELLED HOSPITALS.

42. **HIV AND AIDS CASES.** WILL BE REFERRED TO THE NEAREST ARMED FORCES IMMUNO-DEFICIENCY CENTRES AND TREATMENT AS PRESCRIBED FROM THESE CENTRES ONLY WILL BE MADE AVAILABLE.

43. **TRAVELING ALLOWANCE.** TA IS AUTHORISED TO AN ECHS MEMBER AS PER HIS ENTITLEMENT AT THE TIME OF RETIREMENT WHEN REFERRED TO AN OUT OF STATION FACILITY BY POLYCLINIC. TA IS ALSO AUTHORISED FOR MEDICAL ATTENDANT WHEN THE SAME IS RECOMMENDED BY THE MEDICAL AUTHORITIES.

44. **AMBULANCE CHARGES.** AMBULANCE SERVICE AUTHORISED IN POLYCLINICS/ MILITARY HOSPITAL MAY BE UTILIZED FOR PATIENTS WHEN BEING REFERRED TO SERVICE/EMPANELLED HOSPITAL IN THE SAME CITY. HOWEVER, IF AMBULANCE IS NOT PROVIDED AND MEDICAL AUTHORITY (MEDICAL OFFICER OF POLYCLINIC OR THE SPECIALIST AT THE SERVICE HOSPITAL) CERTIFIES IN WRITING THAT CONVEYANCE OF THE PATIENT BY ANY OTHER MODE WOULD DEFINITELY ENDANGER THE LIFE OF THE PATIENT OR INVOLVE THE RISK OF SERIOUS AGGRAVATION OF HIS/HER CONDITION, EXPENDITURE INCURRED ON ENGAGEMENT OF AMBULANCE USED TO CONVEY THE PATIENT WILL BE REIMBURSED PROVIDED THAT THE JOURNEY IS UNDERTAKEN WITHIN THE SAME CITY.

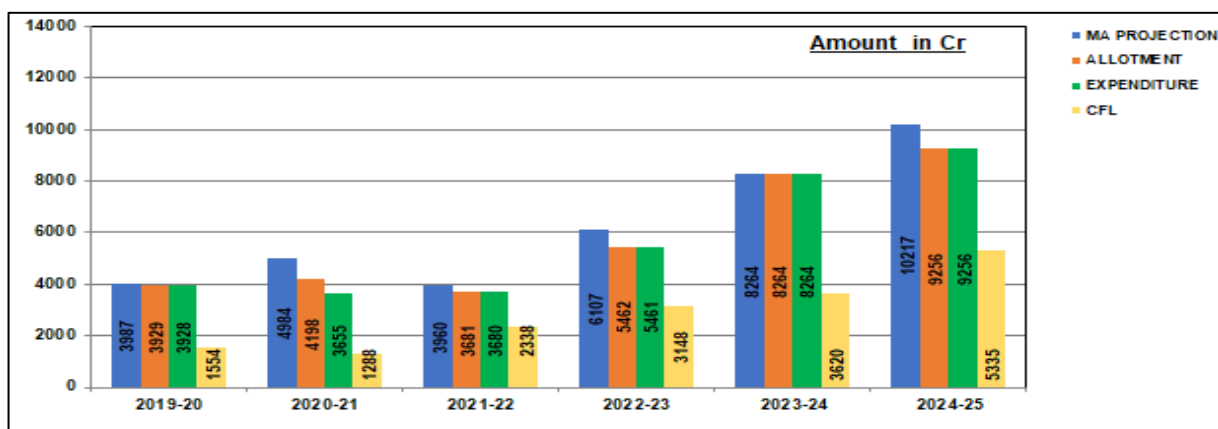
Budgetary Support & Infrastructure

45. **Budgetary Support.** With an annual budget of approximately Rs 10,000 Cr, the Government finances ECHS through Defence Services Revenue (Major Head 2076 and Minor Head 107). Over the period, a number of reforms have been undertaken to reduce the cost of expenditure.

45.1. **Capital Head.** Funds under Capital Head allotted to ECHS are primarily utilised for constr of polyclinics, procurement of vehicles and medical equipment.

45.2. As part of Azadi ka Amrit Mahotsav, Ministry of Defence has sanctioned construction of 75 Polyclinics where land is available.

45.3. **Revenue Head.** Funds under revenue Head allotted to ECHS are utilised for payment to the empanelled civil hospitals as part of Med Treatment Related Expenditure (MTRE), procurement of medical equipment and salary to the contractual staff at polyclinics apart from other miscellaneous expenditure.



MTRE Report last Six Years

45.4. **Carry Forward Liability (CFL).** Carry Fwd Liability at the end each financial year results due to claims under process which have not been fully processed for payment or lack of availability of funds to pay the processed claims. The carry forward liability year after year has an adverse impact on the budget of next financial year.

46. **Current Fund Status.** During the current financial year 2025- 26, Rs 8317 Cr has been allotted. Details are as under:-

46.1. Revenue Head.

46.1.1. **MTRE.** - Rs 6214.92 Cr.

46.1.2. **Med Stores.** - Rs 1475.47 Cr.

46.1.3. **Others.** - Rs 158.70 Cr.

46.1.4. **Salary.** - Rs 468.00 Cr.

46.2. **Capital Head.** Rs 10.00 Cr for Med Equipment and Vehicles.

46.3. State of Funds of previous FYs is attached as **Appendix J**.

47. **Infrastructure.** ECHS has 30 Regional and 448 polyclinics across the country. Details are as under:-


Mil/ Non Mil	No of PC in Own Bldg/ Permt bldg/ MES bldg	No of PC in Adhoc/ Temp arng/ Rent Free	No of PC in Hired bldg	Total PCs
-----------------	--	---	---------------------------	-----------

Mil	102	10	Nil	129
Non Mil	73	37	188	327
Total	175	47	188	456
*Other than newly sanctioned 21 Polyclinics (excluding 02 in Nepal) which are being established.				

48. As highlighted above, 222 Polyclinics (175+47) are functioning from Rented/ MES/ Adhoc/ Temp Arrangement/ Rent Free Bldgs while 188 ECHS Polyclinics are functioning from hired buildings.

49. Gol/MoD has placed moratorium on acquisition of land and constr of ECHS Polyclinics on 30 Dec 2020. Hence all Type C & D Polyclinics have continued to function from Govt/hired bldgs, as hitherto. Further, Gol/MoD had accorded sanction for construction of permanent building in 75 Type C & D ECHS Polyclinics where land has already been acquired by allotment or gifted by State Govt/ Local Body as part of **Azadi ka Amrit Mahotsav** celebrated on completion of 75 years of independence of India on 10 Jun 2022. Approval in Principle for 54 Polyclinics and subsequent fund allotment for 28 ECHS Polyclinics has been carried out till date. Constr status of 75 Polyclinics as on date is as follows:-

Comd HQ	PCs Sanctioned for constr	AIP accorded	AIP in process	Fund Allotted	Land not avlb	Constr Completed	Constr Ongoing
HQ SC	32	25	--	12	02	02	01
HQ EC	05	04	--	02	01	--	--
HQ WC	08	04	--	01	02	01	--
HQ CC	14	13	--	12	01	01	06
HQ SWC	07	04	--	--	01	--	--
Navy	03	01	--	--	01	--	--
Air Force	06	03	--	01	02	--	--
Total	75	54	--	28	10	04#	07*
# Constr of bldg completed at PC Mohali (HQ WC), PC Sindhudurg (HQ SC), PC Bhilwara (HQ SC) & PC Vikasnagar (HQ CC)							



* Constr of bldg is ongoing at PC Irritty (HQ SC), PC Balia (HQ CC), PC Chhapra (HQ CC) PC Sasaram (HQ CC), PC Jaunpur (HQ CC), PC Jagadapur (HQ CC) & PC Bilashpur (CG) (HQ CC).

50. **Constr of permanent bldg at 19 Type 'C' & 'D' Polyclinics.** A proposal for constr of permanent bldg at 19 additional Type 'C' & 'D' Polyclinics is also under consideration with MoD. MoD has been requested to waive off the existing moratorium. Details of Polyclinics is attached at **Appendix K**.

51. **Acquisition of Land.** A case for sanction for acquisition of land at 11 locs has been forwarded separately is under consideration with MoD. The proposal was forwarded by MoD to DGDE during Jun 2024 for their comments/ inputs. MoD has further directed CO ECHS to forward the proposal on case-to-case basis (Nov 2024). SoC in respect of Nagercoil, Trivandrum Med College, Osmanabad (Dharashiv), Changanacherry and Kumbakonam have been forwarded to MoD on 17 Feb 25. Balance SoC have been sought from HQ Commands. The commands have also been requested to process the case with DEO through respective Stn HQ. Details are attached at **Appendix L**.

52. **Construction of Veterans Hospital.** A case for constr of Veterans Hosp at 20 locations have also been initiated. The locs have been iden based upon the concentration of Veterans and expdr on their medical care. The O/o DG LWE has been approached to confirm availability of land from respective LMAs. The Hospital Services Consultancy Corporation (HSCC), a Gol Mini Ratna has been approached for construction of Veteran's Hospital. The above proposal would also entail amendment of Cantonment Land Act Rule 1991. The details are attached at **Appendix M**.



CHAPTER 2 : REFORMS IN ECHS

1. ECHS has been providing quality medical care to the Ex-servicemen (ESM) and their dependents. With time, the scheme has grown both in size and stature. While a lot of progress has been made in overall infrastructure, IT platforms, number of empanelled hospitals and ease of availing services as also policy structure, there are number of challenges where there is scope for further improvement as to address the challenges faced by the beneficiaries. Accordingly, various reforms have been planned towards enhancing smooth functioning of the scheme and improve its efficiency. Key reforms that have a significant bearing on the functioning of the scheme are as under:-

- 1.1. Budgetary Support.
- 1.2. IT Structure.
- 1.3. Availability of Medicine.
- 1.4. Quality of Services at Polyclinics and Regional Centers.

Budgetary Support

2. **Reforms Undertaken.** With an annual budget of approximately Rs 10,000 Cr, the Government finances ECHS through Defence Services Revenue (Major Head 2076 and Minor Head 107). Despite an exponential increase in the beneficiary base from 3.5 Lakh in 2004 to approximately 63 Lakh in 2025, ECHS has successfully controlled expenditure through systematic monitoring, efficiency improvements and process automation. Over the period, a number of reforms have been undertaken to reduce the cost of expenditure. Details are as under:-

2.1. **Bill Processing.** ECHS has implemented a fully automated bill processing system, following a First In First Out (FIFO) mechanism, to ensure timely and efficient processing of bills. The bill processing system involves a three-tiered process, including initial scrutiny, medical approval and final approval by the CFA.

2.2. **Strengthening of Monitoring Mechanism.** Other than optimizing bill processing, a comprehensive and systematic approach has been adopted to strengthen financial oversight and improve healthcare service delivery for veterans. Salient aspects are as under:-

2.2.1. **Hospital Expenditure.** CO ECHS with the UTI Infra Tech and Services Limited (UTI-ITSL) has been analysing the bill expenditure of each hospital. Expenditure of each hospital is analysed through an analysis system called PAPLCO analysis. Additional mechanism to analyse the pharmacy component of the bill which may be manipulated by the hospital has also been put into place. A complete analysis of expenditure pattern to implement corrective measures is an ongoing process in ECHS. Details of each component of PAPLCO analysis is highlighted as under:-

Head	Component
Procedural Charges	Comprises of surgical/ medical procedure and package charges
Admission Charges	Comprises of Room Rent & ICU charges
Pharmacy Charges	Medicines OPD and IPD
Lab Charges	Comprises of all investigation USG, X-Ray, MRI etc
Consultation Charges	Comprises of OPD/IPD Consultation Visit
Other Charges	Consumables, Unlisted Procedures

2.2.2. Prescription Audit System. A Prescription Audit System is in place to identify and mitigate unnecessary prescriptions, ensuring cost-effectiveness and better health for the patient. The bills of each beneficiary are regularly audited for compliance with ECHS norms. The bills with more than 15 prescribed medicines are flagged and sent for review of the medical specialist with the primary aim to ensure quality healthcare of the veterans.

2.2.3. IT Enabled Bill Processing System. A robust IT-Enabled Bill Processing system is in place for efficiency and transparency. The system enables real-time tracking of all bill submissions, processing status and reimbursements. With an aim to incorporate additional measures to counter fraud, curb avoidable expenditure and highlight anomalies like inflated billing and duplicate claims, ECHS along with IIT, Kanpur under Army Design Bureau (ADB) has planned to incorporate AI to detect and flag bills which are against ECHS norms. It would also facilitate ECHS to identify cost drivers through dashboards (e.g., frequent procedures, overused medicines) and set benchmarks for hospitals for average treatment costs.

2.2.4. Monitoring of In-Patient Treatment. ECHS also has a strong monitoring mechanism of in-patient treatment. Each referral from the polyclinic is monitored right from the medical officer generating the referral as also the pattern. Additionally, Geo-Tagging of Photos during admission, discharge and while granting extension to the patients is being carried out to ensure that the billing by the hospitals is as per the duration of stay of the patient. In addition, profiling of those hospitals and beneficiaries who have a comparative higher rate of emergency and frequent admissions for deeper scrutiny has also been undertaken. Intimation of discharge in addition to admission are being monitored. Each bill gives separate ICU and Pharmacy details to monitor the high-cost component of the bill.

2.2.5. Guidelines for Empaneled Hospitals. The guidelines for empaneled hospitals have also been strengthened to prevent overcharging and ensure adherence to agreed rates. All approval and waivers to the hospital and individuals are online and repeat/

overlapping admissions need special waivers to discourage the hospitals from keeping patient in the hospital. Any extension for treatment has to go through multiple approvals so that hospitals do not keep patients admitted without reason.

2.2.6. Physical Verification. Physical verification of emergency admissions is done by ECHS through surprise visits by the Station ECHS Vigilance Teams (SEVTs). The services rendered to the veterans and their dependents by the empaneled hospitals are constantly monitored by the Regional Centre through a Performance Evaluation Matrix thus constantly validating them and deterring them from indulging in fraudulent activities. MoU of hospitals not keeping up to the desired standards of performance, are not extended/ renewed.

2.2.7. Annual Validation. Annual Validation of Dependents based upon Annual Information Statement (AIS) issued by the Income Tax Department is also being carried out. AIS provides a comprehensive view of information for a taxpayer displayed in Form 26AS. The taxpayer can provide feedback on information displayed in AIS.

2.3. Employment of Medical Approvers. Employment of Medical Approvers at CO ECHS and Regional Centres for carrying out validation of bills has also been adopted resulting in savings of approximately Rs 750 Cr during FY 2024-25 over and above deduction of approx Rs 1300 Cr carried out by the BPA. It is also highlighted that approx 25% of the amount deducted by the BPA is based upon review request by the medical approvers: -


Org	No of Approvers	Claim	Claim Amt (Cr)	BPA Auth (Cr)	BPA Deduction (Cr)	Med Appr Amt (Cr)	Med Appr Deduction (Cr)
Central Org ECHS	19	42547	2700	2391	309	2140	251
RC Claims	105	4614614	9799	8801	998	8303	498
Total	124	4657161	12499	11192	*1307	10443	*749
Note: *BPA deductions include review request generated by med approvers.							

2.4. Revision of ALC Limit. Revision of Monetary Ceiling Limit of ALC for Procurement of Drugs and consumables has been carried out during April 25 as under:-

2.4.1. Type A & B Polyclinic. From Rs Five lakh to 10 lakh.

2.4.2. Type C Polyclinic. From Rs Three lakh to Six lakh.

2.4.3. Type D Polyclinic. From Rs Two lakh to Four lakh.



2.4.4. The revision of ALC amounting to approx. Rs 300 Cr by annual basis would reduce burden on the exchequer and enhance the medicare satisfaction level of the beneficiaries.

3. **Way Forward.** Important reforms that have been planned for implementation in ECHS are as under:-

3.1. **Introduction of AI for Fraud Prevention.** An AI infused integrated IT network for fraud prevention with capability to detect potential frauds in medical claims by analysing complex and ambiguous medical data like prescriptions, investigations etc has been planned for implementation. It would also entail continuous learning, adaption and refinement using Machine Learning.

3.2. **Hiring of Third Party Approver (TPA).** Hiring of TPA for scrutiny of fraudulent hospitals and beneficiaries by experts including formalisation of an escalation matrix for disciplinary actions to be taken against the errant hospital/ beneficiary is also being considered.

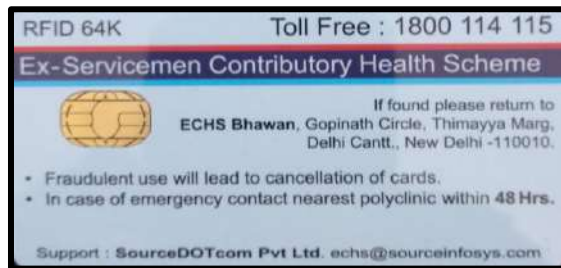
3.3. **Best Practices.** Imbibing best practices of Central Govt Health Scheme (CGHS) and Retired Employees Liberalised Health Scheme (RELHS) in our efforts towards continuous refinement of policy and procedures has been undertaken.

3.4. **Timely Budget Support.** Adequate and timely budgetary support to ensure timely clearance of individual and hospital bills is essential for smooth functioning of the scheme. Delayed payment to empanelled HCOs not only results in denial of service but also likely inflation of medical bills.

IT Structure

4. **Reforms Undertaken.** Over the last 22 years of ECHS functioning, the IT infrastructure has remained unsatisfactory. Automation in ECHS is currently dependent upon three agencies; M/s SDCPL (Card Producing Agency), M/s UTI-ITSL (Bill Processing Agency) and NIC (for hosting Email and Website services). The integration between these three agencies is not optimal. Hence, there is a need to integrate the functioning of various stake holders to create an overall ECHS management system. Critical reforms that have been undertaken are as under:-

4.1. **64 KB Cards.** Currently, the scheme has migrated to 64 Kb card. Initially, 16 Kb card were handed over to the beneficiaries when the scheme was launched in 2003. During 2010, the scheme graduated to 32 Kb card. The new cards with several added features helps in providing smooth healthcare to beneficiaries.



3.2. Mobile App. ECHS Mobile App having several user-friendly features including upgraded User Interface (UI), real time visibility of referrals, smart card history, online annual validation of dependents, change of PC/ Mobile number, check status of application and claim reimbursement has been launched. It assists beneficiaries to search nearest empanelled hospitals with medical facilities available and provide real time feedback about services at polyclinics and hospitals. The Mobile App also has a user-friendly Help Bot to assist beneficiaries to seek information about certain policies and procedures.

3.3. Upgrades. Upgradation of Modules in existing software to automate various procedures and facilitate online functioning in order to simplify procedures provide following convenience to the beneficiaries has carried out as under:-

Card Related

3.3.1. Faulty card management.

3.3.2. Change of polyclinic.

3.3.3. Referral to an outstation hospital and similarly referral from an outstation Polyclinic to empanelled hospital making the ECHS Card a India Card.

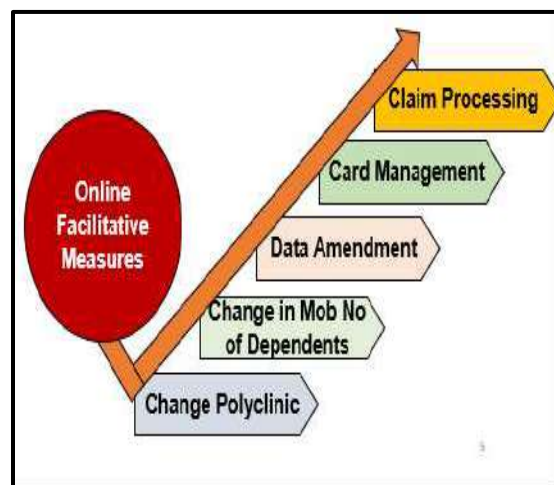
3.3.4. Transfer of card from one Station Headquarters to another for handing over.

3.3.5. Change of registered mobile Number of all beneficiaries.

3.3.6. Repeat referral from an empanelled hospital without having to visit parent polyclinic again only to obtain for additional investigations.

3.3.7. Preparation of daily demand of medicines from Authorised Local Chemist (ALC).

3.3.8. Blocking of the ECHS case of demise and that of dependents in case of change in eligibility status.



Claims Related

3.3.9. Self uploading of claims.

3.3.10. According waivers and sanctions for condonation of procedural lapses.

3.3.11. Approval of unlisted procedures.

3.3.12. Approval of extension of stay in empanelled hospitals.

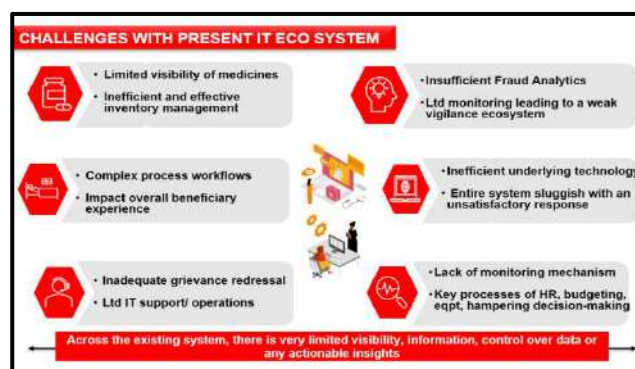
4.4. **Change of Servers.** Identification of 52 High Pressure Polyclinics for installation of upgraded servers in a phased manner has been carried out and funds have been allotted to facilitate smooth functioning of the modules so as to assist beneficiaries in streamlined and hassle-free experience. A total 23 servers have already been upgraded till date.

4.5. An online Empanelment Module for fresh empanelment of private hospitals has been prepared with an overall aim to ensure transparency in adherence to policy and procedure, economy of time and manpower and curb malpractices.

5. **Way Forward.** Crucial projects which are under process are as under:-

5.1. Development of IT Infrastructure.

Central Organisation ECHS intends to digitally transform the healthcare service delivery ecosystem of ECHS with the aim to develop a unified IT system for seamless end-to-end management of scheme operations by providing a comprehensive, integrated, and automated platform which can efficiently the inputs, processes and scheme outcomes. Through this, it can enhance the quality of healthcare services, improve the overall experience of beneficiaries, as well as enhance the overall administrative efficiency in managing the scheme operations. Digitalization process will enable the ECHS eco-system to operate more efficiently, improve access and quality to healthcare services for ex-servicemen and their dependent families, and reduce the burden on the manual system. To achieve the above, a comprehensive IT infrastructure is now proposed to be developed to cover ECHS, Kendriya Sainik Board (KSB) & Director General of Resettlement (DGR) to provide seamless operation through an integrated digital platform as part of In-house IT capability development by the MoD.



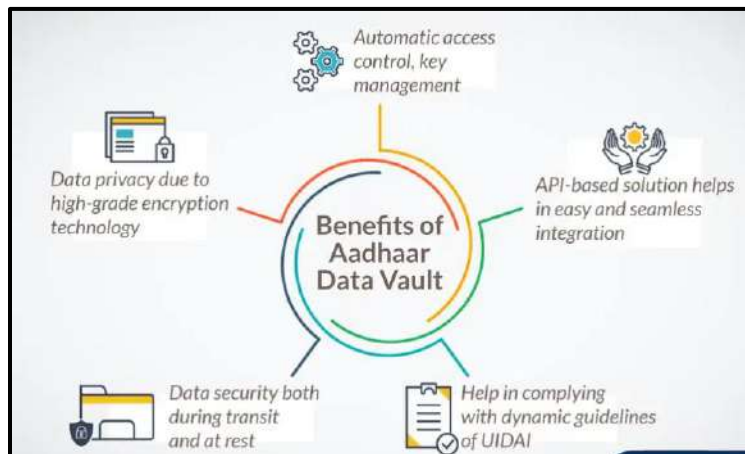
5.2. **Migration of ECHS Data to National Government Cloud (NGC).** National government Cloud (NGC) is a unique cloud service being offered to government projects under the authority of NOC. It allows organisations to choose multiple private and public cloud services using a

single end use portal. National Government Cloud offers various on premise services like Compute, Storage, Kubernetes, Database and Network in a Secured Data Centre Operated by NIC. Monthly billing will be done and payment made accordingly.

5.3. ADB AI Projects for Fraud Detection and Claim Validation. An AI/ML based analytic tool to analyse the claim submitted by ECHS beneficiary and detect claims which are potential fraud, incomplete or inaccurate is also under development. The project is based on proposal received from IIT, Kanpur to develop an AI Module to review claims which have undergone scrutiny from BPS System and flag claims that need further review.

5.4. Establishment of Call Centre. Establishment of a National Helpline Call Centre at Central Org ECHS to attend all inbound calls from ECHS beneficiaries and provide them with the prompt and satisfactory response is under implementation. The facility will enhance the overall satisfaction level of the ECHS beneficiaries and facilitate them to avail smooth ECHS medical facilities. The instant proposal establishment of call centre, it involves procurement of IT hardware and associated items along with the man power resources for establishing the Call Centre Facility.

5.5. Introduction of Data Vault. Provisioning, outsourcing of Aadhaar Data (ADV) Solution and Hardware Security Module (HSM) to implementation of Aadhaar Authentication Services for authentication of ECHS beneficiaries has been



Aadhaar

Vault Based facilitate


initiated.

5.6. MIS Module. The establishment of Management Info Sys (MIS)

for Area/ Sub Area HQ will facilitate real time integration of data and enhance the productivity by processing of operations like Data Processing and Analysis, Reporting and Visualization, User Management and Access Control Security and Compliances. The system will also enable Area/ Sub Area HQs to view Polyclinic wise Daily Sick Report, Polyclinic wise Referrals Report, Polyclinic wise Beneficiary Base Report, Station HQ wise Daily Sick Report, Station HQ wise Referrals Report and Stations HQs wise Beneficiary Base Report. The application will incorporate the MAC Binding security protocol to enhance security measures. It is essential to maintain the accuracy and integrity of the data ensuring that the data is secured and protected from any unauthorized access or misuse. The system will be scalable, flexible and adaptable to accommodate any future changes or upgrade.

module

5.7. Grievance Redressal Module. A Grievance Redressal Module is being introduced through which beneficiary can self-register a complaint of a query / service request by entering



the mandatory details. On submission, the system would generate a separate unique ID and same would be send to beneficiary registered mobile No/ E-mail address. The complaint would be automatically forwarded to the concerned section for remarks / resolution. Once the complaint is resolved the system would allow the concerned user to mark the ticket as resolved and notification would be send to beneficiary / complainant. The system would also allow the beneficiary / complainant to provide feedback and close / reopen the ticket as per the satisfaction within define time limit.

5.8. Online Empanelment. The empanelment process has also now been made online in which the desirous HCO's can fill online application and upload desired documents. Each HCO would be provided with a unique ID and password to monitor their application status. The above process is aimed that ensuring transparency in hospital empanelment and ensuring timely completion.

5.9. Online processing of High Value Claims. The HVC has been a major cause of concern due to huge pendency and extremely delayed processes. As on date, once the claim is authorised by the BPA , the online process stops. Whenever the hospital comes to know , they have to send the original. papers all of it sometimes. Running to thousands of pages which are routed through OIC PC , RC Central Org and onwards to MoD for. Sanction by JSESW . This whole process delays the claims by about 2-3 yrs. As on date nearly 1200 cases from 2017 onwards are still stuck at various stages. Through a recent advisory, the requirement of Hospital claim file to be routed through OIC PC has been removed. It is strongly recommended that the whole process be made online to reduce timelines by giving online access IDs to OSD ,AHRR , MoD Finance and JS ESW to approve the process with visibility to all stakeholders and make the delay stage accountable .

5.10. Online processing of Supplementary claims. Supplementary claims were processed manually where indl or HCO writes an application to PC or RC respectively. This in turn was processed at RC where a revised worksheet was prepared and forwarded by JDHS RC duly approved by Dir RC who describes how and why the addendum amount is to be added and forwarded to Central Org. JD Claims process these papers on file for approval by Dy MD and uploads through his digital signature and the addendum amount gets added prior to approval by Dir RC and then creation of settlement id with amended approved amount. This partial online process has now been made completely online with an amended workflow and zero paperwork and reduced timelines.

Availability of Medicines

6. Reforms Undertaken. Non-availability of medicines in one of the primary causes of dissatisfaction amongst the beneficiaries. Major reforms that have been undertaken to address the challenge are as under:-

6.1. Enhanced Common Drug List (E-CDL). Promulgation of Enhanced Common Drug List (E-CDL having 2500 medicines has been promulgated to enhance medicine

availability at the polyclinics. The drug list is reviewed periodically to make it inclusive and encompassing of latest lifesaving drugs in the country.

6.2. Revision of ALC Monetary Ceiling Limit. Revision of monetary ceiling limit for procurement of drugs and consumables from the Authorised Local Chemist (ALC) have been doubled by the MoD as under:-

6.2.1. Type A & B Polyclinics. From Rs Five Lakh to Rs 10 Lakh per month.

6.2.2. Type C Polyclinics. From Rs Three Lakh to Rs Six Lakh per month.

6.2.3. Type D Polyclinics. From Rs Two Lakh to Rs Four Lakh per month.

7. Way Forward. Some of the critical projects that are being planned are as under:-

7.1. Tele Consultation and Home Delivery of Medicines.

Tele Consultation through E-SeHAT facilitate beneficiary in obtaining medical consultation from home and delivery of medicines at doorstep is under implementation. The Home Delivery of NA Medicines would be carried out through ALC by incorporating Village Level Executives (VLEs) and India Post to ensure timely access of medicines to beneficiaries.

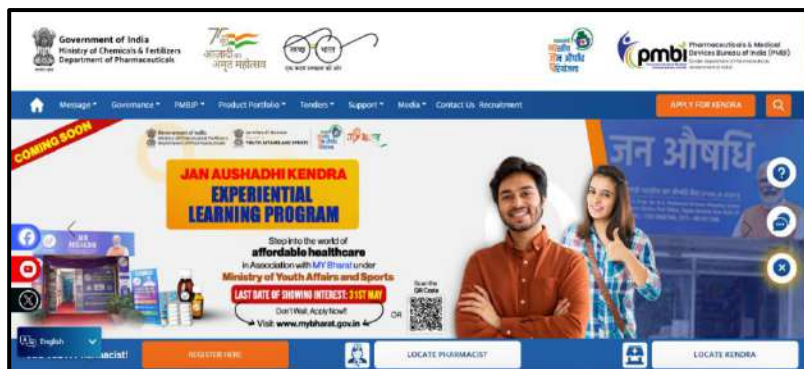


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7.2. Establishment of Modern Logistics and Supply Chain System. There is a plan to establish a modern logistics and supply chain system to streamline medicine procurement including incorporating anonymous batch testing at National Accreditation Board for Testing and Calibration Laboratories (NABL) accredited labs to ensure quality control of medicines.

7.3. Leveraging Economy of Scale. A board of officers has been convened by the Office of DGAFMS to reduce the number of procurement agencies (SEMOs) to leverage the economy of scale. It would result in procurement of quality drugs at reduced prices thus having reduced burden on the exchequer.

7.4. Procurement Through Jan Aushadhi. Use of Jan Aushadhi which has approximately 2000 formulations and 300 products for medicine procurement by the SEMO the gap in case of failure of Contract is also under process. It would assist in procurement of quality medicines at affordable from Jan Aushadhi Kendras. It would facilitate reduction in healthcare and in enhancing medicine satisfaction in ECHS.



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7.5. Introduction of AYUSH Treatment. Integration of AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy) System with ECHS under progress as part of initiative to integrate Ayurveda into healthcare establishments is also under consideration. The AYUSH would offer holistic and preventive healthcare and facilitate in addressing growing acceptance and demand for AYUSH therapies especially for chronic ailments. AYUSH treatments being cost-effective would significantly reduce the financial burden on ECHS and therapies, being non-invasive, would reduce side effects associated with long-term use of modern medicines. It would also tend to provide therapies which are essential for veterans dealing with Post-Traumatic Stress Disorder (PTSD) or emotional trauma and focus on preventive healthcare, including regular detoxification (like Panchakarma in Ayurveda). Detail plan for implementation is as under:-

7.5.1. To start AYUSH Clinics in two phases; initially in 100 ECHS Polyclinics and in balance 356 ECHS Polyclinics by the end of the year.

7.5.2. Empanelment of All India Institute of Ayurvedic, Sarita Vihar and other AYUSH Hospitals of Repute.

7.5.3. Empanelment of AYUSH facilities be allowed similar to Allopathic hospitals.

7.5.4. Mapping of each ECHS polyclinic with the Ayurvedic facilities ex Min of AYUSH.

7.5.5. Primary preventive program to be implemented in the polyclinics by Sept 2025.

7.6. Auto Importing of MMF generated by the polyclinics on Dhanvantri Software of Service Hospitals to streamline demand and procurement procedure is under process.

Quality of Services at Polyclinics and Regional Centres

8. Reforms Undertaken. Over time, there has been a significant shift of Ex-Servicemen and their dependents to urban areas for better quality of life resulting in substantial increase in footfall of beneficiaries at polyclinics in urban areas. To address the challenge and to ensure beneficiary satisfaction at the polyclinics a number of reforms have been undertaken. In addition, transformative steps have been initiated by the Regional Centers to improve upon the quality of medicare and services provided by the empanelled hospitals. Details are as under:-

8.1. Strengthening of ECHS Services. 23 new polyclinics and upgradation of 50 existing polyclinics have been sanctioned by the GoI and is currently under implementation. Additional authorisation of Clerk and Data Entry Operator (DEO) at polyclinics amounting to 1358 additional contractual staff has also been sanctioned.

8.2. Construction of Polyclinics. Construction of Polyclinics sanctioned by the GoI during Azadi Ka Amrit Mahotsav is also under progress. While construction of four polyclinics (Sindhudurg, Mohali, Bhilwara and Vikasnagar) has already been completed, construction is at advanced stages at seven polyclinics (Irity, Sasaram, Jaunpur, Jagdalpur, Chapra, Ballia and Bilaspur).

8.3. Facilities at Polyclinics. Kiosk has been established at all the polyclinics for easy and quick access of the beneficiaries. An ECHS Mobile App for booking appointments at the polyclinics has been launched. Additional Amenities in the form of drinking water, newspapers, wheelchair, ramp have also been placed at Polyclinics through station resources.

8.4. Revision in Referral Procedure. Policy on no requirement of referral from polyclinics for veterans above 70 years age for OPD Treatment at Empaneled Hospitals has been promulgated.

8.5. MoU with SSW, Brahmakumaris. A Memorandum of Understanding (MoU) has signed with Security Services Wing (SSW), Rajyoga Education & Research Foundation (RERF), Gyan Sarovar to assist Ex-Servicemen and their dependents towards preventive care, achieve good mental health facilitate eradication of stress and in enhancing inner strength.



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8.6. Additional Districts for FMA. In accordance with MoD guidelines, 43 additional districts have been added as FMA authorised districts.

8.7. Empanelment of Reputed Hospitals.

During last two years eight AIIMS hospitals to include AIIMS Bhopal, Bhatinda, Gorakhpur, Hyderabad, Jodhpur, Rae-Bareilly and Rishikesh have been empaneled. Empanelment of Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER), Puducherry has also carried out during April 25. Empanelment of non QCI/ NABH hospitals in remote locations on case basis is also being carried out ensure quality services to beneficiaries.



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8.8. Performance Evaluation Matrix. Evaluation of Performance of the hospitals in the form of a Performance Evaluation Matrix is carried out prior to renewal of their empanelment to validate the quality of treatment, billing process and adherence to the policies and the procedures by the hospitals so as to assist in recommending/ not recommending the hospital for extension.

8.9. Interaction with HCOs. An interaction with HCOs is also being organized on Quarterly Basis with an aim to provide a platform to resolve hospital related issues, address concerns and create awareness on policy and procedures.

9. Way Forward. Pertinent reforms that are under process are as under:-

9.1. Revision in Scales of Contractual Manpower. Revision in Scales of contractual manpower at Type A polyclinics in the form of a Brick System has been proposed to facilitate Station Headquarters in hiring additional manpower to address increase in footfall on required basis. Detail of proposed brick for increase of Daily Average Sick Report (DASR) by 150-175 is as under:-

S No	Contractual Staff	Total No of Post
9.1.1.	Med Offr	01
9.1.2.	Med Spl	01
9.1.3.	Pharmacist	01
9.1.4.	Nursing Asst	01
9.1.5.	DEO/Clk	01

9.2. Revision of Remuneration. Revision of Remuneration of contractual staff at polyclinics to ensure that qualified and motivated staff join the polyclinics is an essential requirement. The last revision was carried out during Aug 2017.

9.3. **Establishment of Mobile Medical Units (MMUs).** Establishment of 130 Mobile Medical Units to extend the reach of the scheme to rural and remote locations with provision for carrying out basic diagnostics, lab investigations, issue of medicines and grant of referral on need basis has also been proposed. It also includes existing revision of manpower, vehicle and equipment of 20 x Type 'E' (Mobile) Polyclinics. Details of composition of MMU is as under:-

Vehs and Manpower for MMUs		
Two Vehicles : (01x Load Carrier & 01x Passenger/ Patient Carrier)		
Ser No	Post	Requirement
9.3.1.	Medical Officer	01
9.3.2.	Staff Nurse	01
9.3.4.	Nursing Asst	01
9.3.5.	Lab Tech	01
9.3.6.	Pharmacist	01
9.3.7.	IT Tech	01
9.3.8.	Driver	02

Ser No	Nomenclature	Quantity Authorised
IT Equipment for MMUs		
9.3.9.	Server & UPS	03
9.3.10.	ICAT	03
9.3.11.	Display 18"	03
Addl Equipment for MMUs		
9.3.12.	Generator (5 KVA)	01
9.3.13.	Auto Analyzer	01
9.3.14.	ECG Machine	01
9.3.15.	Minor Medical Equipment's. Nebulizer, Stethoscope, Diagnostic St, Laryngoscope, Resuscitation Bag, Thermometer and Weighing Machine	One Each

9.4. **Vitalization of Station ECHS Vigilance Teams (SEVTs).** Vitalization of SEVTs to ensure that the functioning at the polyclinics and the hospitals is being carried out as per laid down guidelines and report cases of malpractices in a just and timely manner needs to be pursued in coordination with the Area/ Sub Area.



9.5. **Additional Facilities towards Medicare.**

9.5.1. Tele Consultation through E-SeHAT to facilitate beneficiary in obtaining medical consultation from home and delivery of medicines at doorstep. It would also lead to reduction of footfall at the polyclinics especially for those who come to polyclinics only to collect continuous treatment medicines for chronic ailments.

9.5.2. Improving Medicine Availability through SEMOs and ALC by modernising, revising and streamlining medicine procurement process.

9.5.3. Laying out an online centralised mechanism for approval of unlisted procedures to overcome time delay due to procedural hurdles.

9.6. **Adequate Budgetary Support.** Ensuring adequate budgetary support for timely reimbursement to the hospitals to ensure that empanelled hospitals continue to remain empanelled and do not deny admissions to beneficiaries due to delay in payment.

9.7. **Revision of CGHS Rates.** Revision of CGHS rates to ensure that hospitals who do not take much interest in empanelment with ECHS due to lower rates come forward for empanelment.

9.8. **Strengthening of Vigilance Measures.** Strengthening of Vigilance Measures by identifying vulnerabilities in the existing process and bring in systemic changes like cross pollination of bills to curb fraud.

9.9. **SOP on Action Against Empaneled HCOs.** Promulgation of SOP on Action Against Empanelled HCOs which lays down level of offences and corresponding punitive actions in a sequential manner.

9.10. **Construction of Veterans Hospitals.** The main objective of construction of 21 Veteran Hospitals through Priority Procurement Plan (PPP) mode is to ensure super specialty care to veterans in partnership with reputed private hospitals chains in executive hospitals meant only for Beneficiaries. The veteran hospital would exclusively cater to Super Specialty/ Geriatric medical conditions of veterans. The proposal has also been discussed with the Hospital Services Consultancy Corporation (HSCC) where the modalities and the expertise have been discussed for formulation of a proposal. There is also a need to revise the Cantonment Land Act Rule 2021 for Def Land for the sub project. It involves processing of a case through DG LW (Directorate General Land, Works and Environment) for grant of sanction of MoD (Land) and MoD (Finance).

CHAPTER 3 : ONGOING INITIATIVES & ACTIVITIES

1. **ECHS Mobile Application.** As part of to ECHS beneficiaries' initiative of DESW, an upgraded Mob App was inaugurated by Dr Chandra, IAS, Secy DoESW and Lt Gen Singh, AVSM, VSM, DG NCC in presence of DESW and MD ECHS on 13 Dec 24 at Central Organization ECHS complex. The mob app has designed and developed by CO ECHS. Upgraded Mob App has large number of user-features. The Mob app will also assist beneficiaries to search empanelled hospitals medical facilities. Moreover, the Mob App also user-friendly Help bot to assist beneficiaries to information about certain policies and procedures. The Mob app will also enable more lakh NCC cadets to provide volunteer services various polyclinics pan India.



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Features

- Upgraded UI
- Seamless and Easy Registration Process
- Online Pre-booking of Appointment with Polyclinic Doctors
- Referral History
- Smart Card History
- Apply for Annual Validation for all Beneficiaries
- Card Block Facility
- Apply for a Lost Card
- Change Parent Polyclinic
- Check Card Eligibility Status with Validity
- Feedback for Hospital and Polyclinic Services
- Card Application Status
- Reimbursement Claim Status
- Search List of Empanelled Facilities
- Apply for ECHS SPARSH Volunteer Services:
 - For ECHS Beneficiaries
 - Non-ECHS beneficiaries
 - NCC Volunteers
- Notifications for Online Appointments
- Direct Notification from Parent Polyclinic OIC
- Direct Notification from CO ECHS
- FAQ's
- Help Bot

Scan to Download

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Android & IOS

Secretary, Ministry of Defence,
Department of Ex-Servicemen Welfare
to RC Guwahati. Dr Niten Chandra, IAS,



2. Visit of
of
(DoESW)
Secretary

Ministry of Defence (Department of Ex-Servicemen Welfare) visited Regional Centre Guwahati on 06 February 2025. The secretary was updated on the functioning of various polyclinics under the Regional Centre. The issues related to enhancement in contractual manpower at polyclinics were discussed. Issues related to establishment of Mobile Medical Units were also discussed. The Secretary assured that all concerning issues will be deliberated at appropriate level with an aim to provide medical care to the veterans and their families in North Eastern Region.

3. Vis of MD, ECHS to RC Bareilly.

February 2025, Maj Gen Manoj Natarajan, VSM, MD ECHS visited Uttar Bharat Area Bareilly. During the visit to RC Bareilly, related issues including command and polyclinics, training of stake holders, arbitration issues, Performance Evaluation and Annual Validation were discussed. also visited Empaneled Hospitals of ECHS first-hand information on treatment being to ECHS beneficiaries and issues The MD also interacted with the Chief of HQ Uttar Bharat Area to discuss various improvement of ECHS.



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4. Tele Consultation Services through E-SeHAT.

4.1. With an aim to provide online consultation platform to ECHS beneficiaries, a project to link ECHS to SeHAT OPD platform has been formulated. A pilot project to validate the software was conducted at all ECHS Polyclinics in Delhi on 27 Feb 25.

4.2. **Way Ahead.** Measures are taken to resolve identified issues in the software and gradually spread the to other polyclinics. The project, once established, would also include Home Delivery of medicines.



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5. **Inauguration of New Buliding for Polyclinic, Vikasnagar.** In a significant towards enhancement of health care for serviceman, Veer Naris and next of Kin, newly constructed ECHS Polyclinic at Non-Military Station Vikasnagar was inaugurated by GOC, Uttarakhand Sub 15 February 2025. The Polyclinic building completed in a record time of 12 months by efforts of Indian Army, CPWD and other agencies. The Polyclinic features state of medical facilities and will serve approximately 7,300 ECHS beneficiaries those from remote region of districts of Sahib, Jaunsar and Sirmour in Himachal Chakrata and Vikasnagar in Uttarakhand. The new complex incorporates Green Building norms to Roof Top Solar Power and Rain Water Harvesting Systems.



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6. **Meeting with ESM Associations.** On 25, a meeting with ESM Associations was organized at Central Organisation, ECHS. The meeting is conducted on quarterly basis to the ESM Associations on ECHS related aspects, existing facilitative measures and ongoing initiatives. The ESM Meet also serves platform to obtain genuine feedback of on functioning of the scheme and initiate necessary steps to make the scheme more effective and efficient.



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7. Empanelment of AIIMS, Rishikesh and Jodhpur. In a significant step towards ensuring quality healthcare to Veterans and their dependents the ECHS signed Memorandum of Agreement with All India Institute of Medical Sciences (AIIMS), Rishikesh on 08 Mar 25 and Jodhpur on 18 Mar 25 for state of art, cashless and cap less treatment to the ECHS beneficiaries and their dependents. During last two years, several hospitals of eminent repute including AIIMS Bhopal, Raipur, Hyderabad, Bhatinda, Rae Bareilly and Gorakhpur have been empanelled.

8.



Online Empanelment. The online module for empanelment of Pvt Hosp started wef 11 Apr 2025 under the ECHS to streamline the process, improve efficiency and enhance transparency. This digital approach helps in various aspects including application submission, documents management, ultimately leading to a more efficient and user friendly system both for Hosps and the ECHS.

9. Signing of MoU between Central Organisation ECHS and Security Serving (SSW). A Memorandum of Understanding has been signed between Central Organisation, Ex-Servicemen Contributory Scheme (CO ECHS), Department of Ex-Servicemen Welfare (DESW), Ministry of (MoD), New Delhi and Headquarters Security Wing (SSW), Rajyoga Education & Research Foundation (RERF), Gyan Sarovar, Mount Abu Apr 2025. It would assist Ex-Servicemen and dependents to achieve Good Mental Health facilitate eradication of Stress and in enhancing strength.



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10. On 04 May 25, a program was organised Bhopal Centre of the Brahma Kumaris on, Empowerment to Nation Empowerment Inner Awakening” for the armed forces which attended by Dir, RC ECHS, Jabalpur and the ECHS Polyclinics of Jabalpur, Bhopal and The talk focused upon self-empowerment meditation.



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11. **Virtual Talk with Brahma Kumaris.** On 25, an online talk by Dr Swapan Gupta, an eminent Neurologist from Brahma Kumari Foundation was also organized for contractual ECHS polyclinics from Regional Centres Bareilly, Jaipur and Patna. The talk focusing Mental Health and well-being witnessed more 100 subscribers. The collaboration with Brahma Kumaris is likely to have a transformative effect on the veterans and their towards preventive care and well-being.



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12. **Establishment of Mobile Medical**

(MMUs). Establishment of 130 Mobile Medical Units to extend the reach of the scheme to rural and remote locations with provision for carrying out basic diagnostics, lab investigations, issue of medicines and grant of referral on need basis has also been proposed. It also includes existing revision of manpower, vehicle and equipment of 20 x Type ‘E’ (Mobile) Polyclinics.

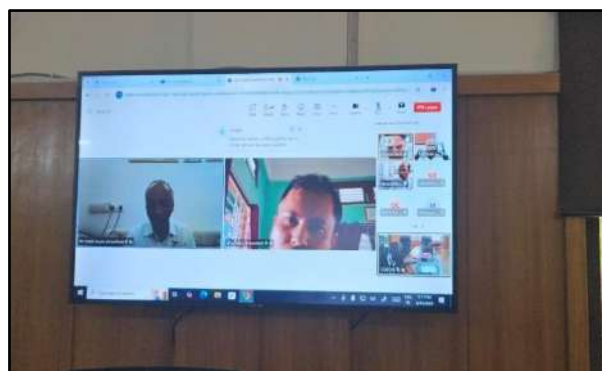
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13. **Rajyoga Meditation.** On 10 Jun ranks and contractual staff of CO ECHS, representatives from RC 1 and RC 2, actively participated in a guided **Rajyoga Meditation** held at Delhi Cantt. The event witnessed enthusiastic attendance and sincere involvement, reflecting the growing awareness and appreciation for mental practices across the organization.



2025, all along with session wellness

14. **Video Conference on Mental Health.** CO ECHS organised Video Conference (VC) for the Health Care Providers of Polyclinics of ECHS, to create awareness about the benefits of meditations as part of preventive care. Dr Satish Kumar Gupta a renowned Cardiologist at JWM Global Hospital & Research Centre Mount Abu addressed the MOs of various polyclinics of ECHS on 13 Jun 2025.



15. **ECHS Seminar.** ECHS Seminar, mode, was conducted on 18 Jun 2025 at Org ECHS Bhawan. The combined agenda follow up conf covering issues pertaining to procedures & medical satisfaction level in and issues related to Automation & Card,



in Hybrid Central based med ECHS Funds, Billing, HR Vigilance



Mechanism and Complaints and Litigation Cases discussed with all HQ Comds, Area/ Sub Area, Stn Cdrs, SEMOs and SEDOs through VC.

16. **International Yoga Day 2025.** On 21 2025, entire ECHS fraternity observed International Yoga Day with great favour the length and breadth of the country. ECHS polyclinics, and regional centres came to mark the occasion through organized yoga sessions. The collective participation from all of the organisation was a testimony to the commitment towards physical fitness and well-being.



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17. As part of the **ECHS-Sewa Aur Samman** project, volunteers from various Army Public Schools assisted senior veterans at ECHS Polyclinics by providing on-the-spot training in downloading and using the ECHS Beneficiary App. The initiative aimed to make the veterans proficient in using the app so they could derive maximum benefit from its features.



18.
**ECHS
Seminar
: Follow
Up Conf.**
Follow up
Conf post
ECHS
Seminar
held on
18 Jun
2025 was

conducted on 09 Jul 2025 at ECHS Bhawan. ECHS related issues were discussed with all HQ Comds, Area/Sub Area, Stn Cdrs, SEMOs and SEDOs.

19. The execution of **"Operation Sindoor"** by the Indian Armed Forces stands as a moment in India's assertive counter-strategy. While the immediate focus of Sindoor was the neutralization of terrorist infrastructure, its success was implicitly bolstered by a comprehensive healthcare support including the ECHS. During the period of operations, the ECHS polyclinics in the border areas continued to function uninterrupted offering medical assistance to the beneficiaries.



"Sindoor"
pivotal
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20. **ECHS PC Chhapra Bhoomi** A Bhoomi Pujan Ceremony for construction of permanent building for Polyclinic Chhapra was held on 15 Jul the location/ site. Dr. Niten Chandra, IAS, MoD (DoESW) and Maj Gen Manoj Natarajan, SC, VSM, MD ECHS attended event.



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21. **Modification of procedure for procurement of drugs and consumables for Servicemen Contributory Health Scheme (ECHS).** **Ex-**

21.1. The monetary ceiling limit for procurement of drugs and consumables by ECHS Polyclinics have been revised as under:-

21.1.1. **Type A & B Polyclinic** - From Rs Five lakh to 10 lakh.

21.1.2. **Type C Polyclinic** - From Three lakh to Six lakh.

21.1.3. Type D Polyclinic

- From Two lakh to Four lakh.

21.2. The revision of ALC amounting to approx Rs 300 Cr by Annual basis reduce burden the exchequer and enhance the medicare satisfaction level of the beneficiaries.

22. **Delivery of Not Available (NA) Medicines through ALC to the Home of ECHS Beneficiaries.** Sanction of the Government for delivery of Not Available (NA) medicines through Authorized Local Chemist (ALC) to the home of ECHS Beneficiaries has been accorded for a period of three years. The initiative is aimed at ensuring delivery of medicines to the old and infirm thus avoiding the burden of visiting the polyclinics on frequent basis.

23. **Dialogue on Self Empowerment & Mental Well Being.** An exclusive three days session on the subject was organised at “Omshanti Retreat Centre” of Brahmakumaris at Manesar from 11 Jul 2025 to 13 Jul 2025. The session was tailored to promote Holistic Well Being, Mental Health and Spiritual Empowerment among the ECHS officials with an aim to make them understand the benefits of Rajyoga Meditation.



24.
The
ECHS
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Jalandhar played a key role in coordination with the Station Headquarters in ensuring that the polyclinics covering the remote areas of Rajouri, Naushera, Surankot, Sundarbani, Gurdaspur, Amritsar and Firozpur continued to function unabated in near vicinity of the border. PCs remained open to cater for the healthcare services to the veterans and provide outpatient care, diagnostics services and medicines. Staffing levels were maintained to ensure consistent service delivery. The ECHS polyclinics in affected districts continued functioning with optimum staff despite lack of hardened infra, reflecting high levels of institutional commitment and individual accountability ensuring that no critical service

delivery was compromised. Other than the polyclinics, the empanelled hospitals were also sensitised of the situation to be prepared for unforeseen contingencies. The response from Empanelled hospitals in the region was prompt and cooperative. The facilities remained open for referral cases, emergency trauma, and prepared for standby support for any potential mass casualty event. Medical cover extended by Pir Panjal Hosp at Sunderbani to the veterans was appreciated by the veterans of Poonch. An ECHS Call Room was also established to coordinate any medical assistance required by the veterans. Overall, it was an exemplary show of strength and resilience of the ECHS contractual staff at the polyclinics to ensure that medical services to the veterans were not compromised in such adverse situations.



25. **Providing Health Care to Veterans in remote areas of Himachal Pradesh.** Type E polyclinic (Mobile Medical Unit) of ECHS Chamba has been regularly conducting outreach Medical Camps in remote areas of Chamba district. Regular visits by the team of ECHS Chamba to Chowari have been pivotal in rendering essential health care facilities to veterans residing in these remote areas. The outreach program is very well appreciated by the veterans, as in addition to medical care it also helps in addressing their pension related queries.



26. **Signing of Memorandum of Agreement (MoA) between ECHS and Patanjali Yogpeeth for cashless AYUSH treatment to Ex-Servicemen and their dependents.** A MoA was exchanged between GOC Uttarakhand Sub Area and Patanjali Yogpeeth, Haridwar. An ECHS helpdesk was also inaugurated at the facility to assist in seamless registration and support for ECHS beneficiaries. This partnership marks a major milestone in integrating traditional wellness systems into mainstream veteran healthcare.




27.

Establishment of 23 New Polyclinics and Upgradation of 50 Existing Polyclinics. Government of India, Ministry of Defence (DoESW) has accorded sanction for establishment of 23 new polyclinics including two Polyclinic in Nepal and upgradation of 50 existing polyclinics. Out of 23 new polyclinics, nine have been operationalised.

28. **Inauguration of ECHS Counter at Rishikesh.** Maj Gen MPS Gill, VSM, GOC Uttarakhand Sub Area along with Prof Meenu CEO & Executive Director of AIIMS Rishikesh, inaugurated an ECHS Counter at AIIMS Rishikesh on 10 Jul 2025. It is a major stride enhancing quality healthcare for Ex-Servicemen and their families.



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29. **Home Delivery of ALC Medicines.** Government has sanctioned 'Home Delivery of ALC Medicines' for elderly and infirm veterans. This project has been rolled out from August 2025 onwards. It involves Home Delivery of ALC Medicines to ECHS Beneficiaries thereby meaning that a beneficiary will not be required to visit the PC again to collect ALC medicines. It also includes Home Delivery of Medicines to those ECHS beneficiaries who would take online video consultation through E-SeHAT OPD.



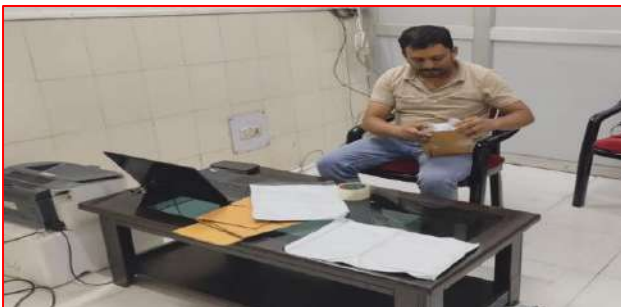
WILLINGNESS FOR HOME DELIVERY & CONFIRMATION OF ADDRESS BY BENEFICIARY



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30. **Superannuation of MD ECHS.** Major Manoj Natarajan, SC, VSM, MD ECHS retired 2025. Major General SBK Singh, SM, Director Resettlement has taken over additional charge ECHS wef 2025.



General on 31 Aug
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31. **Visit of of PC.** Secy, ESW with MD ECHS visited to Ayodhya on 17-18 Sep 2025 and interacted with ESMs and Staff of Polyclinics.



32.
ECHS Seminar at HQ PUPSA.
ECHS Seminar held at HQ Paschim UP Sub

Area on 23 Sep 2025 in which ECHS related issues were discussed.



33. **Monthly Veterans Meet.** Monthly Veterans Meeting is being held in every month in which ECHS related issues are discussed.



ECHS POLYCLINIC KARWAR



ECHS POLYCLINIC INS ASVINI





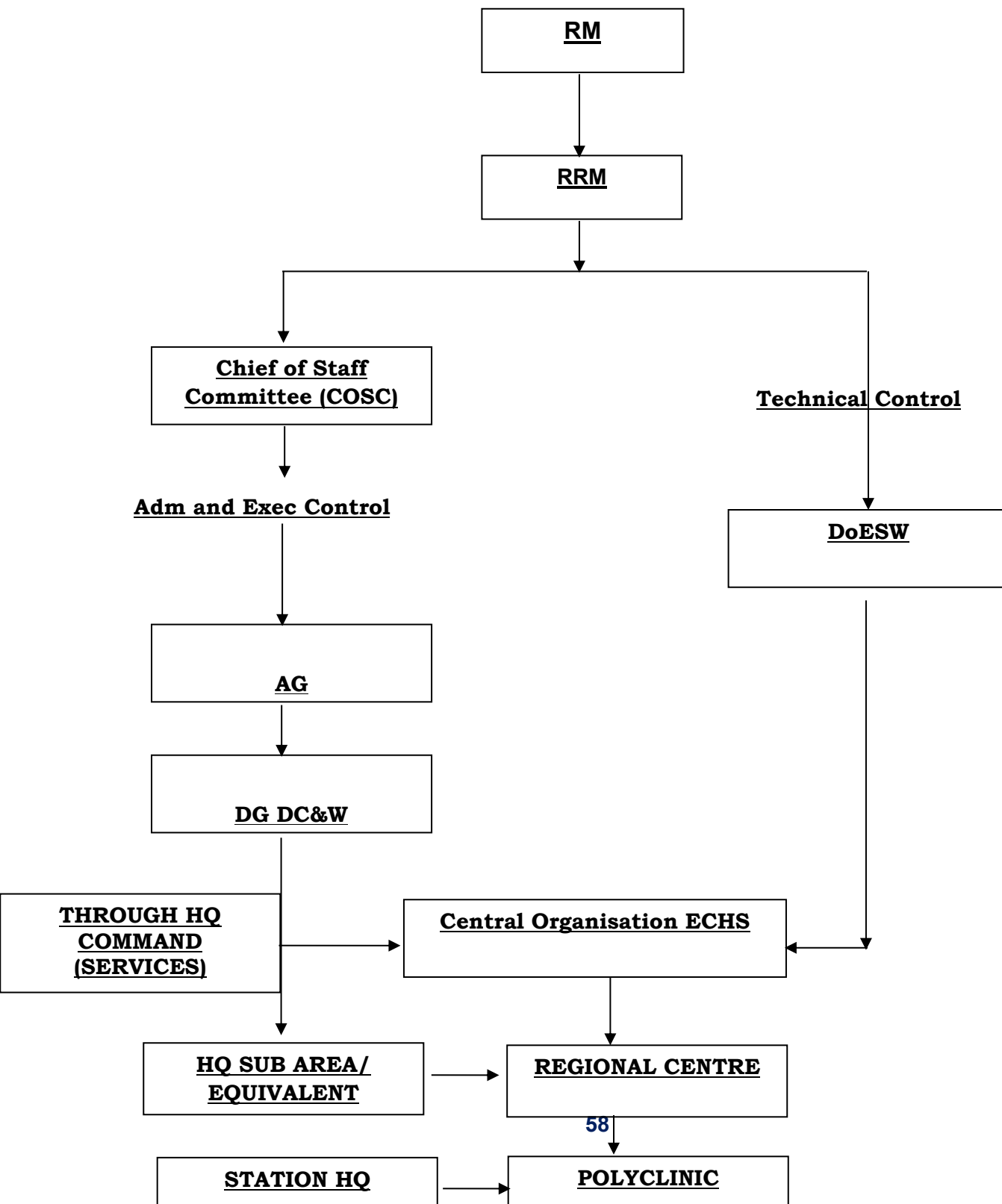
ECHS POLYCLINIC COD KANDIVALI



ECHS POLYCLINIC DALTONGANJ

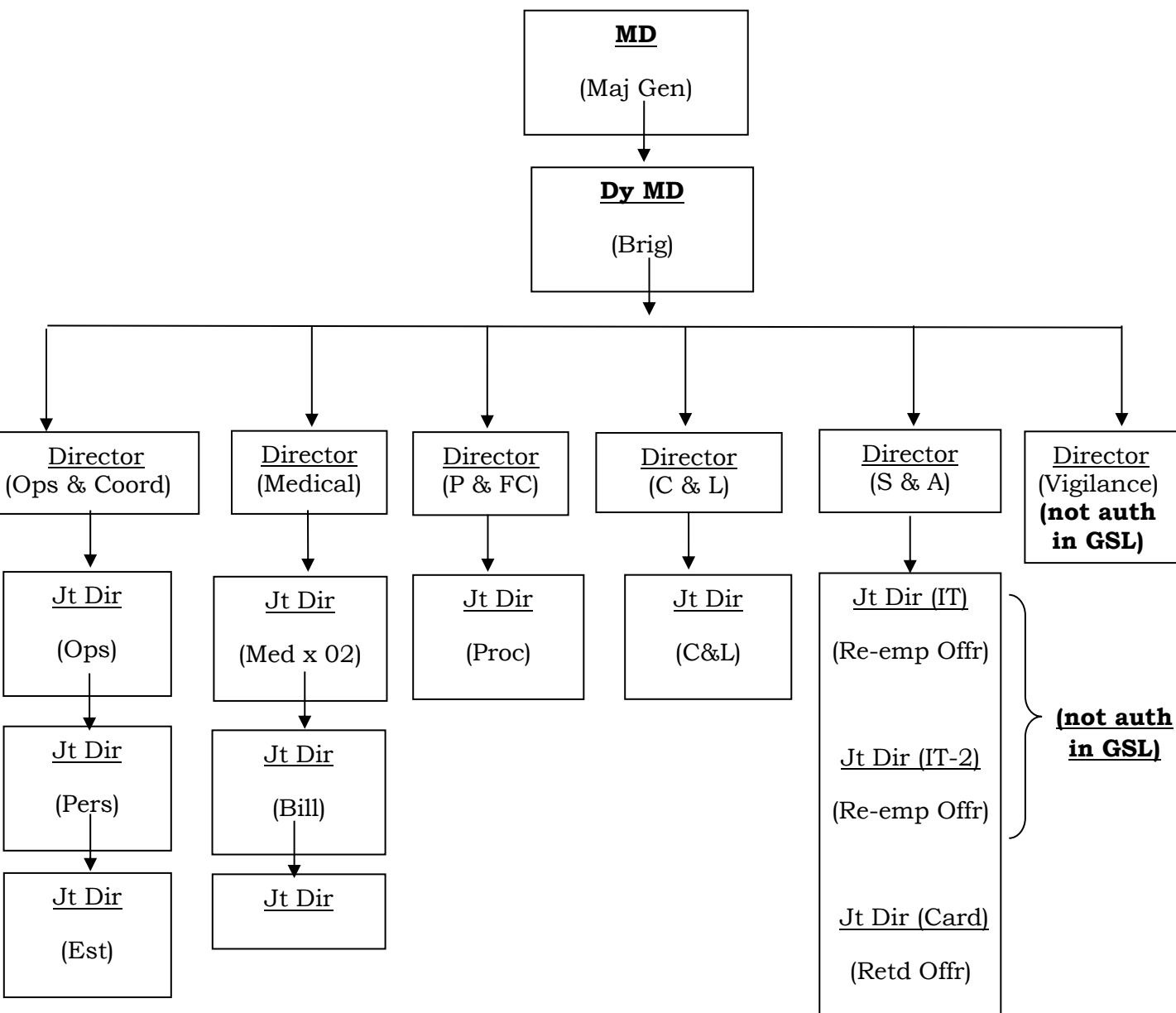
Appendix 'A'

COMMAND & CONTROL SET UP OF ECHS





COMMAND & CONTROL SET UP OF CENTRAL ORGANISATION ECHS



COMMAND AND CONTROL OF REGIONAL CENTRES

Ser No	RC	Location	Operational Control	Discipline	Local Administration
1.	RC ECHS Jammu	Jammu	HQ 21 Sub Area	HQ 21 Sub Area	Stn HQ Jammu
2.	RC ECHS Pune	Pune	HQ Southern Comd	HQ Southern Comd	HQ Southern Comd
3.	RC ECHS Chandimandir	Chandimandir	HQ Western Comd	HQ PH & HP (I) Sub Area	Stn HQ Chandimandir
4.	RC ECHS Ambala	Ambala	HQ Western Comd	HQ PH & HP (I) Sub Area	HQ PH & HP (I) Sub Area
5.	RC ECHS Shimla	Shimla	HQ Western Comd	HQ PH & HP (I) Sub Area	HQ PH & HP (I) Sub Area
6.	RC ECHS Jalandhar	Jalandhar	HQ Western Comd	HQ 91 Sub Area	HQ 91 Sub Area
7.	RC ECHS Bareilly	Bareilly	HQ Central Comd	HQ UB Area	HQ UB Area
8.	RC ECHS Ranchi	Ranchi	HQ Central Comd	HQ J&B Sub Area	HQ J&B Sub Area
9.	RC ECHS Allahabad	Allahabad	HQ Central Comd	HQ Purva UP & MP Sub Area	HQ Purva UP & MP Sub Area
10.	RC ECHS Dehradun	Dehradun	HQ Central Comd	HQ UK Sub Area	HQ UK Sub Area
11.	RC ECHS Hissar	Hissar	HQ South western Comd	HQ 61 Sub Area	HQ 61 Sub Area
12.	RC ECHS Trivandrum	Trivandrum	HQ South Comd	HQ KK Sub Area	HQ KK Sub Area
13.	RC ECHS Secunderabad	Secunderabad	HQ South Comd	HQ Andhra Sub Area	HQ Andhra Sub Area
14.	RC ECHS Jaipur	Jaipur	HQ 61 (I) Sub Area	HQ 61 (I) Sub Area	HQ 61 (I) Sub Area
15.	RC ECHS Chennai	Chennai	HQ ATNK&K Area	HQ ATNK&K Area	HQ ATNK&K Area
16.	RC ECHS Kolkata	Kolkata	HQ Eastern Comd	HQ Eastern Comd	HQ Eastern Comd
17.	RC ECHS Guwahati	Guwahati	HQ 101 Area	HQ 51 Sub Area	HQ 51 Sub Area

Ser No	RC	Location	Operational Control	Discipline	Local Administration
18.	RC ECHS Delhi	Delhi	HQ Delhi Area	HQ Delhi Area	Stn HQ Delhi Cantt
19.	RC ECHS Jabalpur	Jabalpur	HQ MB Area	HQ MB Area	HQ MB Area
20.	RC ECHS Lucknow	Lucknow	HQ UB Area	HQ Lucknow Sub Area	HQ Lucknow Sub Area
21.	RC ECHS Patna	Patna	HQ JOB Sub Area	HQ JOB Sub Area	HQ JOB Sub Area
22.	RC ECHS Bhubaneswar	Bhubaneswar	HQ COSA	HQ COSA	Stn HQ Bhubaneswar
23.	RC ECHS Yol	Yol Cantt	HQ 21 Sub Area	HQ 21 Sub Area	Stn HQ Yol

Air Force

24.	RC ECHS Nagpur	Nagpur	HQ MC	HQ MC	HQ MC (U)
25.	RC ECHS Coimbatore	Coimbatore	HQ SAC	HQ SAC	43 Wing, AF
26.	RC ECHS Ahmedabad	Ahmedabad	HQ SWAC	HQ SWAC	HQ SWAC (U)
27.	RC ECHS Bangalore	Bangalore	410 AF Stn Jalahali	HQ TC	410 AF Station

Navy

28.	RC Mumbai	Mumbai	HQ WNC	INS Angre	INS Angre
29.	RC Visakhapatnam	Visakhapatnam	HQ ENC	INS Circars	INS Circars
30.	RC Kochi	Kochi	HQ SNC	INS Venduruthy	INS Venduruthy

Appendix 'D'

AUTHORISATION OF CONTRACTUAL MANPOWER IN PC

Ser No	Trade	Type				
		A	B	C	D	E
1.	Number of Polyclinics	49	43	76	263	17
2.	MO	6	3	2	2	1
3.	MS	2	2	1	0	0
4.	DO	2	2	1	1	0
5.	Gynaecologist	1	1	0	0	0
6.	Radiologist	1	1	0	0	0
7.	OIC	1	1	1	1	0
8.	Radiographer	1	1	0	0	0
9.	Lab Asst	1	1	1	1	0
10.	Lab Tech	1	1	1	1	0
11.	Physio	1	1	1	0	0
12.	Pharmacist	1	1	1	1	0
13.	Nursing Asst	3	3	2	1	1
14.	Dental A/T/H	2	2	1	1	0
15.	Driver	2	2	1	1	1
16.	Chowkidar	1	1	1	1	0
17.	F/A	1	1	1	1	0
18.	Peon	1	1	1	1	0
19.	S/W	1	1	1	1	0
20.	Clerk	1	1	0	0	0
21.	DEO	1	1	0	0	0
22.	CLK/ DEO	0	0	1	1	0
23.	Total	31	28	18	15	3

STRENGTH OF MANPOWER IN PCS

Posts	Type					Total Posts
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	
MO	294	129	152	526	17	1118
MS	98	86	76	0	0	260
DO	98	86	76	263	0	523
Gynae	49	43	0	0	0	92
Radiologist	49	43	0	0	0	92
OIC	49	43	76	263	0	431
Radiographer	49	43	0	0	0	92
Lab Asst	49	43	76	263	0	431
Lab Tech	49	43	76	263	0	431
Physio	49	43	76	0	0	168
Pharma	49	43	76	263	0	431
Nur Asst	147	129	152	263	17	708
Dental A/T/H	98	86	76	263	0	523
Driver	98	86	76	263	17	540
Chowkidar	49	43	76	263	0	431
F/A	49	43	76	263	0	431
Peon	49	43	76	263	0	431
S/W	49	43	76	263	0	431
Clerk	49	43	0	0	0	92
DEO	49	43	0	0	0	92
CLK/ DEO	0	0	76	263	0	339
	1519	1204	1368	3945	51	8087

EXISTING REMUNERATION OF CONTRACTUAL STAFFS

Ser No	Category	Remuneration
1.	Medical Officer	Rs 75,000/-
2.	Specialist (Medical Specialist & Gynecologist)	Rs 1,00,000/-
3.	Dental Officer	Rs 75,000/-
4.	Officer in Charge Polyclinic	Rs 75,000/-
5.	Radiographer	Rs 28,100/-
6.	Laboratory Technician	Rs 28,100/-
7.	Laboratory Assistant	Rs 28,100/-
8.	Physiotherapist	Rs 28,100/-
9.	Pharmacist	Rs 28,100/-
10.	Nursing Assistant	Rs 28,100/-
11.	Dental Hygienist/ Dental Assistant/Dental Technician	Rs 28,100/-
12.	Clerks & DEO (All PCs in Pan India incl ECHS Branch EOI Nepal)	Rs 22, 500/-
13.	Driver	Rs 19,700/-
14.	Chowkidar	Rs 16,800/-
15.	Female Attendant	Rs 16,800/-
16.	Peon	Rs 16,800/-
17.	Safaiwala	Rs 16,800/-

STATE-WISE LIST OF ECHS POLYCLINICS

Ser No	Polyclinics	Ser No	Polyclinics
Andhra Pradesh (14)		41	Motihari
1	Ananthapur		
2	Vijayawada		
3	Kadapa	42	Madhubani
4	Nellore	43	Siwan
5	Guntur	44	Samastipur
6	Chittur	45	Sitamarhi
7	Giddalur	46	Sasaram
8	Kurnool	47	Vaishali
9	Eluru	48	Katihar
10	Kakinada	Chattisgarh (04)	
11	Srikakulam		
12	Vijayanagaram		
13	Vishakapatnam II		
14	Vishakapatnam	49	Bilaspur (CG)
Assam (12)		50	Raipur
15	Bongaigaon	51	Jashpur
16	Dhubri	52	Jagdalpur
17	Dibrugarh	Chandigarh (01)	
18	Guwahati	53	Chandigarh
19	Goalpara	Delhi (07)	
20	Jorhat	54	Delhi Cantt (BHDC)
21	Lakhimpur	55	Khanpur
22	Masimpur	56	Dwaraka
23	Misamari	57	Shakurbasti
24	Nagaon Town	58	East Delhi Area
25	Tezpur	59	Lodhi Road
26	Tinsukia	60	Timarpur
Andaman & Nicobar (01)		Goa (02)	
27	Port Blair	61	Panaji
Arunachal Pradesh (02)		62	Vasco-da-gama
28	Tawang	Gujarat (06)	
29	Tenga	63	Vadodra
Bihar (19)		64	Ahmedabad

Ser No	Polyclinics	Ser No	Polyclinics
30	Ara	65	Bhuj
31	Bhagalpur	66	Jamnagar
32	Buxar	67	Rajkot
33	Chhapra	68	Surat
34	Darbhanga	Haryana (33)	
35	Danapur (Patna)	69	Ambala
36	Patna II	70	Gohana
37	Gaya	71	Kaithal
38	Khagaria	72	Kurukshetra
39	Munger	73	Karnal
40	Muzaffarpur	74	Kharkhoda
75	Narayangarh	J&K (14)	
76	Panipat	124	Akhnoor
77	Sonepat	125	Baramulla
78	Yamunanagar	126	Baribrahmna
79	Chandimandir	127	Doda
80	Bhiwani	128	Jammu
81	Bahadurgarh	129	Junglot (Kathua)
82	Charki Dadri	130	Khanabal
83	Fatehabad	131	Leh
84	Hissar	132	Nagrota (Gujroo)
85	Jhajjar	133	Poonch
86	Jind	134	Rajouri
87	Loharu	135	Srinagar
88	Meham	136	Samba
89	Narwana	137	Udhampur
90	Rohtak	Jharkhand (07)	
91	Sirsa	138	Chaibasa
92	Sampla	139	Deoghar
93	Dharuhera	140	Daltonganj
94	Kosli	141	Dhanbad
95	Mahendragarh	142	Gumla
96	Narnaul	143	Jamshedpur
97	Rewari	144	Ranchi
98	Faridabad	Karnataka (19)	
99	Gurgaon	145	Bangalore (Urban)
100	Gurgaon (Sohana Rd)	146	Belgaum
101	Palwal	147	Bijapur
HP (22)		148	Dharwad

Ser No	Polyclinics	Ser No	Polyclinics
102	Nahan	149	Hassan
103	Gagret	150	Kolar
104	Sarakaghat	151	Madikeri
105	Solan	152	Mangalore
106	Shimla	153	Mysore
107	Nalagarh	154	MEG Bangalore
108	Rampur	155	Shimoga
109	Una	156	Tumkur
110	Barsar	157	Virarajendrapet
111	Hamirpur	158	Yelahanka (Bangalore)
112	Bilaspur	159	Bagalkote
113	Ghumarwin	160	Bangalore Whitefield
114	Chamba	161	Gulbarga
115	Bakloh	162	Bidar
116	Shahpur	163	Karwar
117	Deragopipur	Kerala (23)	
118	Yol	164	Palakkad
119	Palampur	165	Alleppey (Alapuzha)
120	Jogindernagar	166	Iritti
121	Mandi	167	Kalpetta
122	Bhoranj	168	Kunnamkulam
123	Kullu	169	Kottayam
170	Kanhagad	215	Khadki (Pune)
171	Kannur	216	Latur
172	Kozhikode	217	Miraj (Sangli)
173	Kochi	218	Nanded
174	Moovattupuzha	219	Osmanabad
175	Perintalmanna	220	Pune
176	Painavu	221	Sindhudurg
177	Thrissur	222	Solapur
178	Changanacherry	223	South Pune
179	Kilimanur	224	Pune (Nyati)
180	Kottarakara	225	Satara
181	Mavelikara	226	Mahad
182	Pathanamthitta	227	Mumbai (Navy)
183	Quilon (Kollam)	228	Mumbai (Upnagar)
184	Ranni	229	Navi Mumbai
185	Trivandrum (Med College)	230	Thane (Nerul)
186	Trivandrum	231	Amravati

Ser No	Polyclinics	Ser No	Polyclinics
Madhya Pradesh (13)		232	Akola
187	Bhopal	233	Nagpur
188	Bhind	234	Wardha
189	Gwalior	Nagaland (03)	
190	Indore	235	Dimapur
191	Jabalpur	236	Mokokchung
192	Mhow	237	Zakhama (Kohima)
193	Morena	Odisha (11)	
194	Pipariya	238	Angul
195	Rewa	239	Balasore
196	Satna	240	Bhubaneswar
197	Saugor	241	Bhawanipatna
198	Ujjain	242	Behrampur
199	Amla	243	Dhenkanal
Mizoram (02)		244	Puri
200	Aizwal	245	Sambalpur
201	Lunglei	246	Cuttack
Meghalaya (01)		247	Rourkela
202	Shillong	248	Koraput
Manipur (02)		Puducherry (01)	
203	Churachandpur	249	Puducherry
204	Imphal (Leimakhong)	Punjab (37)	
Maharashtra (30)		250	Nabha
205	Ahmednagar	251	Patiala
206	Aurangabad	252	Samana
207	Buldana	253	Sangrur
208	Beed	254	Barnala
209	Chiplun	255	Doraha
210	Dhule	256	Fatehgarh Sahib
211	Devlali	257	Jagraon
212	Jalgaon	258	Ludhiana
213	Kolhapur	259	Mohali
214	Karad	260	Roper
261	Samarala	310	Chirawa
262	Abohar	311	Dausa
263	Bhatinda	312	Hindaun City
264	Faridkot	313	Jhunjhunu
265	Mansa	314	Jaipur
266	Ajnala	315	Kotputli

Ser No	Polyclinics	Ser No	Polyclinics
267	Amritsar	316	Kota
268	Batala	317	Neem Ka Thana
269	Beas	318	Sikar
270	Ferozpur	319	Jaipur III
271	Garhshankar	320	Vidhyadhar Nagar
272	Gurdaspur	Sikkim (01)	
273	Hoshiarpur	321	Gangtok
274	Jalandhar	Telangana (07)	
275	Kapurthala	322	Golconda
276	Moga	323	Karimnagar
277	Nawansahar	324	Khammam
278	Phagwara	325	Mehbubnagar
279	Suranassi	326	Secunderabad (2nd)
280	Sultanpur Lodhi	327	Secunderabad
281	Sri Hargovindpur	328	Sainikpuri Hyderabad
282	Talwara	Tripura (01)	
283	Tarantaran/Patti	329	Agartala
284	Uchi Bassi	Tamilnadu (27)	
285	Muktsar	330	Nagarcoil
286	Pathankot	331	Tuticorin
Rajasthan (34)		332	Tirunelveli
287	Ajmer	333	Avadi
288	Barmer	334	Chennai
289	Bhilwara	335	Cuddalore
290	Dungarpur	336	Chennai (Island Ground)
291	Jodhpur	337	Kanchipuram
292	Jaisalmer	338	Kumbhkonum
293	Pali	339	Nagapattinam
294	Rajsamand	340	Thanjavur
295	Shergarh	341	Tambram
296	Balesar	342	Thiruvannamalai
297	Udaipur	343	Vellore
298	Bikaner	344	Villupuram
299	Churu	345	Coimbatore
300	Didwana	346	Dindigul
301	Hanumangarh	347	Erode
302	Nagaur	348	Madurai
303	Rajgarh	349	Ramanathapuram
304	Sriganganagar	350	Sivagangai

Ser No	Polyclinics	Ser No	Polyclinics
305	Alwar	351	Srivilliputtur
306	Bharatpur	352	Salem
307	Behror	353	Tiruchirapalli
308	Bansur	354	Theni
309	Bhuwana		
355	Wellington	403	Gomti Area
356	Krishnagiri	404	Unnao
Uttar Pradesh (54)		405	Gaziabad (Hindon)
357	Allahabad	406	Greater Noida
358	Azamgarh	407	Sec 21 JVV Noida
359	Balia	408	Sec 82 Noida
360	Basti	409	Noida
361	Banda	Uttarakhand (21)	
362	Deoria	410	Almora
363	Faizabad	411	Bageshwar
364	Ghazipur	412	Banbasa
365	Gonda	413	Dharchula
366	Gorakhpur	414	Haldwani
367	Jaunpur	415	Hempur
368	Mirzapur	416	Pithoragarh
369	Pratapgarh	417	Ranikhet
370	Sultanpur	418	Rudrapur
371	Varanasi	419	Dehradun
372	Agra	420	Joshimath
373	Bijnor	421	Kotdwara
374	Baghpat	422	Karanprayag
375	Bulandshahar	423	Landsdowne
376	Bareilly	424	Pauri Garhwal
377	Badaun	425	Roorkee
378	Etah	426	Rudraprayag
379	Firozabad	427	Raiwala
380	Moradabad	428	Tehri
381	Mainpuri	429	Uttarkashi
382	Meerut	430	Vikasnagar
383	Muzaffarnagar	West Bengal (17)	
384	Rampur	432	Bankura
385	Meerut II	433	Behrampur
386	Shahjahanpur	434	Barrackpore
387	Clement Town	435	Bengdubi

Ser No	Polyclinics	Ser No	Polyclinics
388	Saharanpur	436	Baruipur
389	Jhansi	437	Burdwan
390	Aligarh	438	Binaguri
391	Hathras	439	Cooch Behar
392	Mathura	440	Howrah
393	Akbarpur Matti	441	Krishnanagar
394	Barabanki	442	Kolkata
395	Etawah	443	Kalimpong
396	Fatehgarh	444	Lebong (Darjeeling)
397	Fatehpur	445	Midnapur
398	Hardoi	446	Raiganj
399	Kanpur	447	Hooghly
400	Lucknow	448	Salt Lake
401	Lakhimpur Kheri		
402	Orai		

LIST OF HOSPITALS EMPANELED WITH ECHS NEPAL

Ser No	Name of Med Facility	Address
1.	College of Medical Sciences	Bharatpur, Chitwan, Post Box-23, Nepal
2.	Gandaki Medical College Teaching Hospital & Research Center Pvt. Ltd.	Sanchayakosh Bhawan, Prithivi Chowk, Pokhara, Nepal
3.	Lumbini Medical College & Teaching Hospital Pvt. Ltd.,	Pravas-11, Tansen Municipality Palpa Distt, Lumbini Zone, Nepal
4.	Universal College of Medical Sciences Teaching Hospital	Rani Gaon, Bhairahawa, Rupandehi, District, Nepal
5.	Nepal Gunj Medical College Teaching Hospital	Kolhapur and Nepal Gunj Banke, Nepal
6.	Manipal Teaching Hospital	Phulbari, Pokhara, Nepal
7.	Manmohan Memorial Medical College and Teaching Hospital	Hospital, Kathmandu Metropolitan, 15, Swoyambhu, Kathmandu, Bagmati Province-1
8.	Biratnagar Asptal Pvt. Ltd.	Budhiganga-02, Rural Municipality, Morang, Pin-56613, Nepal
9.	Shree Krishna Netralaya Pvt Ltd	Butwal Sub Metropolitan Pushpalal Park-06, Ward No-06, Lumbini Zone, Rupandehi, District- Province-05, Nepal
10.	Mediplus Hospital & Trauma Centre Pvt Ltd	Pokhara Metropolitan City Rani Pauwa-11, Kaski, Province-04, Nepal
11.	Edmond City Hospital Pvt Ltd	Butwal-13, Rupandehi, Lumbini Province, Nepal
12.	National Hospital and Cancer Research Centre	Laliypur (Nepal), Lalitpur Metropolitan City-13, Jawalakhel, Nepal
13.	Charak Memorial Hospital Private Ltd	Charak Memorial Hospital Private Ltd, Pokhara-08, Naghunga, Gandaki Nepal
14.	ALE Dental Hospital Pvt Ltd	Butwal, Rupan Dehi
15.	Manjushree Super Speciality Eye Care Centre Pvt Ltd	Dharan-09, Putali Line, Sunsari
16.	Hospital for Advance Medicine and Surgery Ltd (HAMS) Hospital	Bhudani Nal Kantha, Municipality Ward, No - 09, Dhumbari, Bagmati
17.	A&B International Hospital	Pokhara Metropolitan City, Bindabasini-02, Kaski, Province-01

STATE OF FUNDS

Amt In Cr

FY	Salary	MTRE	Med Store	Others
2016-17	231.89	1973.29	664.55	26.78
2017-18	259.58	2823.57	818.28	27.27
2018-19	298.02	1900.22	904.85	94.63
2019-20	278.49	3929.23	963.61	27.88
2020-21	285.98	4197.94	809.45	27.91
2021-22	288.20	3680.57	866.44	35.54
2022-23	290.41	5461.86	1141.15	35.65
2023-24	291.36	8264.07	1285.41	40.01
2024-25	303.14	9256.89	1324.10	44.77

CONSTR OF PERMANENT BLDG AT TYPE 'C' & 'D' POLYCLINICS

Ser No	Polyclinic	Type of PC	Type of Land	Stn HQ	Comd HQ/Services
1	Giddalur	C	A1 Def land	Secunderabad	SC
2	Dibrugarh	D		Dinjan	EC
3	Tinsukia	D		Dinjan	
4	Lakhimpur	D		Likabali	
5	Shahpur	C		Dharmshala	WC
6	Nawansahar	D		Jalandhar	
7	Dehragopipur	D		Yol	
8	Samana	D		Patiala	
9	Sarkaghat	D		Chandimandir	
10	Pratapgarh	D		Allahabad	CC
11	Dhanbad	D		Ramgarh	
12	Balasore	D		INS Chilka	
13	Deoghar	D		Ramgarh	
14	Baramulla	D		Baramulla	NC
15	Bahadurgarh	D		Hisar	SWC
16	Sampla	D		Hisar	
17	Port Blair	D		INS Jarawa	Naval HQ
18	Tumkur	D		AFS Jalahalli	Air HQ
19	Palwal	D		AFS Faridabad	

ACQUISITION OF LAND

Ser No	Polyclinic	Type	Stn HQ	Comd/ Service
1.	Nagercoil	D	Trivandrum	SC
2.	Bijapur	D	Belgaum	
3.	Kunnamkulam	D	Kochi	
4.	Trivandrum Med College	D	Trivandrum	
5.	Sarkaghat	D	Yol	WC
6.	Rudrapur	D	Haldwani	CC
7.	Uttarkashi	D	Joshimath	
8.	Rudraprayag	D	Joshimath	
9.	Deoghar	D	Ramgarh	
10.	Bahadurgarh	D	Hissar	SWC
11.	Sampla	D	Hissar	

CONSTRUCTION OF VETERANS HOSPITAL

Ser No	Locations/ Cities	Area of land req	Ser	Locations/ Cities	Area of land req
1.	Delhi	3 Acres	11	Mhow	2 Acres
2.	Jalandhar	2 Acres	12	Secunderabad	3 Acres
3.	Bangalore	3 Acres	13	Patna	2 Acres
4.	Kochi	2 Acres	14	Ranchi	2 Acres
5.	Chandimandir	3 Acres	15	Ahmedabad	2 Acres
6.	Jaipur	2 Acres	16	Mumbai	3 Acres
7.	Bareilly	2 Acres	17	Raipur	2 Acres
8.	Chennai	2 Acres	18	Kolkata	3 Acres
9.	Pune	3 Acres	19	Guwahati	2 Acres
10.	Lucknow	3 Acres	20	Bhubaneshwar	2 Acres
			21	Kotdwar	2 Acres

