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Central Organisation, ECHS  
Adjutant General's Branch  
Integrated Headquarters  
Ministry of Defence (Army)  
Thimayya Marg,  
Near Gopinath Circle  
Delhi Cantt-110010

B/49774/AG/ECHS/Referral/Policy

29 Jan 2019

IHQ of MoD (Navy)/Dir ECHS (N)  
DAV, Subroto Park  
HQ Southern Command (A/ECHS)  
HQ Eastern Command (A/ECHS)  
HQ Western Command (A/ECHS)  
HQ Central Command (A/ECHS)  
HQ Northern Command (A/ECHS)  
HQ South Western Command (A/ECHS)  
HQ Andaman & Nicobar Command (A/ECHS)  
All Regional Centres

### PROVISION OF REFERRAL FROM ECHS CELLS AT COMD /BASE HOSPITALS

1. High end specialities are invariably available at Comd Hosps/Base Hosps where No of ECHS patients report after referral from ECHS Polyclinic/referral from other service hospitals. As per current procedure when the capacity is not available/treatment is beyond the service hospital, patients are referred back to Polyclinic for generation of referrals and in the process, old aged veterans face avoidable difficulties.
2. An attempt is therefore being made to ease out problems of veterans who report to the following hospitals through ECHS cells created for this purpose as under (Manpower given as per Manning Document 19-20):-

S No	Name of Hosp	ECHS Cell str as per manning docu 19-20			Linked PC for Referral ID
		MO	Para Med	Clk	
(a)	AH (R&R) Delhi Cantt	01	08	01	PC Base Hosp, Delhi Cantt
(b)	Base Hosp, Delhi Cantt	02#	04	01	PC Base Hosp, Delhi Cantt # incl one Specialist
(c)	Comd Hosp, Chandimandir	01	01	01	PC Chandimandir
(d)	Comd Hosp, Lucknow	01	01	01	PC Lucknow
(e)	Base Hosp, Lucknow	01	01	01	PC Lucknow
(f)	Comd Hosp, Kolkata	01	01	01	PC Kolkata
(g)	Comd Hosp, Pune	01	01	01	PC Pune
(h)	Comd Hosp, Udhampur	01	01	-	PC Udhampur



S No	Name of Hosp	ECHS Cell str as per manning docu 19-20			Linked PC for Referral ID
		MO	Para Med	Clk	
(j)	MH Jaipur	01	01	-	PC Jaipur
(k)	AF Comd Hosp, Bangalore	01	01	01	PC Bangalore (Urban)
(l)	INHS Ashwani, Mumbai	01	01	01	PC Mumbai
(m)	INHS Sanjivani, Kochi	01	01	-	PC Kochi
(n)	INHS Kalyani, Vishakhapatnam	01	-	-	PC Vishakhapatnam
(o)	ADC (R&R) Dental, Delhi Cantt	05@	05	-	PC Base Hosp Delhi Cantt @ Dental Offr

3. All the above hosps will have suitable place earmarked for ECHS cell which will be advertised for veterans to know and these will be equipped with cmprtr, printer and internet connection. These ECHS cells will be working in close co-ordination with linked PC for documentation process.

4. The following category of patients can be given referral by these ECHS Cells:-

(a) Those persons who have been referred by ECHS Polyclinic and have utilized consultancy, diagnostics and IPD facility as available in the service Hosp. In case these facilities in part/full are not available, those available will be utilized while referral will be given for balance facilities/treatment.

(b) User ID credential of linked PC will be utilized which will be co-ordinated by S&A Sec of Central Org ECHS.

(c) MO provided as per Para 2 above as well as at least one MO from the concerned hosp will have digital signatures which is essential to generate referral. Each hospital to ensure that at least two digital signatures, Class III with encryption are enrolled with Source Dot Com Pvt Ltd (SDCPL) to cater for absence/Posting out scenarios for the authorized signatory. A sample form for enrolment of digital signatures is given at Appx 'A'. In addition, form for obtaining digital signature from the designated service providers can be downloaded from any of the service providers such as [www.emudradigital.com](http://www.emudradigital.com), [www.sifytechnologies.com](http://www.sifytechnologies.com), govt e-market etc.

(d) It may please be noted that this facility is being given to reduce difficulties of veterans & should not be misutilised for unfair practices. The facility is meant for planned treatment and will be available from 0800hrs to 1600hrs on all working days from Monday to Saturday.

(e) A strict vigil will be kept on those who report in closed hours of PCs and demand referrals. They should be asked to wait for the designated day for treatment. If there is an emergency, no referrals are required by the patients.

(f) **Anyone who has not utilised the facility of an ECHS PC will not be given referral.**



An email confirmation be given for infrastructure and digital sign to be ready so that user login ID can be allocated.



(DK Dubey)  
Gp Capt  
Dir (Med)  
for MD ECHS

**Copy to :-**

M/s UTI-ITSL  
UTI Bhawan, Plot No. 3  
Sector 11 CBD Belapur,  
Navi Mumbai  
Maharashtra

1. PI modify workflow to ensure that digital record of all such referrals is maintained.

2. The system should be available from 0800hrs to 1600hrs as per our letter No B/49779-Outsourcing/AG/ECHS dated 09 Jan 2019 for these cases as well.

Source Dot Com Pvt Ltd  
K- 7/35, DLF Phase-II  
Gurgaon,  
Haryana-122002

You are requested to create and issue user ID, credentials, enroll digital signature and create the required web portal for this facility.

**Internal**

All Sections

1. For info & necessary action.

Stats & Automation Sec

2. S&A Sec to operationalise & coord with UTI ITSL & SDCPL and upload this letter on website.





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Government of India  
Department of Ex-Servicemen Welfare,  
CENTRAL ORGANISATION, ECHS

Application for Enrolment of Digital Signature and Creation of User ID  
for Online Smart Card Application  
(for a single user only)

(Please read the instructions given in the reverse of this page; The completed application form, duly signed by the concerned HOD of the concerned office, should be forwarded on e-mail to Central Organisation, ECHS.)  
Please use CAPITAL LETTERS.

1) Name of the applicant\*: \_\_\_\_\_  
(Rank First name Middle Name Surname)

2) Designation\*: \_\_\_\_\_

3) Type of Office\* ( ): RO  RC  Stn HQ  PC  Service Hosp

3) Name of Office\*: \_\_\_\_\_

4) Address for correspondence\*: \_\_\_\_\_

City: \_\_\_\_\_ Pin Code: \_\_\_\_\_

5) Telephone Number :(O)\* \_\_\_\_\_ Mobile\*: \_\_\_\_\_

6) Official Email id\*(only Govt mail ID i.e. gov.in / nic.in): \_\_\_\_\_

7) Expected Date of Completion of Tenure\* \_\_\_\_\_  
(DD/MM/YYYY)\*

8) Serial Number of Digital Signature Token\*: \_\_\_\_\_

9) Issuer of Digital Signature Token\*: \_\_\_\_\_

10) Class of Digital Signature Token\*: \_\_\_\_\_

11) MAC Address of PC Ethernet Port\*: \_\_\_\_\_

This is to declare that I have read the terms and conditions and I agree to abide by them.

Signature of Applicant  
with Department Seal

Signature of the Head of Department  
of Applicant with date and seal

**FOR OFFICE USE AT CENTRAL ORG ECHS**

Data entry done on date \_\_\_\_\_

Signature of S&A Clk

Signature of Dir S&A / Jt Dir (S&A)  
(with date & seal)