

High Court of Judicature at Allahabad

Medicine Policy for Employees

The learned Registrar General, High Court of Judicature at Allahabad, Allahabad has been pleased to approve the Medicine Policy for the Employees of the High Court vide Order dated 14.09.2020. The relevant extracts of the said Medicine Policy is being circulated for information to all the Employees enabling them to act accordingly -

1. The medicines will be provided at High Court of Judicature at Allahabad to the following -
 - (i) The Officers, Officials & Employees of all Cadres (Class-I, II, III & IV).
 - (ii) The Judicial Officer on deputation at High Court, Allahabad.
2. The medicines will be provided for use to the persons mentioned at Serial No. 1 and their dependant family members comprising Spouse, Father, Mother, Son and Daughter.
3. The medicines will be provided only on written requisition on the format (enclosed) developed for the purpose. The said requisition will be furnished while clearly appending his/her Name, Employee Number, Designation and Phone / Mobile Number.
4. The medicines will be provided only on written requisition supported with the copy of the current prescription of Registered Medical Practitioner. However, medicine for regular ailments viz. Blood Pressure, Sugar etc. can be provided, without the current prescription.
5. The requisition will not be taken directly but will be required to be dropped in the Drop Box installed in the Nazarat Section or any other specified placed.

Protocol Section
Medicine Policy for Employees

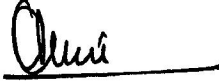
6. The requisition which will be dropped by 12:00 pm will be processed on the same day if it is a working day. The Requisitions dropped after 12:00 pm will be processed on the next working day.
7. The medicines will be distributed only to 50 persons on any working day.
8. The requisitions will neither be processed nor medicines will be distributed on Non-Working Day, Holiday, Second Saturday and Sunday.
9. The medicines which are essential for treatment of any ailment / disease and has been prescribed by the Registered Medical Practitioner will only be supplied. No other goods viz. Medical Equipments, Health Supplements, Glucose, Sanitizer, Gloves, Face Shields, Sanitary Pads etc. will be supplied.
10. The medicines will be supplied / distributed from the Distribution Counters at Nazarat or any other place specified for the purpose on all working day during Office-Hours as per following schedule -

Sl. No.	Category	Medicine Distribution Day
01.	<ol style="list-style-type: none">1. Registrars2. Joint Registrars3. Deputy Registrars4. Assistant Registrars5. Judicial Officers on deputation at High Court, Allahabad	Monday & Tuesday
02.	<ol style="list-style-type: none">1. Section Officers2. Review Officers3. Assistant Review Officers4. Computer Assistants	Wednesday & Thursday
03.	<ol style="list-style-type: none">1. Private Secretaries2. Bench Secretaries3. Officer & Official of Other Cadres	Friday & Saturday

Protocol Section
Medicine Policy for Employees

Sl. No.	Category	Medicine Distribution Day
	viz. Computer, Library, Translator etc. 4. Drivers & Class-IV	

- 11.** The medicines will also be provided to the the Officers, Officials & Employees of all Cadres (Class-I, II, III & IV) who have retired from High Court, Allahabad as their last place of posting, as per the process and details mentioned above after verifying the genuineness of the requisition.


(Ashish Kumar Srivastava)
Registrar (Protocol)
08.10.2020

To
The Chief Medical Superintendent,
Tej Bahadur Sapru Hospital,
Prayagraj.

Sub.: Supply of medicine(s) in the name of Shri/Smt./Ms.

Sir,
Please provide medicine(s) for use of Myself / Wife / Husband /
Dependant Father / Dependant Mother / Dependent Son / Dependent
Daughter namely

The medicines have been prescribed by Dr.
for treatment of The photo-copy of current
prescription dated is enclosed. The prescribed medicine(s)
is/are as following -

Sl. No.	Name of the Medicine(s)	Quantity

It is requested that the above mentioned medicine(s) be please
provided.

Encl.: Copy of Prescription
Date:

Yours' faithfully,

Signature:.....

Name:

Employee Number:

Designation:.....

Section / Place of Posting:

Mobile No.: