6.5.2 All grievances shall be responded to by the TPA promptly. The TPA shall ensure that grievances pertaining to getting cashless access in the Provider Hospitals are resolved within 2 hours of receipt of such grievances in emergency cases and within 6 hours in planned admission cases. The grievances related to delayed response in obtaining authorization from the TPA shall be acted upon immediately. All other grievances should be appropriately addressed within 24 hours of the grievance being brought to the notice of the TPA. If any grievance remains unresolved beyond a period of 48 hours of the grievance being brought to the notice of the TPA.

6.5.3 Any grievance by any beneficiary or any party to this agreement can be lodged with the Grievances Redressal Committee, which shall be resolved by the Committee in its quarterly meetings or specially convened meetings. If the Committee at any point of time comes to the conclusion that the TPA is not in a position to provide satisfactory services as per the conditionalities of this agreement, then this Committee can terminate the services of TPA and avail such services from any other TPA. The Committee shall decide matters, by consensus. If consensus is not possible on any issue in the State-Level Grievances Redressal Committee, the decision of the head of the Nodal Agency and the Insurer shall be final and binding on all the parties.

6.6 Management of Claims

6.6.1 The TPA shall complete the initial scrutiny of the claim with respect to its documentation, completeness of the claim as per the checklist and information required for deciding the admissibility of the claim, within 2 days of receipt of the claim at its end. Deficiency of documents, if any and if amounting to more than 10% of the claimed amount, shall be intimated in writing as first deficiency report/query letter to the Provider Hospital/Beneficiary within 5 days of receipt of the claim. Three reminder letters are to be sent after a gap of 5 days each, if deficient documents are not received or partially received. If within 30 days of receipt of such incomplete claim for the first time, the complete documents as required for deciding the admissibility of the claim are not received in spite of issuance of three reminders for the claim, the claim file shall be closed and returned back to the Provider Hospital/Beneficiary along with a letter explaining the reasons thereof and copies of the three reminder letters, not responded back by the Provider Hospital/Beneficiary. No further communications shall be entertained by the TPA in respect of such claims.
The TPA shall maintain proof of delivery of all communications made in respect of such cases, meticulously maintain separate record in respect of such claims and produce the same at any subsequent stage as and when required by the Beneficiary or the “Nodal Authority”.

6.6.2 In case of incomplete claims, where deficiency of documentation is not affecting the decision of admissibility of the claim within the scope of the Policy and if the required documents are not received inspite of issuance of three reminders, the claim may be partially settled by the TPA after disallowing the amount in respect of which the supporting documents are not available. The payment against such claims should be accompanied with a letter explicitly explaining the reasons for disallowances made and copies of the reminder letters not responded back by the Provider hospital/Beneficiary.

6.6.3 The payments against claims are to be made through cheque(s) in favour of the Main Member or the Provider Hospital, not later than 15 days from the date of receipt of complete claim file by the TPA at the first instance or within 5 days of receiving deficient claim documents in case of receipt of incomplete claim file at the first instance.

6.6.4 No claim file, whether received in complete or incomplete form by the TPA shall be allowed to remain pending or unsettled for any reason whatsoever for a period of more than 30 days from the date of receiving of the claim documents by the TPA for the first time.

6.6.5 The TPA shall repudiate the claim if not covered under the policy. The TPA shall mention the reasons of repudiation in writing to the Provider Hospital/Beneficiary. The repudiation letter should be issued within 7 days of receiving of complete claim documents in the first instance and within 5 days of receiving of deficient documents in case of receipt of incomplete claim in the first instance.

6.6.6 Deficiency reporting letter/Repudiation letter/cheque or query letter along with claim settlement note/claim file (in case if the claim is closed or not to be entertained), shall be sent directly to the Provider Hospital/Beneficiary at his or her residential address as mentioned in the Enrollment Form. A copy of deficiency reporting letter/query letter with respect to the claim shall also be sent to the Cooperative Society/Concerned Quarter of which the Beneficiary is a member.
6.6.7 The TPA shall submit monthly and quarterly Claims Report to the “Nodal Authority” and the Insurer as per the format given in Annexure——‘G’.

6.6.8 The Beneficiary shall have a right of making a representation in case his or her claim is repudiated or disallowed. The Beneficiary may approach either the Insurer or the “Nodal Authority” or the Grievances Redressal Committee for submission of the representation. The “Nodal Authority” or the Insurer or the Grievances Redressal Committee shall forward the representation of the Beneficiary alongwith their opinion/comments, if any, to the TPA. The TPA shall reopen the claim file, verify the facts and give its decision on the representation in writing and release the payment within 7 days of receipt of such representation, if the representation is allowed. In the event the representation is disallowed, the TPA shall give its decision alongwith elaborate and justifiable reasons within 7 days of receipt of such representation. The TPA’s decision in this regard shall be final and binding on the Beneficiary, “Nodal Authority” and the Insurer, subject to the scrutiny by the Grievances Redressal Committee.

6.6.9 The TPA shall have the absolute right and discretion, to exercise its own independent, neutral and expert opinion to decide the admissibility or the non-admissibility of the preauthorization of the claim. The decision of the TPA regarding the admissibility or the non-admissibility of the claim/Preauthorization shall be final and binding upon all the parties subject to the scrutiny by the Grievances Redressal Committee. However, upon audit of issued pre-authorizations or settled claim files or otherwise, if at any subsequent stage not later than 30 days from the expiry of the Policy Plan Period, the “Nodal Authority” detects any wrongful or undue payments or any discrepancy in settlement of a claim after the payment has been released against a claim or any wrongful or undue rejection of the claim of pre-authorization by the TPA, it shall may refer the case in writing to the Insurer. The insurer shall report within 7 days or receipt of such reference without fail.

6.6.10 Hospitalization/admissions taking place on/at or before 12.00 P.M. (midnight) of the last day of the Policy Plan Period shall be covered under the Policy. Any admission taking place after 12 P.M. (midnight) of the said day shall not be entertained for issuance of pre-authorization for cashless access or settlement of claim under the Policy.

6.6.11 Claims received after 20 days of date of expiry of the Policy Plan Period shall not be accepted by the TPA, even if the date of admission of the Beneficiary making such claim is falling before 12.00 P.M. on midnight of last day of the expiry of the Policy Plan Period.
6.6.12 In the event of the death of the Main member, the amount against the settled claim, shall be reimbursed in favour of the nominee as named by the Main Member in the Enrollment Form. If no person has been declared/named as nominee in the Enrollment Form, then the TPA shall make the payment in favour of the Police Department for onward payment to the beneficiaries as per record.

6.6.13 The office operations of the TPA for the enrollment of Beneficiaries, generation of I.D. Cards, issuance of pre-authorization for cashless access, claim settlement and call center services shall be opened at various pivotal locations in Punjab and Chandigarh, as mutually agreed upon.

6.6.14 The TPA shall maintain all records required by law and comply with all regulatory and legal requirements with respect to the services provided by it in pursuance of this Agreement.

6.6.15 The TPA shall ensure that the Provider Hospitals comply with the respective Tariff Schedules as agreed upon by them.

6.6.16 The TPA shall maintain an active and regularly updated website, containing updated list of Provider Hospitals with their contact information and downloadable Claim Form, Preauthorization Form etc. to the satisfaction of the “Nodal Authority” and the Grievances Redressal Committee as required in the interest of convenience of the Beneficiaries.

6.6.17 The TPA shall comply with ICD-10 code as contained in the International Code of Diseases for all pre-authorizations and claims without default.

6.6.18 Under no circumstances shall the medical staff of the TPA, impart or advise treatment or medical procedure related to cure or care aspects to the Beneficiaries.

7. Duties and Obligations of the Insurer

7.1 General Duties and Obligations of Insurer.

7.1.1 The Insurer shall issue the Policy for the benefit of the Beneficiaries as per the terms and conditions agreed herein and comply with the terms and conditions of the Policy from time to time without any initial medical checkup of the Insured.

7.1.2 The insurer shall ensure that the Scheme is implemented in a proper manner and shall provide all possible assistance and inputs to make the Scheme a success.

7.1.3 It is to be ensured by the Insurance Company that the entire delivery of I.D. Cards to the Beneficiaries is completed within the stipulated time period and latest by 15th November, 2011.
The policy is available to the TPA and the TPA can view the policy in the insurer’s system.

The Insurance Company shall be directly, wholly and unconditionally responsible and liable in all respects including legal and financial liabilities arising, if any, due to any performance/non-performance.

At all times, within Policy Plan Period, the I.D. Card issued to each Beneficiary by the TPA shall serve as the sole document to be produced by the Beneficiary to the Network Hospital to identify him/her as a bona fide Beneficiary of the Scheme and for availing the benefits as envisaged under the Scheme. No other document/identification proof besides the I.D. Card will be required to be produced at the Network Hospital by the Beneficiary for availing cashless treatment, if the I.D. Card has been issued to the Beneficiary by the TPA.

The Insurer shall replenish the Float Fund on the basis of the Claim Float Statement submitted by the TPA.

The Insurer shall pro-actively discharge the role and obligations of the Insurer as contemplated in the various provisions of this Agreement including but not limited to those pertaining to Networking of Hospitals, Enrollment Services, Authorization Services, Redressal of Grievances and Management of Claims.

Duties and Obligations of the Insured

The Insured shall provide necessary data to the TPA through the Insurer within 30 days of the commencement of the Policy.

The premium of the Policy shall be paid in three installments. The 1st installment shall be payable on or before the commencement of the Policy. The 2nd installment shall be payable on or before 1st February, 2012 and the 3rd installment shall be payable on or before 1st May, 2012.

The additions/deletions of members/beneficiaries shall be intimated to the TPA through the Insurer on quarterly basis. However, all the parties shall collectively promote culture of intimating additions and deletions to the TPA and the Insurer at the earliest.

The anticipated additions of Police personnel likely to join service in the near future or in the mid of the policy period, shall be covered for the remainder time of the policy period on pro-rata basis. Their benefit will commence on the payment of premium to the Insurer.
8.5 In order to make it unambiguous, it is hereby clarified that the beneficiaries superannuating in the mid of the policy period shall continue to enjoy the benefit of the coverage of the policy till the expiry of the policy period.

9. General

9.1 The validity period of this Agreement shall commence from the date of its signing by all the Parties and shall end upon discharge of all obligations of each of the parties hereunder and will be for one year from the date of commencement of the Policy.

9.2 The Insurance Company and the TPA shall maintain utmost confidentiality regarding the contents of this Agreement at all times and shall not disclose any information to any third party or public regarding the arrangements contemplated by this Agreement, without the prior consent of the "Nodal Authority".

9.3 The copies of all important documents determining obligations and facilities shall be made available to the concerned parties and loaded on the website of respective parties.

10. Amendments and Waiver

No amendment, modification or waiver of any provision of this Agreement shall in any event be effective unless the same shall be in writing and signed by a duly authorized representative of each of the four Parties and any waiver or consent shall be effective only in the specific instance and for the specified purpose for which it is given.

11. Applicable Laws

This Agreement and the rights and obligations of the Parties hereunder shall take effect under and shall be governed by and construed and enforced in all respects in accordance with the Laws of India.

12. Jurisdiction of Courts

Without prejudice to any provisions of the Policy issued by the Insurance Company, the courts at Chandigarh/Punjab alone shall have the exclusive jurisdiction to entertain and decide any litigation proceeding including application, plaint, petition, claims etc. pertaining to any issue concerning any subject matter of this Agreement or any obligations of the three
Parties in pursuance of this Agreement or any litigation or claims in pursuance of the Policy issued by the Insurance Company. The three Parties to this Agreement have specifically and explicitly agreed to bar and oust the jurisdiction of all other courts (i.e. courts other than the courts in Punjab and at Chandigarh) which may be having jurisdiction over the subject matter of this Agreement.

13. Notices

Except as otherwise expressly provided in this Agreement, all notices or other communications which are required or permitted hereunder shall be in writing and shall be sufficient if delivered personally or by registered and also certified mail or through facsimile or e-mail addressed as follows:

If to the “Nodal Authority” : (---------------------)

or an officer so authorized on his behalf

If to the Insurer : (---------------------)

If to the TPA : (---------------------)

14. Good Faith

The Parties to this Agreement shall work in tandem and co-operate with each other to smoothly implement the Scheme. Each Party acknowledges that it has read this Agreement, understands it and agrees to be bound by its terms and conditions and further agrees that it is the complete and exclusive statement of the agreement among the Parties.

15. Severability

If at any stage, any provision of this Agreement is or becomes illegal, invalid or unenforceable in any respect under the Laws of India, the legality, validity and enforceability of such provision and of the remaining provisions of this Agreement under the Laws of India, shall not be affected or impaired thereby.

16. Counterparts

This Agreement may be executed in any number of counterparts and by each Party on separate counterparts which when taken together shall be deemed to constitute one Agreement.
In Witness Whereof, the Parties have caused this Agreement to be signed by their authorized representatives on the day and year first above written.

For and behalf of the “Nodal Authority”

Name of the Authorized Representative

Designation

For and behalf of

Name of the Authorized Representative

Designation

For and behalf of

Name of the Authorized Representative

Designation

For and behalf of

Name of the Authorized Representative

Designation

In the presence of the following witnesses:

1.

2.

3.
To

The Additional Director
Directorate of Health and Family Welfare,
Punjab Pariwar Kalyan Bhawan,
Plot No. 5, Sector-34-A,
Chandigarh (PMH Branch).

19 JAN 2012

Subject: Clarification regarding rates of various Lab tests/Investigations/surgeries and packages.

Sir,

Please refer to your letter no. Med(2)-Pb-11/7248 dated 14.10.11 (Chandigarh) on the subject cited above. In this connection it is intimated that there are no charges existing for such procedure in the Deptt. of Neuro-Radiology and neither any package charges are laid down for such procedure in this centre. However a copy of list of packages charges for various Neuro-Surgeries is enclosed herewith.

Yours faithfully,

Account Officer
Billing/CNC

Encl: As above.
ESTIMATE CERTIFICATE

Name of the Patient ......................................................... Age ............ Sex ......... N.S. No. ..................

C.R. No. .......................................................... Nature of disease ..........................................................

.............................................................................. Nature of surgery required ..........................

Amount required for surgery .................................................................

The above mentioned amount must be deposited in advance by bank draft drawn in favour of
"AIMS NEURO SURGERY PATIENT'S ACCOUNT". The charges are applicable from the date of admission
to 7th post operative day and include the cost of consumables, routine radiology, laboratory and Histopathological investigations. The charges will not include any charges on account of MRI, Instrumentation, Aneurysm clip, Tissue Glue, Cell Saver Set or any special drug taken by patient for any condition unrelated to present disease and other special consumable if required during surgery.

CONSULTANT / SENIOR RESIDENT

OPERATION CHARGES OF NEURO SURGERY PATIENT'S

Burrhole, Tracheostomy, E.V.D., Ommaya, I.C.P. Monitoring, I.C.A. Ligation ................. 2,000/-
Shunt, D.B.S., Biopsy .......................................................... 5,000/-
Simple Spine. (No Instrumentation) ..................................................... 10,000/-
Complex Spine (Laminoplasty), Simple Craniotomy +, (Any Instrumentation) ............... 15,000/-
Complex Craniotomy & Epilepsy Surgery ................................................. 20,000/-
Aneurysm Clip ........................................................................ 5,000/- Extra
Cell Saver Set ........................................................................ 6,531/- Extra
Tissue Glue (1 ml) .................................................................. 6,825/- Extra
Tissue Glue (2 ml) .................................................................. 11,970/- Extra
Imported Shunt ........................................................................ 5,000/- Extra
Floseal (5 ml) ......................................................................... 12,554/- Extra
Duroform ................................................................................ 5,700/- Extra

Important Instruction for Patient:

1. Please deposit the Demand Draft with a copy of the Estimate Certificate at Ground Floor,
   Cabin No. 3 and Window No.1
2. Please bring two copies of payment slip along with patient for admission on given date.
Chapter 11

RECOGNITION OF HOSPITALS OTHER THAN PUNJAB GOVERNMENT

72. General:

(i) The treatment of following disease is permissible at the hospitals mentioned against each, subject to certain conditions given in detail, under the relevant paras in this Chapter:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Hospital/Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Cardiothoracic &amp; Neural Surgery</td>
<td>Christian Medical College Hospital, Vellore.</td>
</tr>
<tr>
<td>b) Supply and fitting of Prosthetic aids</td>
<td>Navedak Prosthetic Centre, Daulat singh wala (Near Chaudhigrah)</td>
</tr>
<tr>
<td>c) Mental Disease</td>
<td>Any recognized Hospital (not necessarily the nearest) where departmental arrangements are made for the admission of patients.</td>
</tr>
<tr>
<td>d) Cancer, Hodgkins Disease, Leucamia</td>
<td>1) Tata Memorial Hospital, Bombay</td>
</tr>
<tr>
<td></td>
<td>2) C.M.C. Hospital, Ludhiana</td>
</tr>
<tr>
<td></td>
<td>3) P.G.I. Chandigarh.</td>
</tr>
</tbody>
</table>

The following private institutions located outside & inside Punjab have also been recognized for treatment of Punjab govt. employees/pensioners & their dependents for specialized treatment not available in Punjab Govt. Hospitals vide PG letter No. 7/785-5HBV/V/34001, dated 8-10-1991:-

OPEN HEART SURGERY
1) Escort Heart Institution, New Delhi
2) Christian Medical College, Ludhiana
3) Apollo Hospital, “Madras” (now Chennai)

TOTAL REPLACEMENT OF JOINTS OTHER THAN KNEES
1) Jadav Hospital, Bombay
2) Nilratan Saran Medical College, Calcutta (Now Kolkata)

ALL TYPES OF CARCINMA
1) Christian Medical College, Ludhiana
2) Mohan Daj Oswal Cancer Institute, Ludhiana
81. Treatment at All India Institute of Medical Science (AIIMS): In case the patient opts for hospitalization abroad, the cost of treatment will be reimbursed to the patient. The patient must provide a detailed receipt of the treatment provided in the foreign hospital. The reimbursement will be made on the basis of the policy of the Indian Reimbursement Committee (IRC). The reimbursement committee will decide on the basis of the policy of the Indian Reimbursement Committee (IRC).

82. Treatment at recognized hospitals: In case the patient opts for treatment at a recognized hospital, the cost of treatment will be reimbursed to the patient. The patient must provide a detailed receipt of the treatment provided in the recognized hospital. The reimbursement will be made on the basis of the policy of the Indian Reimbursement Committee (IRC). The reimbursement committee will decide on the basis of the policy of the Indian Reimbursement Committee (IRC).
Lt Col K.J. Kumar
Director

NPC 96-B/HEALTH

To

The Director,
Health & Family Welfare,
Govt. of Punjab,
Sector 34,
CHANDIGARH

Sub: RATE LIST – ARTIFICIAL LIMBS

Sir,

1. Kindly refer to your letter No. Medical(9)-P-2012/321 dated 23 Jan 2012, regarding the supply of price list of artificial limbs.

2. As desired, a copy of our price list is enclosed.

Thanking you,

Yours faithfully,

[Signature]

01 Feb 2012

Navedac Prosthetic Centre

Artificial Limbs ● Orthopaedic Supports ● Rehabilitation Equipments ● Rehabilitation of Disabled ● Hearing Aids

Donations to this Institution exempted under section 80-G of Income Tax Act, 1961.


<table>
<thead>
<tr>
<th>S. No.</th>
<th>PARTICULARS</th>
<th>Rate (Rs)</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>BK Prosthesis with FRP Sach Foot</td>
<td>6590</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>BK Prosthesis with Ranger Sach Foot</td>
<td>8590</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>BK Prosthesis with Otto Bock Sach Foot</td>
<td>10090</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>AK/Thru. Knee Prosthesis with FRP Sach Foot</td>
<td>8090</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>AK Prosthesis with Ranger Sach Foot</td>
<td>10090</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>AK/Thru Knee Prosthesis with Otto Bock Sach Foot</td>
<td>11590</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Hip Disarticulation Prosthesis with FRP Foot</td>
<td>9130</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Hip Disarticulation Prosthesis with Ranger Foot</td>
<td>11130</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Hip Disarticulation Prosthesis with OB Foot</td>
<td>12630</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Chopart / Symes Prosthesis</td>
<td>3470</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Extension Prosthesis with boot for deformed Foot</td>
<td>2830</td>
<td></td>
</tr>
</tbody>
</table>

We also provide / fit imported hi-tech artificial limbs. The rates of some of the prostheses are given below :-

<table>
<thead>
<tr>
<th>S. No.</th>
<th>PARTICULARS</th>
<th>Rate (Rs)</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>BK Prosthesis with Endolite MF Foot, MF Ankle, BK Fairing and cosmetic cover</td>
<td>44300</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>BK Prosthesis with Endolite DR2 Foot, MF Ankle, BK Fairing and cosmetic cover</td>
<td>54300</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>BK Prosthesis with Endolite Silicone Liner, Socket Lock, MF Foot, MF Ankle, BK Fairing and cosmetic cover</td>
<td>63600</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>BK Prosthesis with Endolite Silicone Liner, Socket Lock, DR2 Foot, MF Ankle, BK Fairing and cosmetic cover</td>
<td>73600</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>AK Prosthesis with Endolite Economic System with Safety Single Axis Knee Joint, Ranger Foot, AK Fairing and TES Belt</td>
<td>52550</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>AK Prosthesis with Endolite PSPC Knee Joint, MF Foot, AK Fairing and TES Belt</td>
<td>160750</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>AK Prosthesis with Endolite MKL ESK Knee Joint, MF Foot, AK Fairing and TES Belt</td>
<td>177750</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>AK Prosthesis with Endolite IP Smart Knee Joint, MF Foot, AK Fairing and TES Belt</td>
<td>304250</td>
<td></td>
</tr>
</tbody>
</table>
A large number of options are available. Quotations can be provided as per the proper prescription after thorough analysis of the stump and activity level etc.

### (SECTION – B) UPPER LIMBS

<table>
<thead>
<tr>
<th>S. No.</th>
<th>PARTICULARS</th>
<th>Rate (Rs)</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Partial Hand Cosmesis with glove</td>
<td>3450</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>BE/Thru. Wrist Prosthesis with Mechanical Hand</td>
<td>6590</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>BE/Thru. Wrist Prosthesis with Electronic Hand</td>
<td>17940</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>AE/Thru Elbow Prosthesis with Mech Hand</td>
<td>8090</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>AE/Thru Elbow Prosthesis with Electronic Hand</td>
<td>21520</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Thru. Shoulder Prosthesis with Electronic Hand</td>
<td>23110</td>
<td></td>
</tr>
</tbody>
</table>

We also provide / fit imported upper limbs. The rates of some of the prostheses are given below :-

<table>
<thead>
<tr>
<th>S. No.</th>
<th>PARTICULARS</th>
<th>Rate (Rs)</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Partial Hand Cosmesis Regal glove – foam filled / with zip</td>
<td>16000</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Below Elbow prosthesis with Steeper Mech. Hand and true finish PVC glove</td>
<td>69800</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Below Elbow Prosthesis with Steeper Myo-electric hand, electrodes, true finish PVC glove, battery and battery charger</td>
<td>390000</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Above Elbow prosthesis with Myo-electric hand, Electrodes, true finish glove, battery and battery charger</td>
<td>504000</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Above Elbow prosthesis with Steeper Mechanical Hand and true finish PVC glove</td>
<td>173100</td>
<td></td>
</tr>
</tbody>
</table>

### (SECTION – C) REHABILITATION AIDS

<table>
<thead>
<tr>
<th>S. No.</th>
<th>PARTICULARS</th>
<th>Rate (Rs)</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Tricycle</td>
<td>4500</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Wheel Chair Folding</td>
<td>4540</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Wheel Chair non-folding</td>
<td>4020</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Crutches Adjustable</td>
<td>750 (pair)</td>
<td></td>
</tr>
</tbody>
</table>