



# **Training Module For Medical Officers & NHM Staff**

VOLUME - III

**Compiled & Developed by:**

**State Institute of Health & Family Welfare,  
Jaipur**



**Supported By:  
NHM - Rajasthan**

### Module for NHM Staff

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## About Module

This module is intended to provide guide and directions to the trainers to be involved in the training Medical officers of different cadres during their service to understand the planning, executing and monitoring supervision the public health program under NHM in the state of Rajasthan. This module will be the helping guide to the prospective trainers with the essential understanding of the conceptual background of the process of training in general and Training MO/SMO in particular. The fruitfulness of the use of this module, however, depends on the use of some of the 'tips' that may optimize the effectiveness of the trainers. While using this manual, the basic consideration to be kept in mind is that training is not dominantly dependent on the use of lectures, which are not only monotonous in nature but also less productive in terms of transmission of knowledge to the trainees. In fact, training can be a rewarding experience to both the trainer and the trainees if its major thrust is on the promotion of participatory learning, through the use of methods which make the training process more interesting and also ensure the training's more productive results. Accordingly, some of the methods which are recommended for use in the Trainers itself are:

- Brain storming
- Interactive talk
- Illustrative talk
- Group discussion
- Panel discussion
- Role play exercise
- Case studies
- Simulations
- Videos and films
- Hands on practices
- Field practical

- (i) **Brain Storming-** The use of this method is generally made as a first step to generate initial interest and essential involvement of the trainees in the training activity. For this, the trainer asks the trainees to think of any ideas without evaluation or judgment. The quantity, not the quality, is what matters. Ideas can be discussed later for practical consideration. Sometimes 'unwanted' or seemingly ridiculous ideas lead to a more practical idea, which would otherwise not have been considered.
- (ii) **Interactive Talk-** This method is marked by encouraging the trainees to be quite active and analytical in their learning approach. They are also motivated to be inquisitive and anxious to know new things by asking questions and exploring alternatives.



- (iii) **Illustrative Talk-** This is a lecture method supplemented by the use of proper illustration using training materials, including audio-visual aids. Presentation of success stories and case studies is also one of the essential elements of this method.
- (iv) **Group Discussion-** Use of this method is based on the principle of the trainer taking on the role of a group promoter. This method is also an effective instrument of participatory learning, whereby the trainer acts as a group adviser, a group facilitator and a group torch bearer.
- (v) **Panel Discussion-** The use of this method is marked by greater involvement of trainees in promoting participatory learning. In this situation the trainer's role is limited to be that of coordinator and moderator of the discussion, in which the trainees as panelists act as catalyst agents of the learning process.
- (vi) **Role Play Exercise-** This is one of the most effective training methods of participatory learning, in which the trainees are provided an opportunity to put into action the skills learnt through the training. For this, an artificial situation is created, whereby every individual trainee is assigned a role which he/she enacts to demonstrate the skills learnt through the process of training. In ToT these assigned roles may be such as the trainer, the trainee, the operator of audio-visual equipment, etc. While using this method, the role of the facilitator of training is that of a 'guide' or director' of the enacted play
- (vii) **Classroom Practical-** This method is generally used to reinforce the learning experience through classroom practice. In case of ToT this method may be used as a supplement to the knowledge input given to the trainees through the lecture method, to cover a particular topic of the training session. One such example may be that of developing a tool of Training Needs Assessment (TNA) or designing a plan of action for a training programme.
- (viii) **Case studies-** This method is used to understand the real situation of the field. Participants can involved himself with the situation and analyse the cause and consequences of any events. In case of child health or maternal any incidents happened what are the factors involved inthis incident who is responsible and what are the roles and responsibility of any individual to avoide such incident can be understand through case studies.
- (ix) **Simulations-** A training simulation is a virtual medium through which various types of skills can be acquired. Training simulations can be used in a wide variety of genres; however they are most commonly used in corporate situations to improve business awareness and management skills. They are also common in academic environments as an integrated part of a business or management course. Simulation is an exercise to be conducted to understand the practical aspects of the theory. During simulation participants are to be involved and played the role of particular actors who is supposed to responsible for such





situation take appropriate action decisions and performe the particular skills with expected attitudes. .

(x) **Videos and films**-To understand the situation live shows can be presented through videos and films. Training films are very use in developing attitude and behavior change of particular person. Use of videos and films in training is to

- ❖ Reinforces reading and lecture material
- ❖ Aids in the development of a common base of knowledge among students
- ❖ Enhances student comprehension and discussion
- ❖ Provides greater accommodation of diverse learning styles
- ❖ Increases student motivation and enthusiasm
- ❖ Promotes teacher effectiveness

(xi) **Hands on practices**

Purpose of any training is to provide skill upgradation for which hands on practice most important method of trainings. This can be done only at hospital sites or skill labs.

(xii) **Field practical**

The overall goal of the Field practical is to get the field experience, to deepen theoretical knowledge, to bring the theory to life (apply the knowledge, concepts and skills in a real working environment). Like during RI training for MO visit of MCHN day.



## TEN COMMANDMENTS for Trainers

1. Share learning with the trainees, rather than imparting knowledge to them.
2. Be creative yourself and also encourage the trainees to be creative.
3. Supplement your talk by suitable illustrations with a view to make your presentations more interesting by using different types of visuals like pictures, drawings, a flannel board, flash cards, models, samples.
4. Start the talk by inculcating in the trainees an interest in the subject matter being covered and end up by creating a curiosity to learn more about the topic in future.
5. Make maximum use of two-way communication by inviting comments and queries from the trainees and sharing your views with them.
6. Remember, the job of a trainer in ToT is not only to build a potential cadre of trainers for preparing functionaries for different development activities, but also to inspire, encourage and enthuse them to be the facilitators of a self-sustaining growth process through participatory approach.
7. Assess the impact of your role as a committed and competent trainer and do it as objectively as you can. This can be done by constant monitoring of the extent to which the trainees have been receptive, responsive and reinforced by the information input provided to them.
8. Equip yourself with knowledge of recent developments in the materials and methods of training skills. This can be done by keeping yourself in touch with the latest literature and widening your knowledge by frequent interactions with those who have earned a 'status' of a successful professional in the field of training.
9. Inculcate a sense of ideal role performance while facilitating ToT. The success of such efforts can be judged in terms of someone of your trainees following your example while himself/herself practicing the same principle as a trainer.
10. Finally, continue to think and act on developing new tools and techniques which may further enrich the exciting area of training. For this one needs not necessarily be highly educated or enormously resourceful, as some of the most valuable inventions have been made by persons and professionals of a very modest background. By doing this you will not only share an experience of excitement and achievement, but also a feeling of pride and privilege.



## **THE TRAINER AND HIS/HER ROLE**

### **The Trainer and his/her Tasks**

The trainer occupies a pivotal place in the whole process of training. He/she has multifarious roles to play during various phases of a training programme. The success of a trainer depends on his/her versatility in taking on a number of roles. Some of the Basic Requirements for a Successful Trainer

- A Desire to take up the Job
- Knowledge of the Subject Matter
- Basic Understanding of Human Behaviour
- Knowing the Learners, their Background and Training Needs
- Knowing Psychological Traits of the Learners
- Positive and Productive Learning Experience
- Creating Trainee Readiness to Learn
- Linking Training and Extension Activities at the Field Level
- Seeking Co-ordination from Related Agencies
- Multi-dimensional Skills

### **Supplementary Role of Trainers**

- Initiative
- Organizational Ability
- Problem Solving Ability
- Judgments
- Self-improvement
- Reliability
- Public speaking



## **QUALITY ASSURANCE in PUBLIC HEALTH FACILITIES**

### **Session- Quality Assurance in Public Health Facilities**

#### **Sessions Objective-**

1. To orient the participants about quality assurance in Public health Facilities
2. To gain knowledge, skills and attitude towards achieving quality benchmarks in the institutions as per various standards and norms including
  - a) IPHS under NHM
  - b) NABH and NABL accreditation process
  - c) Kayakalp karykram
3. Infection Control

#### **Contents-**

- Quality assurance under NHM,
- Various standards and guidelines for quality control in health facilities ,
- Kayakalp program under NHM ,
- IPHS, NABH and NABL accreditation process
- Infection control

#### **Methodology**

Group Exercise, Presentation, Brain storming

**Duration** -1.30 Hours

### Note for Trainers

Session may be divided into two parts

- Quality control process , guidelines , standards and various masures
- Infection control in Public health facilities

Session should be begin with discussions on need of assuring quality of services at public health facilities

- Participants may be asked following questions
  - ❖ What is quality?
  - ❖ Key indicators of quality
  - ❖ Quality control process
  - ❖ Role of various stakeholders in ensureing quality at public health facilities
  - ❖ Infection control

#### Activity -1

Facilitator should develop the PPTs of Quality assurance process also NABH and IPHS standard and accreditation process.

After presentation Role play can be performed to understand the functioning of a Public health facility and status of quality and key indicators of quality

After role play discussion may be held on each component

Demonstration on IP practices may be conducted and discussions may be held.

#### Activity-2

Second part of session may be covered through a presentation covering all aspects of quality of care in health facilities.

At last 10 minutes may be kept for discussion on questions of participants may have.

## **QUALITY ASSURANCE in PUBLIC HEALTH FACILITIES**

Quality is a set of attributes of a service, totality of features and characteristics of a service that bears on its ability to satisfy given needs. Quality of Care is the degree to which health services for individuals and populations increase the likelihood of desired outcomes and are consistent with current professional knowledge.

### **Quality has two perspectives –**

1. Client's Perspective
2. Provider's perspective

**Client's Perspective** - Services and activities that meet the needs of clients in achieving their expectations and outcomes

**Provider's Perspective** - Services and activities that meet the needs of clients, WHICH ARE MEDICALLY safe and professionally ethical, and are accessible and acceptable to all.

### **Components of Health Quality**

1. **Technical Quality** – Technical Quality refers to adherence to clinical protocols, infection control and emergency response.
2. **Service Quality** – Quality of Services refers to prompt service delivery, courteous behavior of staff, hygiene & cleanliness, and privacy and dignity.

### **Approaches to Quality**

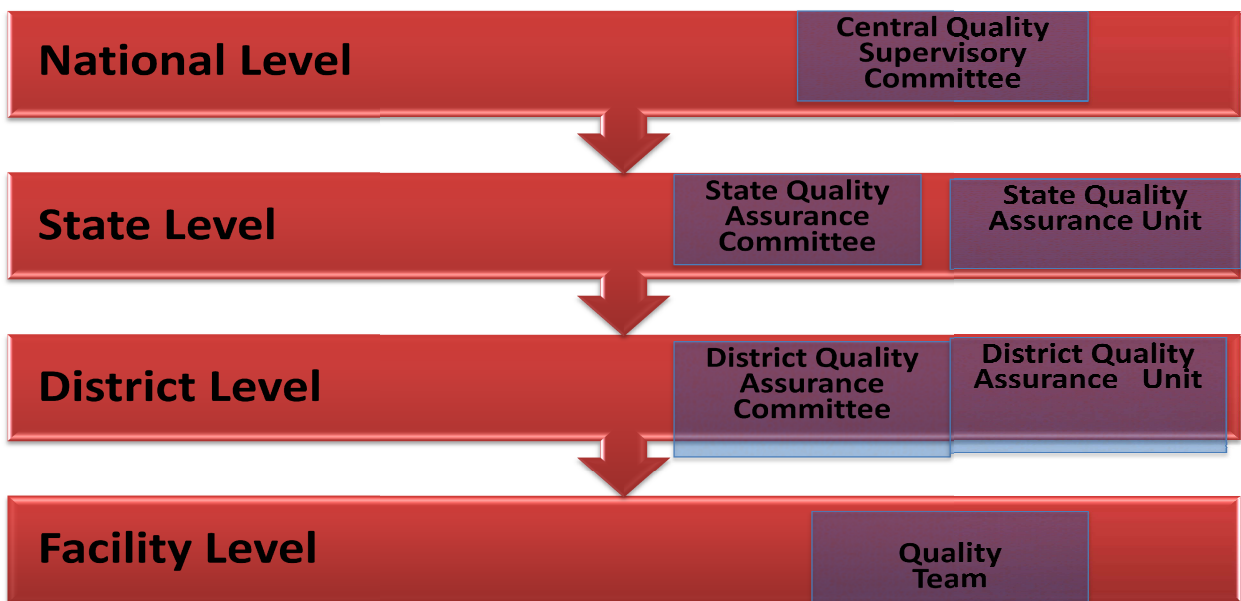




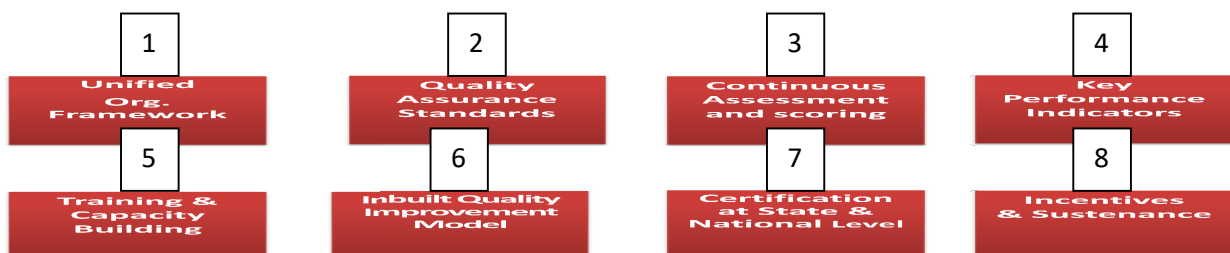
### Brief History of Quality Assurance in NHM

<b>2005</b>	NRHM Launched Supreme court judgment leading to QAC for Family Planning
<b>2007</b>	Indian Public Health Standard were launched for <b>District Hospital</b> , Sub District Hospitals, PHC, CHC and Sub centers
<b>2008</b>	Taken 8 District Hospitals in EAG state for implementing Quality Management System
<b>2011</b>	Spread of certification program ISO-NABH
<b>2012</b>	74 Facilities get ISO Certification , 15 NABH Review of Currently going accreditation process
<b>2013</b>	Consultation for National Quality Assurance Standards started. Operational Guidelines launched
<b>2014</b>	Guidelines for PHC & CHCs, National Quality Convention Priority area for NHM

### Quality Assurance Institutional Structure



### Key Features of QA Programme





## Constitution of various committees

### A. State Quality Assurance Unit

SQAU is the working arm under SQAC.

#### Composition:

- a. Additional/ Joint Director (FW)/Deputy Director (FW) / Equivalent, designated by the state government as the nodal officer for the Quality Assurance (QA) Unit (Member Secretary - SQAC).
- b. State Nodal Officers of Programme Divisions;
- c. State Consultant (Quality Assurance)
- d. State Consultant(Public health)
- e. State Consultant (Quality Monitoring)
- f. Administrative-cum-Programme Assistant

### B. State Family Planning Indemnity Subcommittee

- a. Mission Director –NRHM (Chairperson).
- b. Director Family Welfare/Director Health Services/Director Public Health Equivalent (Convener).
- c. Additional/Joint Director (FW)/Deputy Director (FW)/Equivalent (Member Secretary).
- d. Empanelled Gynaecologist (from public institutions).
- e. Empanelled Surgeon (from public institutions).

### C. District Quality Assurance Unit

DQAU is the working arm under DQAC that will be responsible for undertaking various activities as per the ToRs of the committee and also entrusted to them from time to time by the DQA Committee.

#### Composition:

- a. District Family Welfare Officer/RCHO/ ACMO/ equivalent (Head of DQAU)
- b. One Clinician (Surgical/ Medical/ any other speciality)
- c. District Consultant (Quality Assurance)
- d. District Consultant (Public Health)
- e. District Consultant (Quality Monitoring)
- f. Administrative cum Programme Assistant

#### Functions:

- a. Dissemination of QA policy and guidelines:
- b. Ensuring Standards for Quality of Care





- c. Review, report and process compensation claims
- d. Capacity building of DQAU and DQT
- e. Monitoring QA efforts in the district
- f. Periodic Review of the progress of QA activities
- g. Supporting QI Process
- h. Co-ordination with State & Reporting

**D. District Family Planning Indemnity Subcommittee**

- a. District Collector, (Chairperson)
- b. Chief Medical Officer/District Health Officer (convener)
- c. District Family Welfare Officer/RCHO/ ACMO/ equivalent (member secretary)
- d. Empanelled gynaecologist (from public institutions)
- e. Empanelled surgeon(from public institutions)

**E. Quality Team (District Hospital)**

- a. I/C Hospital/Medical Superintendent: Chairperson
- b. I/C Operation Theatre/Anaesthesia I/C, Surgeon
- c. I/C Obstetrics and Gynaecology
- d. I/C Lab services (Microbiologist/ Pathologist) : for enforcing IMEP & BMW protocols
- e. I/C Nursing
- f. I/C Ancillary Services
- g. I/C Transport
- h. I/C Stores
- i. I/C Records
- j. Hospital Manager



## Area of Concerns and standards

Area of Concern - A: Service Provision	
Standard A1	The facility provides Curative Services
Standard A2	The facility provides RMNCHA Services
Standard A3	The facility Provides diagnostic Services
Standard A4	The facility provides services as mandated in national Health Programmes/State Scheme.
Standard A5	The facility provides support services
Standard A6	Health services provided at the facility are appropriate to community needs.
Area of Concern - B: Patient Rights	
Standard B1	The facility provides the information to care seekers, attendants & community about the available services and their modalities.
Standard B2	Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barriers on account of physical economic, cultural or social reasons.
Standard B3	The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information.
Standard B4	The facility has defined and established procedures for informing patients about the medical condition, and involving them in treatment planning, and facilitates informed decision making.
Standard B5	The facility ensures that there are no financial barriers to access, and that there is financial protection given from the cost of hospital services.

### Area of Concern - C: Inputs

Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms.
Standard C2	The facility ensures the physical safety of the infrastructure.
Standard C3	The facility has established Programme for fire safety and other disaster.
Standard C4	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load.
Standard C5	The facility provides drugs and consumables required for assured services.
Standard C6	The facility has equipment & instruments required for assured list of services.

### Area of Concern - D: Support Services

Standard D1	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas.
Standard D3	The facility provides safe, secure and comfortable environment to staff, patients and visitors.
Standard D4	The facility has established Programme for maintenance and upkeep of the facility.
Standard D5	The facility ensures 24 X 7 water and power backup as per requirement of service delivery, and support services norms.
Standard D6	Dietary services are available as per service provision and nutritional requirement of the patients.
Standard D7	The facility ensures clean linen to the patients.
Standard D8	The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability.
Standard D9	Hospital has defined and established procedures for Financial Management.
Standard D10	The facility is compliant with all statutory and regulatory requirement imposed by local, state or central government.
Standard D11	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.
Standard D12	The facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations.

### Area of Concern - E: Clinical Services

Standard E1	The facility has defined procedures for registration, consultation and admission of patients.
Standard E2	The facility has defined and established procedures for clinical assessment and reassessment of the patients.
Standard E3	The facility has defined and established procedures for continuity of care of patient and referral.
Standard E4	The facility has defined and established procedures for nursing care.
Standard E5	The facility has a procedure to identify high risk and vulnerable patients.
Standard E6	The facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.
Standard E7	The facility has defined procedures for safe drug administration.
Standard E8	The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage.



Standard E5	The facility has a procedure to identify high risk and vulnerable patients.
Standard E6	The facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.
Standard E7	The facility has defined procedures for safe drug administration.
Standard E8	The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage.





Standard E9	The facility has defined and established procedures for discharge of patient.
Standard E10	The facility has defined and established procedures for intensive care.
Standard E11	The facility has defined and established procedures for Emergency Services and Disaster Management.
Standard E12	The facility has defined and established procedures of diagnostic services.
Standard E13	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.
Standard E14	The facility has established procedures for Anaesthetic Services.
Standard E15	The facility has defined and established procedures of Operation theatre services.
Standard E16	The facility has defined and established procedures for end of life care and death.

### Maternal & Child Health Services

Standard E17	The facility has established procedures for Antenatal care as per guidelines.
Standard E18	The facility has established procedures for Intranatal care as per guidelines .
Standard E19	The facility has established procedures for postnatal care as per guidelines .
Standard E20	The facility has established procedures for care of new born, infant and child as per guidelines.
Standard E21	The facility has established procedures for abortion and family planning as per government guidelines and law.
Standard E22	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines.

### National Health Programmes

Standard E23	The facility provides National health Programme as per operational/Clinical Guidelines.
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### Area of Concern - F: Infection Control

Standard F1	The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection.
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices and antiseptics.
Standard F3	The facility ensures standard practices and materials for Personal protection.
Standard F4	The facility has standard procedures for processing of equipment and instruments.
Standard F5	Physical layout and environmental control of the patient care areas ensures infection prevention.
Standard F6	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.

### Area of Concern - G: Quality Management

Standard G1	The facility has established organizational framework for quality improvement.
Standard G2	The facility has established system for patient and employee satisfaction.
Standard G3	The facility has established internal and external quality assurance Programmes wherever it is critical to quality.
Standard G4	The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.
Standard G5	The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages



Standard G3	The facility has established internal and external quality assurance Programmes wherever it is critical to quality.
Standard G4	The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.
Standard G5	The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages
Standard G6	The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit.
Standard G7	The facility has defined and established Quality Policy & Quality Objectives.
Standard G8	The facility seeks continually improvement by practicing Quality method and tools.

#### **Area of Concern -H: Outcome Indicator**

Standard H1	The facility measures Productivity Indicators and ensures compliance with State/ National benchmarks.
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark.
Standard H3	The facility measures Clinical Care & Safety Indicators and tries to reach State/ National benchmark.
Standard H4	The facility measures Service Quality Indicators and endeavours to reach State/ National benchmark.



## **Kayakalp - Swachhta Guidelines for Public Health Facilities**

### **Introduction:**

The Prime Minister of India introduced the Swachh Bharat Abhiyan on 2nd of October, 2014 to promote cleanliness in public space. Cleanliness and hygiene are good for healthy living, but it becomes a need when we talk about health care facilities. Cleanliness not only prevents the spread of infection but also provides the patients and the visitors a positive experience.

Ministry of Health And Family Welfare, Government of India, has launched a national initiative on 15th of May, 2015 to promote cleanliness and enhance the quality of public health facilities. The purpose of this initiative is to appreciate and recognise their effort to create a healthy environment. The name of this initiative is "KAYAKALP". Swachhta guidelines for health facilities along with this initiative have also been issued.

### **Objectives:**

The objective of the award scheme is as follows:

- To promote cleanliness, hygiene and Infection Control Practices in public Health Care Facilities.
- To incentivize and recognize such public healthcare facilities that show exemplary performance in adhering to standard protocols of cleanliness and infection control.
- To inculcate a culture of ongoing assessment and peer review of performance related to hygiene, cleanliness and sanitation.
- To create and share sustainable practices related to improved cleanliness in public health facilities linked to positive health outcomes.

### **Categories:**

The awards would be categorised as follow:

- Best two District Hospitals in each state (Best District hospital in small states).
- Best two Community Health Centres/Sub District Hospitals (limited to one in small states).
- One Primary Health Centre in every district.

### **Parameters:**

The parameters on which the performance of the facility would be judged are as follows:

1. Hospital/Facility Upkeep
2. Sanitation and hygiene
3. Waste Management



4. Infection control
5. Support Services
6. Hygiene Promotion

**Criteria for application to the Awards Scheme:**

Following are the prerequisites for applying for an award:

1. Constituted a Cleanliness and Infection Control Committee.
2. Instituted a mechanism of periodic internal assessment/peer assessment based on defined criteria
3. Achieved at least 70% score in the criteria during the peer assessment process

Level of Facility	Ranked Award	Certificate of Commendation
District Hospital	1 <sup>st</sup> – Rs. 50 Lakhs 2 <sup>nd</sup> – Rs. 20 Lakhs	Rs. 3 Lakh
CHC & SDH	1st - Rs 15 Lakhs 2nd - Rs 10 Lakhs	Rs 1 Lakhs
PHC	Winner - Rs 2 lakhs	Rs 50,000





## **National Accreditation Board for Hospitals & Healthcare Providers**

NABH is an acronym for National Accreditation Board for Hospitals & Healthcare Providers is a constituent board of Quality Council of India, set up to establish and operate accreditation programme for healthcare organizations. NABH was established in year 2006.

### **Overview**

Organizations like the Quality Council of India (QCI) and its National Accreditation Board for Hospitals and Healthcare providers have designed an exhaustive healthcare standard for hospitals and healthcare providers. This standard consists of stringent 600 plus objective elements for the hospital to achieve in order to get the NABH accreditation. These standards are divided between patient centered standards and organization centered standards.

To comply with these standard elements, the hospital will need to have a process-driven approach in all aspects of hospital activities – from registration, admission, pre-surgery, peri-surgery and post-surgery protocols, discharge from the hospital to follow-up with the hospital after discharge. Not only the clinical aspects but the governance aspects are to process driven based on clear and transparent policies and protocols. In a nutshell NABH aims at streamlining the entire operations of a hospital.

NABH is equivalent to JCI and other International standards including HAS: Haute Autorite de Sante, Australian Council on Healthcare Standards, the Japan Council for Quality in Health Care, and the National Committee for Quality Assurance in the United States. Its standards have been accredited by ISQUA the apex body accrediting the accreditators hence making NABH accreditation at par with the world's most leading hospital accreditations Medication Errors can be avoided at the point of care within the hospitals; prescription points like OPs and drug dispensing points like pharmacies and nursing stations by the use of reliable and updated drug information, e.g., MedCLIK.

The official website of QCI should be referred for application and implementation of Healthcare standards. The Quality Council of India works under the guidance of Ministry of Commerce.



## **National Accreditation Board for Testing and Calibration Laboratories**

### **About NABL**

NABL accredit recognition of the technical competence of a testing, calibration or medical laboratory for a specific task following ISO/IEC 17025:2005, ISO 15189:2007 Standards. It is associated with Asia Pacific Laboratory Accreditation Corporation (APLAC), Mutual Recognition Arrangement (MRA), and International Laboratory Accreditation Cooperation (ILAC)

### **Benefits of Accreditation**

NABL is a signatory to ILAC Arrangements as well as APLAC Mutual Recognition Arrangements (MRA), based on mutual evaluation and acceptance of other MRA Partner laboratory accreditation systems. Such international arrangements facilitate acceptance of test / calibration results between countries to which MRA partners represent.

This developing system of international mutual recognition agreements between accreditation bodies has enabled accredited laboratories to achieve a form of international recognition, and allowed test data accompanying exported goods to be readily accepted on overseas markets amongst the countries which have already qualified as significant to ILAC Arrangements. This effectively reduces costs for both the exporters and the importers, as it reduces or eliminates the need for products to be re-tested in another country.

### **Proficiency Testing**

It is about assessing and determining the reliability of data that they are producing against their testing. The tool of Inter-Laboratory comparison is used to determine the proficiency of testing. All Accredited Laboratories have to successfully participate in at least one inter-laboratory comparison.

All accredited laboratory have to follow ISO/IEC 17025 to maintain quality management system in testing and calibration.

Measurement audits are also undertaken. NABL also undertake proficiency testing programme for its accredited as well as applicant laboratories.

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# INFECTION CONTROL

## 1. Introduction

**Infection control** is the discipline concerned with preventing nosocomial or healthcare-associated infection, a practical (rather than academic) sub-discipline of epidemiology. It is an essential, though often under-recognized and under-supported, part of the infrastructure of health care. Infection control and hospital epidemiology are akin to public health practice, practiced within the confines of a particular health-care delivery system rather than directed at society as a whole.

Infection control addresses factors related to the spread of infections within the healthcare setting (*whether patient-to-patient, from patients to staff and from staff to patients, or among-staff*), including prevention (via hand hygiene/hand washing, cleaning/disinfection/sterilization, vaccination, surveillance), monitoring/investigation of demonstrated or suspected spread of infection within a particular health-care setting (surveillance and outbreak investigation), and management (interruption of outbreaks). It is on this basis that the common title being adopted within health care is "infection prevention and control."

A huge gap still exists between the knowledge accumulated over the past decades and implementation of infection control practices. This gap is even deeper in poor-resource settings with devastating consequences. **Breaches in infection control measures undermine every advance and investment in health care.**

## 2. Severe consequences of poor infection prevention and control practices

Following are the facts published in India+ Medcaltimes on September 22, 2011 – **'Hospital-acquired infections high in India: Study'** –

Research on hospital infections in India reveals several concerning trends. In Indian ICUs, the rate of vancomycin-resistant enterococcus (VRE), a dangerous hospital infection, is five times the rate in the rest of the world. Rates of methicillin-resistant *Staphylococcus aureus* in Indian ICUs are also high, with one study finding over 80 per cent of *S. aureus* samples testing positive for resistance to methicillin and closely related antibiotics.

Antibiotic resistant infections are difficult, and sometimes impossible, to treat. They lead to longer hospital stays, increased treatment costs, and in some cases, death. Approximately 190,000 neonatal deaths in India each year caused due to sepsis – a bacterial infection that overwhelms the bloodstream – over 30 per cent are attributable to antibiotic resistance – Estimates of GARP research.

A prospective study of 71 burn patients at Post Graduate Institute of Medical Education and Research (PGIMER) in Chandigarh found that up to 59 patients (83 per cent) had hospital-acquired infections: 35 per cent of pathogens isolated from wounds and blood were *S. aureus*, 24 per cent were *P. aeruginosa*, and 16 per cent were  $\beta$ -haemolytic streptococci.



Another six-month study conducted in 2001 of the intensive care units (ICUs) at All India Institute of Medical Sciences (AIIMS) in New Delhi, found that 140 of 1,253 patients (11 per cent) had 152 hospital-acquired infections, where *P. aeruginosa* made up 21 per cent of isolates, 23 per cent were *S. aureus*, 16 per cent *Klebsiella* spp., 15 per cent *Acinetobacter baumannii* and 8 per cent *Escherichia coli*. Further, a study of 493 patients in a tertiary teaching hospital in Goa also found that 103 people (21 per cent) developed 169 infections.

### **3. Importance of Infection prevention and Control**

“A large proportion of the hospital infections are easily preventable with increased hospital infection control, including stepping up hygiene practices, such as frequent hand-washing,” says Dr Ramanan Laxminarayan, Director of CDDEP and vice president for research and policy at the Public Health Foundation of India.

In most health care facilities many sick people are treated or cared for in confined spaces. This means there are many microorganisms present. Patients will come into contact with many members of staff who can potentially spread the microorganisms and infections between patients. Large amounts of waste contaminated with blood and body substances are handled and processed in health care settings increasing the risk of infection. The following medical procedures also increase the risk of infection:

- Inserting a tube into the body to drain or deliver fluids provides a pathway through which bacteria can enter
- Surgery requires cutting the skin which is one of the body's most important defenses against infection
- The over-use of antibiotics have caused the development of some drug resistant bacteria that are harder to destroy.

Controlling the spread of infections in a health care facility is, therefore, very important.

### **4. Who are responsible for Infection prevention and control?**

Every employee of a healthcare facility is responsible for who have contact with patients or items used in the care of patients must adhere to Infection Control Policies and Procedures.

Ideally, every health care facility should have a designated person or team to ensure Infection Control Policies and Procedures being followed properly.

### **5. Methods & Procedures**

There various measures that are need to be taken care by any healthcare organization in order to prevent and control infection in a healthcare set up. Those are as follows –

1. Housekeeping Protocols of Health care facility
2. Hand Hygiene
3. Use of Gloves



4. Infection Prevention through Sterilization of Instruments
5. Infection Prevention Through Healthcare Waste Management / Bio medical Waste Management

Details of above stated are as follows –

### 5.1 Housekeeping Protocols of Health care facility

#### A. Cleaning Material -

- i) **Plain detergent and water** – This is used for low-risk areas and general cleaning tasks.
- ii) **Disinfectant (0.5% chlorine)** – Disinfectants rapidly kill or inactivate infectious microorganisms during the cleaning process. Disinfectants are used to clean up spills of blood or other body fluids.
- iii) **Disinfectant** – This solution, which contains a disinfectant, detergent and water, is used for cleaning areas that may be contaminated with infectious materials such as Labor rooms, operating theatre, procedure rooms, toilets and sluice rooms
  - **The solution must contain both a disinfectant and a detergent.** Disinfectant rapidly kills/ inactive microorganisms during the cleaning process, while detergent remove dirt and organic material, which done by water or disinfectant alone.

#### B. Cleaning Schedule –

**Toilets, Latrines, and Sluice Rooms:** Should be cleaned **daily**—or more often if traffic in your facility is high using the disinfectant cleaning solution

Area	Frequency	Process
Clean walls	<b>Daily</b> (or more often, if necessary).	Wipe with a disinfectant cleaning solution
Clean counters and other surfaces	<b>Daily</b> (or more often, if necessary).	Wipe with a cloth saturated with a disinfectant cleaning solution
Clean floors	<b>Daily</b> (or more often, if necessary).	Use a mop and a disinfectant cleaning solution
Clean sinks and toilets/latrines	<b>Daily</b> (or more often, if necessary)	Scrub with a disinfectant cleaning solution and rinse with clean water each day
Empty waste containers	<b>Daily</b> or more often, if necessary)	
Clean waste containers	<b>Daily</b> (or more often, if necessary)	Scrub to remove soil or organic material with a disinfectant cleaning solution
Clean ceilings	<b>Weekly</b> (or more often, if necessary)	Wipe with a disinfectant cleaning solution

**Client-care areas: Labour Rooms, operating theaters, procedure rooms, laboratories areas**

<b>Every Morning</b>	<ul style="list-style-type: none"> <li>→ Prepare fresh disinfectant Cleaning Solution</li> <li>→ Clean labour table , examination couches, chairs, trolley tops , cabinets furniture—with a cloth dampened with water,</li> <li>→ Clean labour room floors with a mop dampened with a disinfectant cleaning solution</li> <li>→ Check sharps-disposal containers and remove and replace them if they are three-quarters full</li> </ul>
<b>Between clients / deliveries</b>	<ul style="list-style-type: none"> <li>→ Clean labour table and any other potentially contaminated surfaces in Labour room with a cloth dampened with a disinfectant cleaning solution.</li> <li>→ Clean spills of blood or other body fluids with a 0.5% chlorine solution immediately.</li> <li>→ Clean visibly soiled areas of the floor, walls, or ceiling with a mop or cloth dampened with a disinfectant cleaning solution.</li> </ul>
<b>Every Evening</b>	<ul style="list-style-type: none"> <li>→ Prepare fresh disinfectant Cleaning Solution</li> <li>→ Wipe down all surfaces—labour table , examination couches, chairs, trolley tops , cabinets furniture with a cloth dampened with water solution,</li> <li>→ Clean labour room floors with a mop dampened with a disinfectant cleaning solution</li> <li>→ Check sharps-disposal containers and remove and replace them if they are three-quarters full</li> <li>→ Wash waste containers with a disinfectant cleaning solution and rinse with water.</li> </ul>
<b>Each week</b>	<ul style="list-style-type: none"> <li>→ Clean ceilings with a mop dampened with a disinfectant cleaning solution</li> </ul>

**C. Ineffective Practices** – Two ineffective housekeeping practices that are commonly in use are – Fumigation and use of UV lights. These practices are time consuming and waste lots of valuable resources.

**D. List of Essential supply**

- Utility Gloves
- Masks
- Aprons
- Caps
- Boots/Foot wear
- Dusting Clothes – Separates for client care and low risk area
- Bleaching powder/ hypochlorite solution (Liquid Bleach)
- Mops – separate for Labor room, toilets and newborn care area to prevent cross infections
- Brooms
- Scrubbing brushes
- Detergents
- Soaps
- Buckets
- Mugs
- Dustbins
- Waste lifters
- Containers to prepare and store 0.5% chlorine solution for the day
- Puncture proof disposable bags
- Cleaning Roster/ Schedule /Log

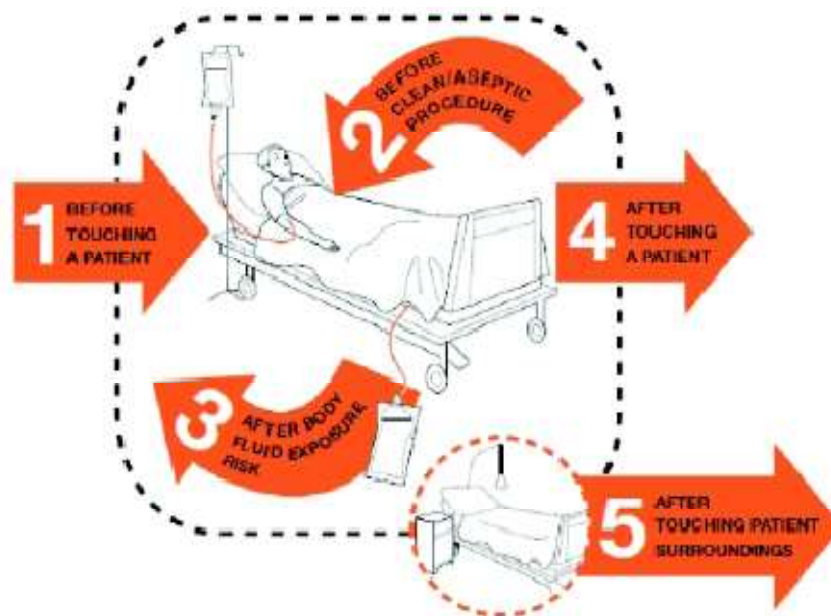


## 5.2 Hand Hygiene

Nurses, doctors and other health workers can get 100s or 100s of bacteria on their hands by doing simple tasks like, pulling patient up in bed, taking a blood pressure or pulse, touching a patient's hand, rolling patients over in bed, touching the patient's gown or bed sheet, touching equipment like bedside rails, over-bed tables, IV pumps.

In order to protect the patient against harmful pathogens carried on your hands of present on patient's skin maintaining hand hygiene is of utmost important. Maintaining proper hand hygiene also protect the staff themselves from harmful pathogens.

# Your 5 Moments for Hand Hygiene



















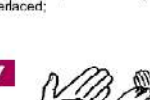
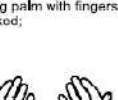



There are two ways of hand wash. 1. Hand hygiene with alcohol based hand rub and 2. Hand washing with soap and running water.

1. **Hand hygiene with alcohol based hand rub** – Use of an alcohol-based hand rub is the preferred hand hygiene method when hands are soiled. If an alcohol based hand rub is unavailable, wash hands with soap and running water.

Appropriate times for staff to use alcohol-based hand rub	
<ul style="list-style-type: none"> <li>• Immediately when arriving at work</li> <li>• Before and after examining each client</li> <li>• After touching anything that might be contaminated</li> <li>• After contact with body fluids or excretions, mucous membranes, non-intact skin, or wound dressings</li> <li>• After handling specimens</li> </ul>	<ul style="list-style-type: none"> <li>• Before putting on gloves for clinical procedures</li> <li>• After removing any type of glove</li> <li>• Before handling an invasive device or doing an invasive procedure (inserting a urinary catheter, giving injectable, etc.)</li> <li>• Before leaving work</li> </ul>

**2. Hand washing with soap (plain or anti microbial) & running water** – Wash hands with soap and running water with they are visibly dirty or soiled with blood or other body fluids (e.g. urine, feces), when they are contaminated with proteinaceous material (e.g. mucus), or after used toilets or all appropriate times for alcohol based rub if it is not available.

- **A bucket with tap that can be turned off and on.**
- **Bucket and pithcher ( one person pours water over others)**




Hand Hygiene with Soap and Water			Hand Hygiene with Alcohol-Based Handrub		
Duration of the entire procedure: 40-60 seconds			Duration of the entire procedure: 20-30 seconds		
<p><b>1</b></p>  <p>Wet hands with water.</p>	<p><b>2</b></p>  <p>Apply enough soap to cover all hand surfaces;</p>	<p><b>3</b></p>  <p>Rub hands palm to palm;</p>	<p><b>1a</b></p>  <p>Apply a palmful of the product in a cupped hand, covering all surfaces;</p>	<p><b>1b</b></p>  <p>Rub hands palm to palm;</p>	<p><b>2</b></p>  <p>Rub hands palm to palm;</p>
<p><b>4</b></p>  <p>Rub right palm over back of left hand with interlaced fingers and vice versa;</p>	<p><b>5</b></p>  <p>Rub palm to palm with fingers interlaced;</p>	<p><b>6</b></p>  <p>Rub backs of fingers to opposing palm with fingers interlocked;</p>	<p><b>3</b></p>  <p>Rub right palm over back of left hand with interlaced fingers and vice versa;</p>	<p><b>4</b></p>  <p>Rub palm to palm with fingers interlaced;</p>	<p><b>5</b></p>  <p>Rub backs of fingers to opposing palm with fingers interlocked;</p>
<p><b>7</b></p>  <p>Rotating, rub left thumb clasped in right palm and vice versa;</p>	<p><b>8</b></p>  <p>Rotating, rub backwards and forwards with clasped fingers of right hand in left palm and vice versa;</p>	<p><b>9</b></p>  <p>Rinse hands with water;</p>	<p><b>6</b></p>  <p>Rotating, rub left thumb clasped in right palm and vice versa;</p>	<p><b>7</b></p>  <p>Rotating, rub backwards and forwards with clasped fingers of right hand in left palm and vice versa;</p>	<p><b>8</b></p>  <p>Once dry, your hands are safe.</p>
<p><b>10</b></p>  <p>Dry hands thoroughly with a single-use towel or allow them to air-dry;</p>	<p><b>11</b></p>  <p>Use towel to turn off faucet;</p>	<p><b>12</b></p>  <p>Your hands are now safe.</p>	<p><b>Note :</b> Hands should remain wet from the alcohol handrub product through Step 7, necessary, apply more handrub.</p>		

### 5.3 Use of Gloves

Gloves protect both clients and staff by acting as a barrier against infectious microorganisms. There are three kinds of gloves – i) Sterile gloves, ii) Single-use exam gloves and iii) Utility or heavy-duty households gloves.

- i) Sterile Gloves** are used when there will be contact with the bloodstream or with tissues under the skin ( for example surgical procedures, pelvic examination for women in labor, etc.). These gloves should be discarded after one use and same pairs of gloves cannot be used to care for more than one patient.
- ii) Single-use exam gloves** are gloves which are clean but not sterile. The gloves are use when there will be contact with intact mucous membranes or where the primary purpose of gloving is to reduce the provider's risk.
- iii) Utility of heavy-duty household gloves** are thick gloves prevents exposure due to niddle punctures, sharps, instruments. These gloves are used for handling contaminated items, handling medical or chemical waste, and performing housekeeping activities. These gloves should be available to all the cleaning and household staff at delivery point.



Situations requiring various types of gloves	
Type of glove indicated	Situations
<p><b>STERILE GLOVES</b></p> 	<p>When there will be contact with the bloodstream or with tissue under the skin. For example:</p> <ul style="list-style-type: none"> <li>→ All surgical procedures</li> <li>→ Vaginal delivery (<i>Note: Sterile gloves should be used for vaginal delivery because of the increased risk of infection once the membranes have ruptured.</i>)</li> <li>→ Invasive procedures (e.g., cannula insertion etc.)</li> <li>→ Preparation of IV drips,</li> <li>→ Inserting IUCDs</li> <li>→ Tying of umbilical cord, newborn resuscitation</li> </ul>
<p><b>SINGLE USE EXAMINATION GLOVES</b></p> 	<p>When contact with blood or other body fluids is possible or when there will be contact with potentially infectious material, such as mucous membranes, non-intact skin, tissue specimens, etc. For example:</p> <ul style="list-style-type: none"> <li>→ Inserting or removing intravenous (IV) catheters</li> <li>→ Drawing blood</li> <li>→ Changing dressings</li> <li>→ Conducting pelvic and vaginal examinations</li> <li>→ Suctioning, non-closed systems of endotracheal tubes</li> <li>→ Handling laboratory specimens</li> </ul>
<p><b>UTILITY GLOVES</b></p> 	<p>During instrument processing, housekeeping activities or disposal of waste, when contact with blood, body fluids, or other potentially infectious material is possible. For example:</p> <ul style="list-style-type: none"> <li>→ Handling/cleaning used instruments</li> <li>→ Handling and disposing of medical wastes</li> <li>→ Cleaning up spills of blood or other body fluids</li> <li>→ Handling used linens</li> <li>→ Emptying emesis basins</li> </ul>

**Steps of Putting on Sterile Gloves**



**1** Prepare a large, clean, dry area for opening the package of gloves. Either open the outer glove package and then cleanse your hands, or practice hand hygiene and ask someone else to open the package of gloves for you.

**2** Open the inner glove wrapper, exposing the cuffed gloves with the palm up.

**3** Pick up the first glove by the cuff, touching only the inside portion of the cuff (the inside is the side that will be touching your skin when the glove is on).

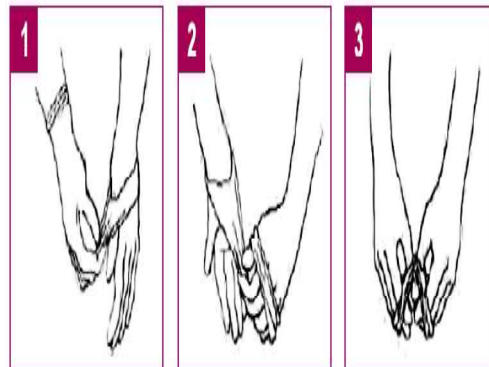


**4** While holding the cuff in one hand, slip your other hand into the glove. (Pointing the fingers of the glove toward the floor will keep the fingers open.) Be careful not to touch anything, and hold the gloves above your waist.

**5** Pick up the second glove by sliding the fingers of the gloved hand under the cuff of the second glove. Be careful not to contaminate the gloved hand with the ungloved hand as the second glove is being put on.

**6** Put the second glove on the ungloved hand by maintaining a steady pull through the cuff. Adjust the glove fingers and cuffs until the gloves fit comfortably.

**Steps of Putting Sterile Gloves**



**1** Grasp one glove near the cuff and pull it partway off. The glove will turn inside out. Keep the first glove partially on before removing the second one to protect you from touching outside of a glove with your bare hand.

**2** Leaving the first glove over your fingers, grasp the second glove near the cuff and pull it partway off. Keep the second glove partially on.

**3** Pull off the two gloves at the same time, being careful to touch only the inside surface of the gloves with your bare hand.



## 5.4 Infection Prevention through Sterilization of Instruments

There are four major steps involved in instrument processing cycle – i) Decontamination, ii) Cleaning, iii) Sterilization and iv) Storage and use.

- i) **Decontamination** – Decontamination kills viruses (such as hepatitis B, HIV etc.) and many microorganisms, making items safer to handle by the staff that performs cleaning and further processing. It also makes items easier to clean by preventing blood, other body fluids, and tissue from drying on them.

### Steps of decontamination

- Immediately after use of instrument, decontaminate instruments and other items by placing them in a plastic container of 0.5% chlorine solution.
- Let them soak in 10 minutes.
- After 10 minutes, remove the items from the chlorine solution and either rinse it with water or clean immediately.

- ii) **Cleaning** – Cleaning refers to scrubbing with a brush, detergent and water and is a crucial step in processing. Without cleaning, further processing might not be effective.

### Steps of Cleaning

- Wear utility gloves, a mask and protective eyewear,
- Use a soft brush to scrub instruments and other items vigorously to completely remove all blood, other body fluids, tissues, and other foreign matter.
- Disassemble all the parts of instruments or other item with multiple part and scrub all the place where organic material can collect and stick.
- Rinse items thoroughly with clean running water to remove all detergent
- Allow items to air-dry (or dry them with clean towel).

**Note : Only use detergent for cleaning not hand soap.**

- iii) **A. Sterilization** – Sterilization kills all microorganisms and ensures that items are free of all microorganisms (bacteria. Viruses. Fungi and parasites), including bacterial endospores, that can cause infections in clients. Sterilization may be extended to high level disinfection.

### There are three types of sterilization

- Autoclaving (Steam Sterilization/ moist heat under pressure)
- Dry heat sterilization (electric Oven)
- Chemical Sterilization (Cold Sterilization)

#### iii.1 Sterilization Autoclaving –

There are two types of autoclaves manual Pressure Cooker type) and automatic electrical autoclave (recommended). Any metal instrument or forceps, rubber items, glass items and plastic items (MVA Syringes, ambu bag except reservoir bag ) can be autoclaved.

**iii.2 Dry heat sterilization** – Dry heat ovens are used for dry heat sterilization. Only glass and metal objects can be dry heat.

**iii.3 Chemical Sterilization - Chemical** sterilization is used for items that are heat-sensitive or when methods that require heat are unavailable. Items are sterilized by soaking them in an appropriate chemical solution (such as one containing Glutaldehyde) and rinsing them in sterile water.

**Note :** Cidex which contains Glutaldehyde, is a commonly available solution used.

**B. High Level Disinfection** – HLD eliminates bacteria, Virus, fungi, and parasites, but does **not** reliably kill all bacterial endospores, which cause diseases such as tetanus and gas gangrene. Because sterilization kills all microorganisms, including bacterial endospores. It is preferable for instruments and other items that will come in contact with the bloodstream or tissues under the skin.

**There are two methods of HLD.** I) by boiling and II) by chemical disinfectant. Boiling is the simple method of HLD that can be performed in any location that has access to clean water and a heat source. For HLD with chemical Glutaldehyde may be used.

**iv) Storage** – Items should be used or properly stored immediately after processing so that they do not become contaminated.

✦	For optimal storage, place sterile packs in closed cabinets in areas that are not heavily trafficked, have moderate temperatures, and are dry or of low humidity.
✦	Under optimal storage conditions and with minimal handling, properly wrapped items can be considered sterile as long as they remain intact and dry.
✦	Storage time and the handling of sterile packs should be kept to a minimum, since the likelihood of contamination increases over time and with increased handling.
✦	When in doubt about the sterility of a pack, consider it to be contaminated and resterilize the item before use.

## 5.5 Healthcare Waste Management –

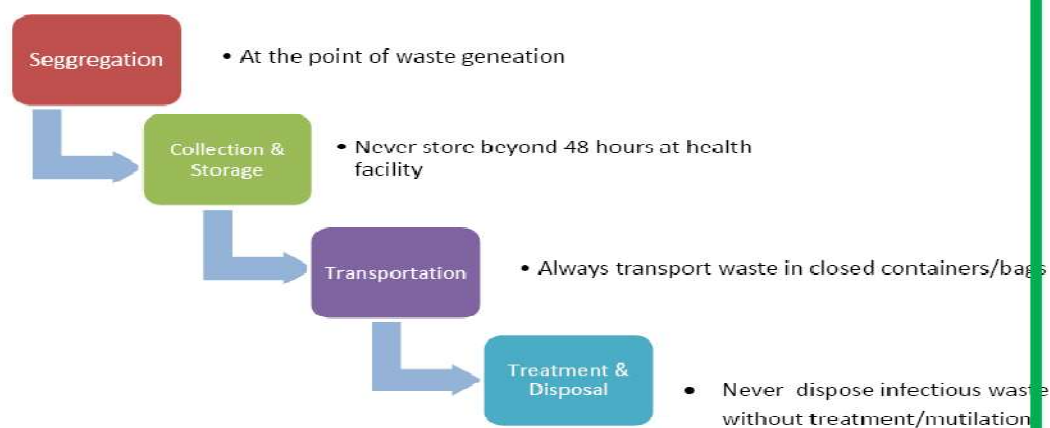
Waste generated by patient care, handling activities (direct/indirect) i.e. Diagnostic activities (therapeutic activities, as well as prophylactic activities like immunization & research etc. is called healthcare waste or bio medical waste.

Biomedical waste must be properly managed and disposed of to protect the environment, general public and workers, especially healthcare and sanitation workers who are at risk of exposure to biomedical waste as an occupational hazard. Steps in the management of biomedical waste include generation, accumulation, handling, storage, treatment, transport and disposal.

### What are the different areas and kinds of waste generated at health facilities?

S.N.	Area	Activities Performed	Types of Waste Generated
1	<b>Labour Room</b>	Child Birth (deliveries), Abortions/MTPs, PPIUCD insertion,	Placenta, other pathological tissues, blood and blood products, soiled waste, cotton swabs, cotton, syringes, needles, blades, tubing, IV sets, gloves, masks, empty blood bags, urine bags, medicine wrappers, liquid waste
2	<b>Newborn Care Corner</b>	Immediate and essential care of newborn	Tubings, IV sets, gloves, syringes and needles
3	<b>Laboratory</b>	Essential Laboratory tests including Malaria, Dengue, TB, HIV , Syphilis	Blood and body fluids, syringes and needles, gloves, slides, AFB slides chemical waste, sputum, sputum cups and liquid waste
4	<b>Injection Room</b>	Immunization and Curative injections	Syringes and needles, ampoules, vials, broken glasses and gloves
5	<b>Wards</b>	In Patient Services	Blood and body fluids, syringes and needles, slides, ampoules, vials, wine bags, broken thermometers, plaster casts, chemical waste and liquid waste
6	<b>OPD</b>	Out Patient Services	Blood and body fluids, syringes and needles, slides, ampoules, vials, chemical waste, liquid waste, broken thermometer, gloves, cotton and swab
7	<b>Blood Storage Facility</b>	Facility for blood storage	Blood and blood bags, gloves and other disposables
8	<b>Store</b>	Store services	Discarded medicine
9	<b>Kitchen</b>	Food preparation and serving services	Food waste, packaging material and other general waste

### Four Steps of Waste Management





Colored Bins	Waste Material Commonly Generated at Health Facilities
	<p><b>Infectious Plastic Waste</b> - contaminated with blood and body fluids including</p> <ul style="list-style-type: none"> <li>→ Soiled gloves,</li> <li>→ Soiled catheters,</li> <li>→ IV set tubing,</li> <li>→ Plastic syringes,</li> <li>→ Blood, urine bags,</li> <li>→ Disposable soiled masks,</li> <li>→ Soiled caps,</li> <li>→ Intact glass or plastic bottles</li> </ul> 
	<p><b>Anatomical Waste</b></p> <ul style="list-style-type: none"> <li>→ Human tissues, organs, body parts - Placenta , clots</li> </ul> <p><b>Infectious non plastic waste</b></p> <ul style="list-style-type: none"> <li>→ Blood or Body Fluid soiled items cotton, dressings, soiled plaster casts, gauze piece , pads</li> </ul> <p><b>Microbiology &amp; Biotechnology Waste</b></p> <ul style="list-style-type: none"> <li>→ Microbiology culture plates, petri dishes</li> </ul> 
	<p><b>Sharps</b> that may cause puncture and cuts.</p> <ul style="list-style-type: none"> <li>→ Needles,</li> <li>→ Scalpels,</li> <li>→ Blades, glass, glass tubing,</li> <li>→ Intravenous sets needles</li> <li>→ Broken bottles</li> <li>→ Slides</li> <li>→ Broken syringes</li> </ul> 
	<p><b>General Waste</b></p> <ul style="list-style-type: none"> <li>→ Outdated, contaminated and discarded medicines,</li> <li>→ needles syringe wrappers,</li> <li>→ cartons, papers,</li> <li>→ empty medicine wrappers, general waste</li> </ul> 
	<p><b>Food waste –</b></p> <ul style="list-style-type: none"> <li>→ vegetable peels,</li> <li>→ fruits</li> <li>→ Left over food</li> </ul> 



## Legislations in Health Sector

### **Session- Legislations in health Sector**

#### **Session Objective-**

- ❖ To acquaint the participants about various legislation includes- MTP, , PCPNDT, CPA, , RTI Act etc.
- ❖ Explain provisions and rules under the act and role of MOs in implementing the rules
- ❖ Medico legal aspects and how to conduct MLCs

#### **Contents-**

- ❖ MTP Act 1971
- ❖ PCPNDT Act 1994
- ❖ Consumer Protection Act
- ❖ RTI Act 2005

**Methodology- Quiz, PPT Presentation, Brainstorming, Discussions**

**Duration of Session – 1 Hour 30 Minutes**

### Note for Trainers

This module on Health legislation required at least 4 sessions each session one Act can be covered like for MTP one session, for PC-PNDT one session

CoTPA, Consumer protection Act and Drug and Cosmetics Act can be covered in one session

#### Activity-1

- Facilitator should initiate the session by conducting a quiz...
- Facilitator should develop a questioner from the contents of session to be covered. Each of the participants need to involve in this quiz. Some incentives may be announced for the best performing participants in the form of appreciation or some chocolates or toffees

#### Activity -2

**Participants may be divided into three groups**

**TOR for group work is to be given to each group.**

Group-1 Key provisions and rules and MTP Act and Role of MOs

Group-2 Key provisions and rules and PCPNDT Act and Role of MOs

Group-3 Key provisions and rules and COTPA Act and Role of MOs

Group-4 Key provisions and rules and RTI Act and Role of MOs

Group-5 Key provisions and rules and Consumer Protection Act and Role of MOs

**After 20 minutes of group discussion each group is to present its discussion points and issues.**

#### Activity -3

- With help of PPT facilitator need to elaborate key aspects of Health legislations its provisions.
- There should scope of question answer at the end of the session. So 10 -15 minutes should be given to the participants for discussions.



## **LEGISLATIONS IN HEALTH**

### **MTP-1971**

- Salient Features of the MTP Act:
  - a) Under what conditions pregnancy can be terminated?
  - b) Who can terminate a pregnancy?
  - c) Places where pregnancy can be terminated?
- Salient Features of MTP Rules:
  - a) District Level Committee: composition and site approval process
  - b) Equipment requirement at the sites
  - c) Experience and training required by an RMP
- Salient features of MTP Regulations:
  - a) Documentation and reporting
- Penalty for violations of the MTP Act
- Comparative objectives of PCPNDT Act and MTP Act

**MTP Act:** is passed by both houses of parliament and receives assent by the President

**MTP Rules:** are made by the Central Government and passed by the parliament; notified in the official gazette

**MTP Regulations:** are made by the state government and passed by the state legislature

**Under following circumstances abortion is available on demand for women as their legal right in India**

- Continuation of pregnancy is a risk to the life of the pregnant woman or can cause grave injury to her physical or mental health
- Substantial risk that the child, if born, would be seriously handicapped due to physical or mental abnormalities
- The pregnancy was caused by rape
- Pregnancy was caused due to failure of contraception in a married couple

\*Sex selection is not an indication for pregnancy termination under the law.

### **Rules regarding who can conducted MTP**

Only a Registered Medical Practitioner (RMP) under the MTP Act can terminate pregnancy. He/she should:

- Possess a recognized medical qualification as defined in the Indian Medical Council Act, 1956
- Have her/his name entered in the state medical register
- Have experience or training in gynaecology and obstetrics as prescribed by the MTP Rules

### **Consent for Abortion**





- In case of a woman more than 18 years, married/unmarried, only the consent of the woman is required to terminate pregnancy
- In case of a minor (less than 18 years) or a mentally ill person, consent of a guardian is required
- Guardian means a caretaker willing to be responsible for the woman

*\*Spousal consent is not mandatory*

#### **Opinion for termination**

- For termination of pregnancy up to 12 weeks, the opinion of one RMP (Registered Medical Practitioner) is required
- For termination of pregnancy between 13-20 weeks, opinion of two RMPs is required

#### **Sites which are legally approved for Pregnancy Termination/MTP services**

- 1) Hospital established or maintained by the Government
- 2) Private site approved by the Government or a District Level Committee constituted by the Government for the purpose

#### **MTP Site Approval**

- All private sites need approval before starting abortion services
- Public sector sites do not need separate approval, provided they have the required infrastructure for it

#### **First Trimester Site**

- ✓ Gynaecology examination/labour table
- ✓ Resuscitation and sterilization equipment
- ✓ Drugs and parenteral fluids for emergency use, notified by Government of India from time to time
- ✓ Back-up facilities for treatment of shock
- ✓ Facilities for transportation

#### **Second Trimester Site**

- ✓ An operation table
- ✓ Instruments for performing abdominal or gynecological surgery
- ✓ Anesthetic equipment
- ✓ Resuscitation and sterilization equipment
- ✓ Drugs and parenteral fluids for emergency use
- ✓ Back-up facilities for treatment of shock
- ✓ Facilities for transportation

- Approval of private sites is granted at the district level by the District Level Committee (DLC)

#### **District Level Committee: Composition**

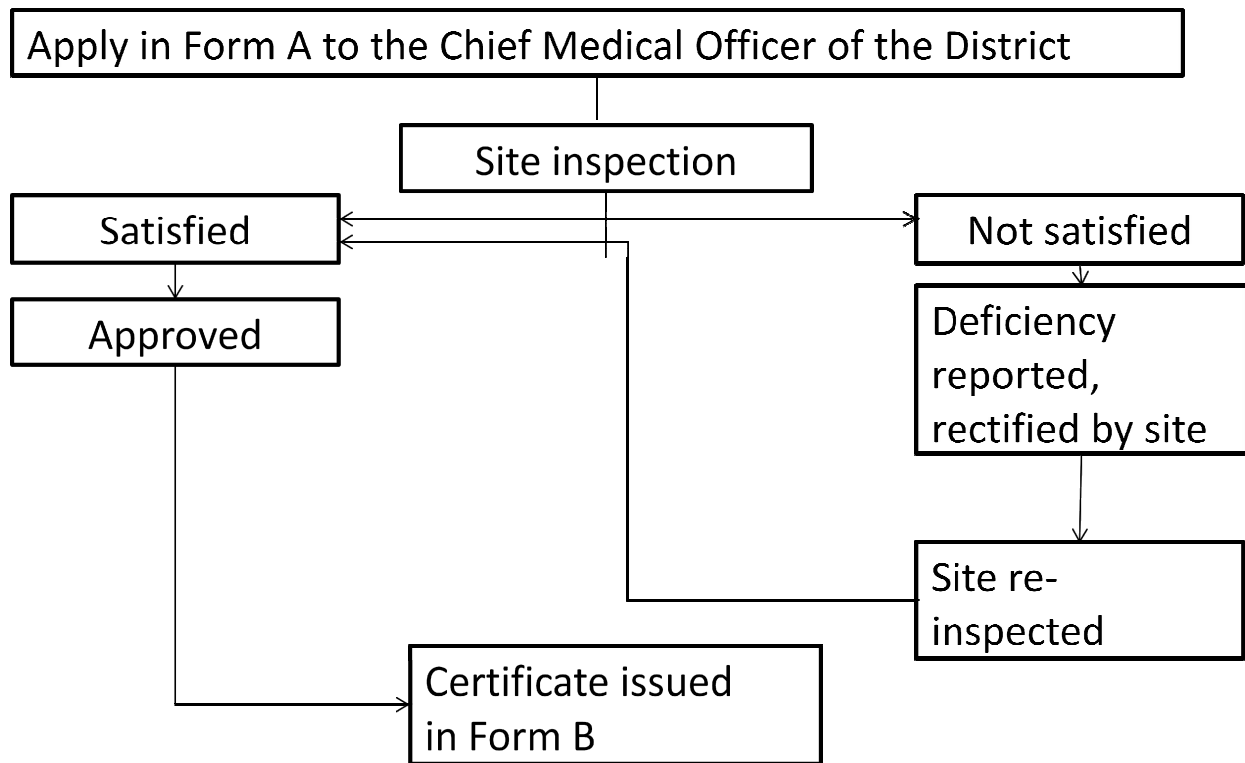
Three to five members including the Chairperson

- Chairperson: Chief Medical Officer or District Health Officer



- One member shall be a Gynecologist/Surgeon/Anesthetist
- Other members should be from the local medical profession, Non-Governmental Organization and Panchayati Raj Institution of the district
- At least one member of the committee should be a woman
- The tenure of the committee will be for two calendar years and the tenure of the NGO member will not be for more than two terms (four years)

### Private MTP Site Approval Process



### Medical Method of Abortion

**Provider's eligibility:** Only an RMP, as under the MTP Act, can prescribe MMA drugs

**Site eligibility:** Medical Methods of Abortion up to seven weeks of gestation can be provided by an RMP under the MTP Act, from an OPD clinic with established linkage to an approved site. However, a certificate to this effect by the owner of the approved site has to be displayed at the OPD clinic

All the records of pregnancy termination have to be maintained for MMA also (Consent Form, RMP Opinion Form, Admission Register and Monthly Reporting Form).

### Experience and Training Requirement

1. A practitioner who holds a post-graduate degree or diploma in Obstetrics and Gynaecology
2. A practitioner who has completed six months as House Surgeon in Obstetrics and Gynaecology



3. A practitioner who has at least one year experience in the practice of Obstetrics and Gynaecology at any hospital that has all facilities
4. A practitioner who has assisted a Registered Medical Practitioner (RMP) in 25 cases of medical termination of pregnancy of which at least five have been performed independently in a hospital established or maintained by the government or a training institute approved for this purpose (Such a practitioner can only perform first trimester pregnancy termination)

#### **Mandatory Documentation under the MTP Act**

- a) Form 'C': Consent Form
- b) Form I (Opinion Form): RMP shall certify this form within three hours from the termination of pregnancy
- c) Form II: Head of the hospital or owner of the place shall send a monthly statement of cases to the CMO of the district in this form
- d) Form III (Admission Register): An approved site shall maintain case records in Form III. This register is kept for a period of five years from the date of last entry

#### **Essential Protocols of Safe and Legal Abortion**

- It is performed by a Registered Medical Practitioner as defined under the MTP Act
- It is performed at an approved site under the Act and recorded in Form III
- Other requirements of the Act such as consent (Form C), opinion of RMP (Form I), monthly reporting (Form II) etc. are fulfilled
- The pregnancy is within the gestation limit approved by the law

*The provider will get the protective cover of this legislation only when he or she fulfills the above mentioned requirements completely.*

#### **Documentation for Other Types of Abortion**

- Types: Spontaneous, Inevitable, Incomplete and Missed: None of these come under the purview of the MTP Act.

Documentation:

- Form I not required
- Consent as taken for any other procedure and not on Form C
- Procedure not recorded in Admission Register (Form III) but in Labour (OT) Procedure
- Register

#### **Violation of the MTP Act**

The following offences can be punished with rigorous imprisonment for two to seven years:-

- Any person terminating a pregnancy who is not a registered medical practitioner as under the MTP Act
- Terminating a pregnancy at a place which is not approved
- Mandatory documentation of consent, opinion, case recording and monthly reporting are not adhered



### **Summary**

- In India, it is legal to terminate pregnancy up to 20 weeks, under special circumstances.
- Only the consent of woman (more than 18 years) is required for MTP
- For private sites: MTP site approval is done by District Level Committee
- There are different experience/training and site requirements for first and second trimester MTPs
- Documentation of the MTP procedure includes filling up the following forms: C (Consent Form); I (Opinion Form); II (Monthly Reporting Form); III (Admission Register)
- The MTP Act and the PCPNDT Act are two separate legislations. The objective of the MTP Act is to reduce unsafe abortion whereas the PCPNDT Act to check sex determination that leads to female feticide and a decline in the sex ratio

### **PCPNDT vs MTP Act**

	MTP Act	PCPNDT Act
Objective	Create a legal situation to terminate a pregnancy upto 20 weeks, on a number of therapeutic, eugenic, humanitarian or social grounds.	Improve sex ratio Check female foeticide and decline in sex ratio
Underlying reason	Wish to terminate an unintended or unwanted pregnancy	Son/gender preference in the community, low valuation of girls, increasing dowry demands
Expected outcome	Reduce unsafe abortions	Improve sex ratio



## Consumer Protection Act

In this era of globalization, where the producers' only aim at maximizing their own profit and consumer instead being a king, is an object of exploitation. Therefore, to prevent such exploitation and to give relief to consumers, Consumer Protection Act, 1986 was enacted. It is a social welfare legislation with two main objectives i.e. first, the right to be protected against the marketing of **goods and services** which are hazardous to life and property, which means to have a right to know about the quality, quantity, purity, standard and price of goods and services. Second, to provide speedy and simple redressal to the consumer disputes against unfair trade practices

On April 9, 1985, a very significant date in development of consumer policy as on this day the General Assembly for consumer protection of UN adopted a set of general guidelines for consumer protection and persuaded member's countries to adopt these guidelines through policy changes or law. few of these guidelines are:

1. Protection and promotion of consumer economic interest
2. Standards for safety and quality of consumer goods and services
3. Measures enabling consumers to obtain redress.
4. Consumer education and information programme.

Important concepts of Consumer Protection Act, 1986:-

1. **Complainant-** a complainant is one who makes complaint in consumer courts for a remedy as to defects in goods or deficiency in services. A complainant could be-

- A consumer
- Any voluntary consumer association registered under Companies Act, 1956 or Societies Registration Act, 1980 or under any law for time being in force.
- Central government
- State government
- One or more consumers, having same interests
- Legal heirs or representatives of deceased consumers.

Under this act, consumers are the real aggrieved person, but besides him other persons may also file a complaint for remedy.

2. **Complaint-** a complaint is any allegation in writing made by a complainant that-

- An unfair trade practice or a restrictive trade practice has been adopted by any trader or service provider.
- Goods bought by him/her or to be bought by him/her suffer one or more defects.



- Goods bought by him/her or to be bought by him/her suffer one or more deficiency in any respect.
- charged for goods and services, a price in excess of the-

i. price fixed by or under any law for time being in force.

ii. Price displayed on goods or any package containing such goods

iii. Price displayed on price list exhibited by him or under any law for time being in force.

iv. Price agreed between the parties.

- Goods which will be hazardous to life and safety when used, are being offered to sale to public.
- Services which are hazardous or likely to be hazardous to life and safety of public when used, are being offered by service provider which he knows to be injurious to life and safety.

The complaint under the act can be filed in person or can be sent by registered post.

3. **Consumer-** a consumer means a person who buys goods or avails services against payment. Goods include- consumable goods like wheat, sugar, salt, etc... or durable goods like television, bicycle etc... Services that are paid for include- electricity, telephone, cinema, post etc...

Beneficiary is also a consumer.

A person who purchases goods for resale or any commercial purpose is not a consumer.

A self-employed person whose livelihood depends on his business then he is a consumer. Example- auto driver.

4. **District Forum, State Commission & National Commission-** The act provides three tier approaches in resolving consumer disputes. "Consumer disputes mean a dispute where the person against whom a complaint has been made, denies or disputes the allegation contained in the complaint." There are three levels of consumer courts-

- First, there is district level court, called District Consumer Redressal Forum. (District Forum)
- At second level, State Consumer Disputes Redressal Commission. (State Commission)
- Next is at national level, there is National Consumer Disputes Redressal Commission. (National Commission)

5. **Unfair Trade Practice- some of these practices includes-**

- False representation.
- When second hand goods are sold as new.
- When products are guaranteed without proper test.
- When product price or services gain is misleading.



## **RTI Act 2005**

The freedom of information, 2002, has been replaced by the Right to information Act, 2005. The freedom of information act, 2002 was made to give freedom of every citizen to provide information under the control of public authorities, based on public interest for to promote openness, transparency and accountability in administration and other related matters. However, the National Advisory council has suggested several important changes in the law to gather more access to information.

The changes are as follows:

- (i) To build a machinery with investigating powers to challenge the decisions of the Public Information Officers (PIOs)
- (ii) Penal provision in case of failing to give correct information as per law
- (iii) Providing the constitutional provisions and effective mechanism for access to information.

In considering the above changes, the Government of India has enacted, the Right to Information Act, 2005.

### **Urgency of the Act:**

The citizens of a modern democratic country must have the right to get comprehensive information about all the policies and prescriptions formulated by the government for the economic and social welfare of the country. To make a strong healthy democratic base in an economy a well informed and enlightened citizens are necessary.

Therefore, the right to information is a natural rights for the citizens in a democratic framework. In order to make proper transparency and accountability in the government administration department, it is urgent required for all the citizen to have the right to information. Along with India, most of the other countries are adopting this particular rights for their citizens.

### **Constitutional Acceptancy:**

Under section article 19 (1) (a), the Supreme Court of India has held that rights to freedom of speech and expression includes the rights to information. According to this the right to information is implicit in the right to freedom of speech. All the citizens must have the right to get correct information in the every sphere of their life. The apex court of India has ensured this right in the case of state of Uttar Pradesh” Vs Raj Narain (1974) 4 SCC 428. It is impossible for any democratic country to stand without the right to information for its citizen.

### **History behind the Rights:**

The United Nation Organization (UN proclaimed a Universal Declaration of Human Rights in 1948. This was followed by the international covenant on civil and Political Rights. According to the article 19 of the covenant declares that – “Every one has the’ rights of freedom of opinion and expression the rights includes freedom to hold opinion without interference; and to seek, and receive and import information and ideas through any media and regardless of frontiers”.

In India the formation of law regarding rights to information got momentum in 1990s. The Law Commission of India in its 179<sup>th</sup> report first time emphasized upon the accountability and usefulness of this law in India. Hence, the law was ultimately passed and enacted as Freedom of Information Act, 2002, but never applied in reality. Therefore, as per as the recommendations made by the National





Advisory Council the law has been ultimately changed and enacted as the Right to Information Act, 2005 by the parliament and got the president's assent on 15.06.2005.

### **Scope of the Rights:**

The Right to information has been extended to all over India except, Jammu and Kashmir. All the administrative department of both the central and the state governments are under the jurisdiction of this right. For only Jammu and Kashmir, the government enacted the Jammu and Kashmir Rights to Information Act, 2004.

For the successful operation of Right to Information in India, following provisions are necessary, such as:

- (a) Section 4 (1)- Obligations of Public authorities,
- (b) Section 5 (2)- Designating PIOs,
- (c) Section 12 & 13- Constitution of central information commissions.
- (f) Section 15 & 16- Constitution of State information commissions,
- (e) Section 24- Exclude several intelligence and security organizations,
- (f) Section 27 & 28- Power to form rules and regulations by the central and state governments.

Important objectives:

The primary aim of this right is to promote transparency and accountability in the functioning of all the public authorities.

### **The main characteristics are highlighted below:**

- (i) Confirm rights to information to all the citizens.
- (ii) Information includes report, samples, records, documents, e-mail, press releases, orders, circulars, etc.
- (iii) Few information are exempted.
- (iv) Information must be in the form of certified copy or in electronic mode.
- (v) All public authorities must publish information in writing format.
- (vi) Public authorities are of both the central and the state governments
- (vii) The authorities should deliver the information within a stipulated time period.
- (viii) Few restrictions are maintained regarding the information of third party,
- (ix) The Act comprises with appeals and complaints.
- (x) The Act operates in the form of central information commission and state information commission for each state,
- (xi) The Act attracts penalties for non-compliance with certain provisions.

The central government is only liable to remove all the difficulties and problems related with this act.

### **Advantages of RTI:**

1. **Empowerment of the common man:** The entire range of common man in the nation has been empowered by such an initiative in which they have got the full rights to be informed about anything that affects their life directly or indirectly and the responsible bodies have to answer them positively.
2. **Easy mode of spreading information rightfully:** The RTI has incubated a very concrete and easy mode of spreading information of all kind in all form where apt information will be received by only the



person concerned and this will in turn result in easy accessibility to information on one hand and time conservation of all.

3. **Protection of Information:** Since, the selected people with selected queries will be entertained and informed rightfully and aptly, so this will lead to protection of information thereby protecting everyone from being wrongly or inappropriately informed or misinformed.
4. **Corruption will decrease gradually:** If a person being asks for information on certain products and services and the answer has to be delivered by a competent and responsible authority then the chances of corruption will certainly minimize. People will not have to bother about being cheated or victims of frauds and scams.

Now, if we talk about the **disadvantages or drawbacks** of RTI there are some major issues associated with it. They are:

1. **Unnecessary chaos all over:** There is a big drawback that sustains in our nation, and that is a fact that in this immensely populated nation and that is the habit to create unnecessary disturbance and chaos over a newly incorporated plan just to create nuisance. Cases have been filed against fetching wrong information and asking for abrupt information from different officials at various levels and this creates nothing but an overall chaos.
2. **An extra burden to the Authorities:** Since the authorized persons are already having loads of works and tasks to be delivered at their end and after this new act passed they have additional burden to be done and delivered.
3. **Multiple Public Information Officers (PIO):** The government has appointed multiple PIO's. This results in running of citizens from office to office in search of correct PIO who can yield correct information.
4. **People's accessibility is hectic and time consuming:** There are many offices of PIO where the access of common man is very prolonged and it becomes very hectic to carry out the process. The sub systems created beneath the system is basically problematic.

In nut-shell, the RTI has fallen in a horizon of such a territory where it's implications and applications have experienced multiple shades. Advantages and disadvantages are a part and partial of such enactments but the bottom line remains in the fact that the execution must be according to the expected proposal and commitment.



## **Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, 1994**

Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, 1994 is an Act of the Parliament of India enacted to stop female feticides and arrest the declining sex ratio in India.

This is an Act to provide for the prohibition of sex selection, before or after conception, and for regulation of prenatal diagnostic techniques for the purposes of detecting genetic abnormalities or metabolic disorders or chromosomal abnormalities or certain congenital malformations or sex-linked disorders and for the prevention of their misuse for sex determination leading to female foeticide; and, for matters connected therewith or incidental thereto.

### **Objective**

The main purpose of enacting the act is to ban the use of sex selection techniques before or after conception and prevent the misuse of prenatal diagnostic technique for sex selective abortion.

### **Definition**

Sex selection is any act of identifying the sex of the foetus and elimination of the foetus if it is of the unwanted sex.

### **Salient Feature**

Offences under this act include conducting or helping in the conduct of prenatal diagnostic technique in the unregistered units, sex selection on a man or woman, conducting PND test for any purpose other than the one mentioned in the act, sale, distribution, supply, renting etc. of any ultra sound machine or any other equipment capable of detecting sex of the foetus. Main provisions in the act are-

1. The Act provides for the prohibition of sex selection, before or after conception.
2. It regulates the use of pre-natal diagnostic techniques, like ultrasound and amniocentesis by allowing them their use only to detect :
  - a) genetic abnormalities
  - b) metabolic disorders
  - c) chromosomal abnormalities
  - d) certain congenital malformations
  - e) haemoglobinopathies
  - f) sex linked disorders.
3. No laboratory or centre or clinic will conduct any test including ultrasonography for the purpose of determining the sex of the foetus.
4. No person, including the one who is conducting the procedure as per the law, will communicate the sex of the foetus to the pregnant woman or her relatives by words, signs or any other method.
5. Any person who puts an advertisement for pre-natal and pre-conception sex determination facilities in the form of a notice, circular, label, wrapper or any document, or advertises through interior or other media in electronic or print form or engages in any visible representation made by means of hoarding, wall painting, signal, light, sound, smokers gas, can be imprisoned for up to three years and fined Rs. 10,000.



### **Compulsory registration**

The Act mandates compulsory registration of all diagnostic laboratories, all genetic counseling centers, genetic laboratories, genetic clinics and ultrasound clinics.

### **Amendment in 2003**

Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (PNDT), was amended in 2003 to The Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition Of Sex Selection) Act (PCPNDT Act) to improve the regulation of the technology used in sex selection.

Implications of the amendment are -

1. Amendment of the act mainly covered bringing the technique of pre conception sex selection within the ambit of the act.
2. Bringing ultrasound within its ambit.
3. Empowering the central supervisory board, constitution of state level supervisory board.
4. Provision for more stringent punishments.
5. Empowering appropriate authorities with the power of civil court for search, seizure and sealing the machines and equipments of the violators.
6. Regulating the sale of the ultrasound machines only to registered bodies.



## Medico Legal Case

### Introduction

Medicolegal cases (MLC) are an integral part of medical practice that is frequently encountered by Medical Officers (MO). The occurrence of MLCs is on the increase. Proper handling and accurate documentation of these cases is of prime importance to avoid legal complications and to ensure that the Next of Kin (NOK) receive the entitled benefits.

All medical officers working in hospitals / field medical units / non medical units encounter medicolegal issues which should be handled in accordance with the law of the land and directives issued by service headquarters.

### MLCs in Medical Practice

A MLC is defined as “any case of injury or ailment where, the attending doctor after history taking and clinical examination, considers that investigations by law enforcement agencies (and also superior military authorities) are warranted to ascertain circumstances and fix responsibility regarding the said injury or ailment according to the law”.

### Labeling a case as MLC

- a) RMO / Casualty medical officer / MO in charge of MI Room / Duty Medical Officer (DMO) / MO In charge ward who is attending to the case, may label a case as a MLC.
- b) The decision to label a case as MLC should be based on sound professional judgment, after a detailed history taking and thorough clinical examination.

### General Guidelines for dealing with Medicolegal cases

- a) In emergencies, resuscitation and stabilization of the patient will be carried out first and medicolegal formalities may be completed subsequently. The consent for treatment is implied in all emergencies.
- b) Cases of trauma will be labeled as MLCs, if there is a suspicion of foul play, even if the incident is not of recent origin.
- c) All MI Rooms and hospitals will maintain a MLC register and the MLC will be initiated and documented in the register. Personal particulars, identification marks, finger prints of the individual will be noted. Particulars of the person accompanying the patient will also be noted.
- d) Medicolegal documents should be prepared in duplicate, with utmost care giving all necessary details, preferably written with a ball-point pen and avoiding overwriting. If any overwriting or correction is made, it should be authenticated with the full signature and stamp of the MO. Abbreviations should be avoided.
- e) The police should be informed. Under Section 39 of Criminal Procedure Code, the attending MO is legally bound to inform the police about the arrival of a MLC. Any failure to report the occurrence of a MLC may invite prosecution under Sections 176 and / or 202 of I.P.C.
- f) In case of discharge / transfer / death of such a case in the hospital, the police should be informed.



- g) Medicolegal documents should be considered as confidential records and should be stored under safe custody to avoid tampering. Medical records must be thorough, complete and should document each and every significant event in the course of care of the patient. All the documents including case sheets, X-rays and investigation reports will be preserved meticulously in the medical record section indefinitely and handed over to the concerned authorities (Police Investigating Officer / Court / Court of Inquiry) as and when required.
- h) Prompt attention, correct triage and safe transfer of a patient from one facility to another as required should be carried out in all cases and not delayed because of the medicolegal nature of the case.
- i) Opinion on severity of injuries should be given after the X-ray report are received in cases of injury to bones / joints.
- j) Samples and specimens collected for medicolegal purposes will be properly sealed, labeled and handed over to the investigating officer detailed by the police. PMO/MO of the hospital will ensure that the documents are kept in the custody of an appropriate officer till the case is finally decided or cleared by the police and judicial authorities.

**Since law and order is a state subject, there are differences in the legal procedures being followed by different states. Medical Officers should acquaint themselves with medicolegal procedures that are in vogue in the Rajasthan.**



## General Financial and Accounts Rule

### Session- General Financial and Accounts Rule

#### Sessions Objective-

4. To acquaint the participants with various provisions and rules of GF&AR
5. To develop the understanding about public procurement and purchase rules
6. To ensure understanding about procedures and powers of DDO and store management

#### Contents-

- Part-I:- General Financial Rules & Procedure
  - Cash withdrawal, Advances, Banking and bank reconciliations
  - TA and DA Rules ,
  - Bills, vouchers, verifications, payments, SOEs, UCs
- Part-II:- Stores
  - Store entries , issues, indenting system, condemnations
- Part-III:- Delegation of Financial Power
  - Financial Guidelines under NHM
  - Unutilized Funds under NHM and its utilization

#### Methodology

##### Note for Trainers

There will be three sessions to cover this topic

Session-1 for GF&AR session second for stores and inventory management and third session will be for financial powers and public procurement procedures

Session should begin with discussions on GF&AR and its importance.

PPT presentation and case studies can be used for developing understanding of participants on GF&AR

At least 10 minutes may be kept for discussion on questions of participants may have.



## General Financial and Accounts Rule

<u>Appendix</u>	<u>No. of Rules</u>	<u>No. of</u>
• Part-I:- General Financial Rules & Procedure	365	12
• Part-II:- Stores	71	3
• Part-III:- Delegation of Financial Power		

(Rule 26 of Part I of GF&AR&RTTPRule11)

### Important Definition Rule -2

1. **"Appropriation"** means the assignment to meet specified expenditure, of funds included in a primary unit of appropriation;
2. **"Competent Authority"** means Government or any other authority to which the relevant powers may be delegated by the Government;
3. **"Consolidated Fund of the State"** means the fund, as defined in Articles 266(1) of the Constitution, comprising of all revenue received by the Government of Rajasthan, all revenues raised by that Government by the issue of Treasury Bills, Loans or ways and means advances and all money received by the Government in repayment of loans;
4. **"Contingency Fund of the State"** means the fund as defined in Article 267 (2) of the Constitution, into which, shall be paid from time to time, such sums as may be determined by law and placed at the disposal of the Governor to enable advances to be made out of such fund for the purposes of meeting expenditure pending authorisation of such expenditure by the legislature of the State by law under Article 205 or 206 of the Constitution;
5. **"Controlling Officer"** means a Head of a Department or other departmental officer who is entrusted with the responsibility of controlling the expenditure and/or the collection of revenue by the authorities sub ordinary to the department;
6. **'Drawing and Disbursing officer'** means a Head of office and also any other Gazetted officer serving under Head of office authorised by him under these rules to sign, draw bills including pay and allowances, incur expenditure to the extent specified and make payments on his behalf. The term shall also include a Head of Department where he himself discharges such functions;
7. **"Financial Year"** means the year beginning on the 1st of April and ending on the 31st of March following;
8. **"Head of Office"** means a Gazetted Officer declared as such by the Head of the Department under Rule 3 of these Rules;
9. **"Miscellaneous expenditure"** means all expenditure other than expenditure falling under the category or pay and allowances of Government servants, leave salary, pensions, contingencies, grant-in-aid, contribution, works, tools and plant and the like;
10. **"Non-recurring expenditure"** means expenditure other than recurring expenditure;



11. **Re-appropriation"** means the transfer of funds from one unit of appropriation to another such unit.
12. **"Recurring expenditure"** means the expenditure which is incurred at periodical intervals;

### Head of the Office Rule -3

- **[(a)] (1)** Heads of Departments shall have powers to declare any Gazetted officer subordinate to him as the Head of an office for the purpose of these and other financial rules of Government.
- Provided that not more than one Gazetted officer shall be declared as Head of Office in respect of the same office or establishment, unless such office or establishment is distinctly separate from one another.
- **[(b)]** The Head of an Office may authorise any Gazetted Officer, serving under him to sign on his behalf a bill or order excepting those in respect of pay and allowances of gazetted officers, communicating the name and specimen signature of the officer to the disbursing office concerned. This will in no way, relieve the Head of the office of his responsibility for the accuracy of the bill or for the disposal of the money received in payment.
- The bills for pay and allowance of Gazetted Officers shall invariably be drawn under the signatures of the Head of the Office/Head of the Department, as the case may be, unless otherwise ordered by the Government in any case. It will be the duty of the Head of Office/Head of Department to ensure that pay and allowances of gazetted officers are drawn only at the rates as may be authorised by the competent authority from time to time.

### Rule 10: Standards of Financial Proprietary

- Every Government servant incurring or authorising expenditure from public funds should be guided by high standards of financial propriety. Every Government servant should also enforce financial order and strict economy at every step and see that all relevant financial rules and regulations are observed, by his own office and by subordinate Drawing and Disbursing Officers. Among the principles on which
- emphasis is generally laid are the following:-
  - (i) Every Government servant is expected to exercise the same vigilance in respect of expenditure incurred from public money as a person of ordinary prudence would exercise in respect of expenditure of his own money.
  - (ii) The expenditure should not be prima-facie more than the occasion demands;
  - (iii) No authority should exercise its powers of sanctioning expenditure to pass an order which will be directly or indirectly to its own advantage;
  - (iv) Public moneys should not be utilised for the benefit of a particular person or section of the people unless:-
    - (a) a claim for the amount could be enforced in a court of Law, or
    - (b) the expenditure is in pursuance of a recognised policy of custom.
  - (v) The amount of allowances granted to meet expenditure of a particular type should be so regulated that the allowances are not on the whole a source of profit to the recipients.

## **ABSTRACT OF IMPORTANT DUTIES AND RESPONSIBILITIES OF HEAD OF OFFICE (See Rule 3-Annexure 'A')**

The Head of office shall perform duties in particular as laid down in the orders declaring him as Head of office. An abstract of other important duties is given below. He will be responsible: -

- I. To ensure that funds are not drawn much in advance of requirement and heavy cash balances are not kept (Rule 8).
- II. To report loss of public money, departmental Revenue or receipts, stamps, stores or other property caused by misappropriation, fraudulent drawal/payment or otherwise detected in office (Rule 20).
- III. To ensure that all sums due to government are regularly and promptly assessed, realised, accounted for, and duly credited in the treasury (Rule 27).
- IV. To ensure internal check of accounts of receipts and payments (Rule 41).
- V. To ensure compliance of rules in respect of handling cash to see that cash book is closed daily and balances are worked out at the end of the month (Rule 48).
- VI. To see that temporary advances given out of permanent advance, etc., are duly accounted for in the Cash book and accounts are rendered in time in any case not later than four weeks or more as may be prescribed and unspent balances are not allowed to be retained by Government servants any longer than required. In case of retention of balances recovery made from salary bills together with prescribed rate of interest (Rule 48,170,221).
- VII. To verify cash balances at the end of the month and also conduct surprise checking of cash balances (Rule 51).
- VIII. To ensure adequate arrangements for security and safe custody of cash (Rule 52 & 53).
- IX. To arrange monthly Re-conciliation of receipts with the treasury (Rule 59).
- X. To see that payment of bills are obtained from bank by cashier on identity cards and provisions of rules in this regard are complied with (Rule 81).
- XI. To ensure proper maintenance of Bill Transit Register and to review it as prescribed in the rules [Rule 84(2)].
- XII. To arrange prompt intimation of loss of bills/cheque to the Bank and treasury to stop payments (Rule 88 & 110).
- XIII. To arrange cancellation of sub-vouchers in the manner prescribed in the Rules (Rule 123).
- XIV. To arrange recording of service verification entries in the service book (Rule 139 & 137).
- XV. To ensure various deductions from salary bills Section IV Chapter VIII (Rule 157).
- XVI. To attend promptly all objections and orders of A.G./F.A./C.A.O./SR.A.O./A.O. posted in the Departments regarding disallowance's of payments as unauthorised and to make recoveries therein (Rule 171).
- XVII. To arrange issue of certificate of deductions at the end of the Year to each Government servant (Rule 177).
- XVIII. To ensure payment of time-barred claims after obtaining sanction, etc., and pre-check (Rule 90 & 188).
- XIX. To ensure that undisbursed pay and allowances or other amount are not utilised for making payment of temporary advances and amount not allowed to be kept longer than prescribed (rule 193(4) ).
- XX. To ensure proper maintenance of accounts in respect of short term advance paid to Government servants and regular recovery thereof in accordance with the provisions of Chapter IX.
- XXI. To see that permanent advance is properly utilised on a payment is provided in Rule (Rule 212).
- XXII. To ensure that all advances are drawn on Advance contingent bills and detailed contingent bills are prepared and sent to Controlling officer & Accountant General within prescribed time



& unspent balances are refunded to the treasury and a register of Advance and Adjustment Maintained Properly (Rule 219, 221).

- XXIII. To see that refunds of Revenue is made strictly in accordance with provision of Rule (Rule 255).
- XXIV. To ensure that petty deposits of Courts like service and publication of summons and notices, diet money of witnesses, etc., are not allowed to be kept in the office but deposited in P.D. Account (Rule 263(3) ).
- XXV. To arrange annual verification to balances at the credit of local fund (Rule 278).
- XXVI. (i) To ensure that recovery of loan paid to local bodies, etc., together with interest is being made on the due dates (Rule 300).  
(ii) To ensure detailed bill of Loans and Advances are prepared timely and sent to Accountant General wherever necessary (rule 305).
- XXVII. To see that Government servants handling cash, etc., have furnished adequate security (Rule 313.)

#### **Rule 60:-**

**The Cashier or any person authorised to receive and handle Government money will be responsible in respect of:-**

- I. Receipt of money and grant of proper receipt thereof;
- II. Accounting in cash book with reference to receipts, receipted challans & vouchers and other ancillary accounts record and their proper custody and maintenance;
- III. To carry money to or bring money from Treasury;
- IV. Custody and security of cash balance and securities and other Valuables under his charge;
- V. Custody of bills/vouchers, used and blank receipt books/cheque books, etc.;
- VI. Payments to various persons as per bills, orders, sanctions, etc., issued by authorised officers and to ensure that amount is paid to the actual payee and proper acknowledgement taken thereof;
- VII. Account of service postage stamps and their issue;
- VIII. Maintenance of Bill Transit Register;
- IX. Adjustment of advances given to Government servants for office expenses, purchase of stores, etc., and recovery of unspent balances from salary as per these rules; and
- X. To physically check the cash with reference to closing balance of the cash book daily;
- XI. Any other duties relating to cash as may be entrusted by Head of Officer/Drawing & Disbursing Officer.

**Rule 18: (1) No contract shall be entered into by any authority which has not been empowered to do so by or under the order of the Government.**

(2) The various classes of contracts and assurances of property authorised by the Governor in exercise of powers conferred by sub-para (1) of Article 299 of the Constitution to be executed by different authorities are specified in Appendix-2. The limitations upon the powers of subordinate authorities, the conditions under which such powers should be exercised and the general procedure prescribed with regard to such contracts, such as calling for and acceptance of tenders etc., has been laid down in part-II and III of these rules.

**Rule 19: General Principles: The following general principles shall be observed by the subordinate authorities empowered to enter into contracts of agreements involving expenditure from public funds:-**



- I. The terms of a contract must be precise and definite and there must be no room for ambiguity or misconstruction therein;
- II. Standard forms of contracts shall be adopted, wherever possible, the terms to be subject to adequate prior scrutiny;
- III. In case where standard forms of contracts are not used, legal and financial advice shall be taken in the drafting of contracts and before they are finally entered into;
- IV. The terms of a contract once entered into shall not be materially varied without the previous consent of the authority competent to enter into the contract as so varied. No payments to 8 contractors by way of compensation, ,or otherwise, outside the strict terms of the contract or in excess of the contract rates shall be authorised without the previous approval of the Finance Department.
- V. No contract involving an uncertain or indefinite liability or any condition of an unusual character shall be entered into without the previous consent of the Finance Department;
- VI. Contracts, whenever practicable and advantageous and in all cases required by the rules or orders of a competent authority, shall be placed only after tenders have been openly invited and, in cases, where the lowest tender is not accepted, reasons shall be recorded.
- VII. Even in cases where a formal written contract is not made, no order for supplies, etc., shall be placed without at least a written agreement as to the price;
- VIII. Provision will be made in contracts for safeguarding Government property entrusted to a contractor;
- IX. In selecting the tender to be accepted, the financial status of the individuals and firms tendering shall be taken into consideration in addition to all other relevant factors;
- X. When a contract is likely to be endure for a period of more than 3 years, it shall, wherever feasible, include a provision for an unconditional power of revocation or cancellation by Government at any time on the expiry of 3 months notice to that effect;
- XI. A person who is a near relative of a contractor shall not be accepted as surety for the fulfillment of a contract by a contractor unless the officer accepting security is fully satisfied that the near relative has separate property of his own. In such a case the officer should at least insist on the surety filing an affidavit to the effect that he has separate property of his own;
- XII. Normally no work of any kind shall be commenced without the execution of proper contract documents. Where the tenure of a contract / agreement has expired and the work has to be continued, timely action shall be taken for renewing the contract/agreement for the further period required, after a suitable review of the provisions of the old contract/agreement to see whether any modifications are needed;
- XIII. All contracts shall have a provision for recovery of liquidated damages/compensation for defaults on the part of the contractor unless any special instructions are issued by the competent authority;
- XIV. The question whether any sales tax, octroi and other local taxes and duties are to be paid and if so, by which party should be settled and cleared up before entering into any contract;
- XV. All contracts for purchases involving import of material from abroad shall as a rule provide for purchases on F.O.B. basis.
- XVI. Where escalation in respect of excise /duties , freight, raw-materials, etc., is provided for in a contract, the basis for the calculation of the same shall be clearly indicated; and
- XVII. Copies of all contracts and agreements for purchases of and above the value of Rs 1 lac shall be sent to the Accountant General (Audit) Rajasthan.

**Rule :219:- FORM OF BILL**

There will be three forms of Contingent Bills for contingent expenditure specified as under:

- (i) Contingent bill Form G.A. 108.
- (ii) Advance contingent bill Form G.A. 109.



(iii) Detailed contingent bill Form G.A. 110.

- (i) **Contingent Bill:** The contingent bill shall be used for all kinds of contingent expenditure which do not require countersignature by the Controlling Officer and which are within the powers of Head of Office. These are supported fully by sub-vouchers, payee's receipts relating to expenditure out of Permanent advance or are related to bills received from parties which are presented at a treasury for individual payments.
- (ii) **Advance Contingent Bills :**  
(a) The advance contingent bill shall be used for advances drawn as per powers mentioned in Part-
- (iii) Delegation of Financial Powers and Annexure "A" to this Chapter.

**Note:** (1) Countersigned contingent expenditure includes such contingent expenditure as may require the approval of controlling authority before they can be admitted as legitimate expenditure, such approval taking the form of countersignature on the bill before drawl of payment or after payment on detailed contingent bill.

(2) Bills for contingent charges requiring countersignature before payment shall be drawn in G.A. form 1[No.108].

(b) **Drawl of advances:** Advances for purposes mentioned in Delegation of Financial Powers contained in Part-III of these rules shall be drawn by Drawing and Disbursing Officer in lump sum or in instalments on the basis of competent sanction. The bill sanction shall contain estimated details of contingent expenditure on the basis of invoices, etc.

Advance shall not be drawn on the basis of Performa invoices of the firms except wherever authorise under these rules in a particular case.

(c) Advances for objects as per Annexure 'A' to this Chapter and advances which are drawn within the powers of Head of Office shall be drawn without enclosing any sanction subject to limits, restrictions and conditions laid down therein and in rules 219 and 220 of these rules and Delegation of Financial Powers.

(d) The Controlling Officer shall wherever possible issue standing instructions/directions to regulate the expenditure or prescribe forms, scales, limits, etc., within which expenditure on the objects mentioned in Annexure 'A' shall be incurred.

2[(e) **Adjustment of Advances:** The advance drawn in the manner prescribed above shall be adjusted as prescribed in sub-clause (iii).]

1[(iii) Detailed Contingent Bill : (i)] In cases where advance drawn for payment is less than the amount of claim or is percentage of the total claim, on the basis of competent sanction, the balance amount shall be drawn on Contingent Bill after observance of 2[deleted] prescribed formalities like inspection, testing, installation, etc. The contingent bill shall contain reference of previous advance drawn, Treasury Voucher number for the information of Accountant General, Rajasthan.

3 [(ii) **Procedure where countersignature of competent authority required :** In the following cases, Detailed Contingent Bill duly typed shall be sent to the Controlling Officer soon after the accomplishment of the purpose for which advance was drawn but not later than 10th of the following month.]

(a) Where advance was drawn in lump sum or in installment for purposes like fairs, festival, functions, etc., under Delegations of financial powers and which are beyond the powers of Head of Office.





3[(b) Where advance was drawn for payment for other purposes under Delegation of financial powers or for objects as per annexure 'A' to this Chapter and where there are no standing instruction/directions, scales, limits, etc., to regulate the expenditure and which are beyond the powers of Head of Office.

The detailed contingent bill duly typed shall contain full reference of previous Advance contingent bills, details of sub-vouchers, and copy of receipted challan for unspent balance paid into Treasury, if any. The detailed contingent bill shall be signed by the Head of office and submitted to the Controlling officer. The payees' receipts and sub-vouchers below Rs.1000/- shall be retained by the Drawing and Disbursing Officer in their own office. Sub-vouchers of Rs.1000/- and above shall be forwarded alongwith detailed contingent bill.

The controlling officer after detailed scrutiny of the bill under rule 224 of these rules shall countersign the bill and shall return to the Drawing & Disbursing Officer within 15 days of the receipt of Detailed Contingent (D.C.) bill in his office. Drawing & Disbursing Officer shall submit the bill, duly countersigned by Controlling Officer, after removing objection, if any, raised by Controlling Officer, to the concerned Treasury Officer. The amount of any disallowance made by the Controlling Officer shall be refunded by short drawing in thenext contingent bill presented at the Treasury for the same office. On withdrawal of objections subsequently, the amount shall be redrawn in the next bill included in the detailed contingent bill duly typed.]

3[ (iii) **Procedure where countersignature of Competent Authority are not required** : In the following cases detailed contingent bill shall be prepared in the manner prescribed above and shall be sent directly to the Accountant General.]

(a) Where advance was drawn for the objects mentioned in Annexure 'A' to this Chapter and where the Controlling officer has issued detailed instructions/directions and fixed norms, scales, limits, etc., to regulate the expenditure and where purchases are being made and maintenance or repairs are being carried out as per rate contracts of C.S.P.O./Head of Department on rates of tenders approved by higher authorities and the expenditure is beyond his powers.

(b) Where advance was drawn for the objects/purposes which are within his powers.

(iv) A Register of Advances and Adjustments shall be maintained by the Head of Office in the following

Form to watch timely adjustments of all advances drawn at his level. The Head of Office shall review the Register quarterly to watch the progress of adjustments and take action to get adjustment of advances. The Controlling Officer shall also maintain a Register of Detailed Contingent Bill passed and returned to Head of Office in Form G.A.105.

#### **Rule: 225:- PROVISIONS FOR CERTAIN KINDS OF CONTINGENT EXPENDITURE**

**Service Postage Stamps 1[/Public Postage Stamps]:** (1) The following procedure shall be followed for obtaining service postage stamps:

- i. A bill in Form G.A. 112 containing acknowledgement shall be prepared by the Drawing and Disbursing Officer for purchase of 1[Service Postage Stamps/Public Postage Stamps]. The Treasury officer shall cross the bill at the time of passing the bill. The Drawing and Disbursing Officer will get Bank Draft in the name of Post Master, Head Post Office. The Drawing and Disbursing Officer shall then send two copies of indents in form G.A. 113 along with Bank Draft to the Post Master concerned for obtaining required stamps. The Post Master will return





one copy of indent having details of denomination of stamps issued and receipt of Bank Draft and keep second copy for his record.

- ii. Accounts of 1[Service Postage Stamps/Public Postage Stamps] shall be maintained in Form G.A. 114 and G.A. 115.

**(2) Rent of private buildings for Office Accommodation –General Conditions and Procedure:**

**(a)**

- i. Whenever it is intended to hire private buildings for office use, a certificate of non availability of suitable Government buildings shall be obtained from the Collector (or G.A.D. in case of Jaipur).
- ii. The Head of Department/Head of the Office should first assess the area of the buildings, number of rooms and other facilities and locality where the office is to be located.
- iii. Terms and conditions of lease shall be laid down with competent sanction. The term of lease should not be more than the duration for which office building is required for a longer duration. Terms should contain provision of extension of lease at the option of State Government for revision of rents as per conditions laid down in delegation of powers. Tenancy may be terminated earlier than the prescribed period/extended period, as the case may be, giving 3 months notice.
- iv. The amount of rent shall include element of municipal rates and taxes. Liability on account of Land and Building Tax if any, shall not be undertaken by the Government. (v) The initial rent will be fixed as per assessment of P.W.D. A certificate from Executive Engineer/Assistant Engineer that rent charged is reasonable shall be taken when building is first taken on rent and at the time when rent is revised.

**(b) Contingent expenditure on Temporary Structure, Repairs, etc.:** The Head of office shall ordinarily get maintenance and repairs of the building done from the owner of the house. In case of urgent requirements temporary structure and petty items like electric, sanitary and water fittings, the work may be got done as per his financial powers.

(c) The Head of Office shall ensure that building taken on rent is kept in proper condition and no damages are allowed to be done to the building. In case such damages which are considerable, proposals for re-imbusement of loss should be sent to the Government. The lease should also contain suitable provision on this account.

**(3) Printing:**

(i) As a general rule printing shall be got done at the Government press. Printing may also be got from the market to the extent of limits laid down in financial powers after either obtaining NAC or without NAC from Government presses.

(ii) Tenders will not be necessary in case printing is got done from approved printing presses at the rates approved by Government press, if any.

(iii) In case where rates are not approved or in case of urgent requirement and in case of special nature, work will be got done through open tenders for an estimated amount of Rs.30,000/- and above and through limited tenders if the estimated amount is less than Rs. 30,000/- in the manner prescribed in stores Purchase Rules contained in part-II of these Rules.

**(4) Repairs and Maintenance:** Machinery and equipments for carrying out repairs and maintenance are classified as under:-

- (a) (i) Office equipments.



(ii) Machinery and equipments used in offices or works,

(iii) Motor Vehicles, and

(iv) Furniture and fixtures.

(b) (i) Except in cases of rate contract by C.S.P.O. office equipments like duplicating Machines Photostate copiers, Calculating machines, Calculators, Fax, Other equipments like water coolers, refrigerator, air-conditioners, television, Intercom Telephones, Tractors, Medical equipments like X-Ray equipments, Sonography, Cat-Scanning, etc., overhead projectors, Film projectors, Cameras, V.C.R./ V.C.P. and other electronic and sophisticated scientific/medical equipments shall be got repaired and maintained through their manufactures, distributors or authorised dealers.

(ii) **Repairs and maintenance of computers** purchased and installed through Rajasthan State Agency for Computer Services as per Store Purchases Rules shall be got done from the supplier of such computers during warranty period. After expiry of the warranty period annual maintenance shall be arranged either through the above mentioned Agency or directly.

(iii) The Head of the Departments shall enter into annual rate contracts for the repairs and maintenance of machinery and equipments mentioned in clause 4 (a) (i) with the manufactures, distributors or authorised dealers after negotiations preferably at the time of their purchases and get it renewed year to year.

In case manufactures, distributors or authorised dealers do not agree to such rate contracts or in case of Machinery and equipments other than mentioned in clause (i) above, tenders shall be invited in accordance with the provision of the Store Purchases Rules and repairs got done from established mechanics having well equipped workshops, spare parts will always be purchased from authorised dealers.

(c) The repairs of machinery and equipments used in execution of works shall ordinarily be got done in the Departmental workshops to the extent of facility available in these workshops.

In case where arrangements for such repairs and maintenance do not exist in the workshops and machinery and equipments are considered of special nature, repairs and maintenance shall be entrusted to the manufactures, distributors or their authorised dealers. In case they do not agree or in cases of the machinery and equipments for ordinary use, repairs shall be got done through tenders from established mechanics having well equipped workshops in accordance with the provision contained in the Stores Purchase Rule.

(d) **Repairs and maintenance of Motor Vehicles** shall be got done from the State Motor Garages located in Rajasthan or in departmental workshop, if such workshops have adequate facility and capacity to handle such repairs without effecting their own job.

In case Motor Garages or Departmental workshop do not provide such facility, repairs and maintenance shall be got done from the authorised dealers on the basis of N.A.C. from such Garages or Workshops and in case there are no authorised dealers, repairs and maintenance will be done from established mechanics having well equipped workshops through tenders as per provisions of Stores Purchases Rules.

(e) Spare parts for machinery, equipments and Motor Vehicles will, however, be purchased only from authorised dealers.

(f) **Maintenance and Repairs during Warranty/Guarantee period:** The Drawing and Disbursing Officer/Store Officer shall ensure that timely steps are taken to get machinery and equipments and motor vehicles repaired and maintained in good condition and to arrange removal of all manufacturing



defects, etc., during period of warranty/and guarantee and in no case such period is allowed to expire in case the equipment is to be kept in the working condition.

In case of loss on the account they will be held responsible. Subsequent repairs after expiry or guarantee/ warranty period shall be got done in accordance with the provisions of these rules. A certificate that repairs, etc., has been done only after expiry of guarantee/warranty period shall also be endorsed on the bills.

(g) Ordinarily, payments for service rendered shall be made only after the services have been rendered. However, in cases where it becomes necessary to make advance payments for such services, the Head of Department may authorise advances demanded by firms with whom annual rate contracts for maintenance of air conditioners, water coolers, computers, Inter-com system, medical equipments, etc., are entered into and contract thereon provide payment of such advances as a condition to the rate contract.

(h) **Re canning of Chairs** : Re canning of chairs shall be got done from the institutions/bodies of bling, handicapped widows, orphans and beggars as approved by the Social Welfare Department or such similar bodies at the rates and conditions approved by the C.S.P.O. from time to time.

In cases where there are no such bodies, re canning may be done from individuals of such categories or other sources, In that case the Drawing and Disbursing Officer will certify on the bill that there are no institutions or body located in that place and therefore, re canning has been done from individuals of that categories or other sources.

(i) **Repairs of furniture**: Repairs of furniture articles like chairs, tables, sofas, cleaning and washing of Galichas, etc, shall be got done as per provisions of Stores Purchase Rules.

(5) **Conveyance hire charges**: The conveyance hire charges shall be admissible at the rates prescribed in the delegation of financial powers subject to the following conditions:-

(j) The Government servant other than Gazetted Government servant is despatched on duty to a place at a distance not less than one K.M. from his office or is summoned to his office outside the ordinary hours of duty by a special order of Gazetted officer.

(ii) The Gazetted officer is appointed Officer-in-charge in a court case for attending court/Tribunal, etc., or visiting Government advocates at their officer, or residences for consultation when called by them to prepare written statements, etc., or carrying records of the case.

(iii) The Government servant entitled to claim conveyance hire charges shall be required to furnish the prescribed certificates.

#### **General Financial and Accounts Rules Part-II**

- Store Purchase Rules (Refer to RTTP Act 2012 & Rules 2013)
- Purchase and Acquisition of Stores.
- Physical verification of stores
- Inventory control techniques.
- Auction of the SURPLUS/OBSOLETE/UNSERVICEABLE STORES

#### **General Financial and Accounts Rules Part-III Delegation of Financial Powers (Refer Rule 26 of Part-I of G.F. & A.R.)**

#### **General Limitations/Conditions of Powers**

The powers contained in the delegation of Financial Powers are subject to following general limitations/conditions:-



- (i) No expenditure shall be incurred from the public revenue except on legitimate objects of public expenditure.
- (ii) Nothing contained in these delegations shall empower any subordinate authority to sanction, without previous consent of Finance Department, any expenditure which involves the introduction of a new principal or practice likely to lead to increased expenditure in future.
- (iii) The powers shall be subject to the budget provisions and also to the specific budget provisions wherever mentioned in the delegations.
- (iv) The powers contained in the delegation shall be subject to the Procurement Rules and other provisions contained in the RTTP Act & Rules G.F.&A.R. Part-I and II.
- (v) The powers relating to Financial Matters (Part-I) and powers to contingent expenditure (Part-II) and except purchase up to Rs. 8000/- and those for regular and petty office expenses and personals claims shall be exercised only with the consultation of the F.A./C.A.O./Sr. A.O./A.O./A.A.O. wherever posted in the Departments/officers.
- (vi) The financial powers, not specifically delegated to any authority, shall vest in Finance Department.
- (vii) Any financial power of an authority, given under these rules, shall automatically vest in all higher authorities of that authority.

## **GENERAL SYSTEM OF FINANCIAL MANAGEMENT AND CONTROL**

### **I - Receipt of Money**

**Rule 5:** All moneys received by or on behalf of Government either as dues of Government or for deposit, remittance or otherwise shall be brought into Government account without delay.

**Rule 6 :** Moneys received as dues of Government or for deposit in the custody of Government shall be credited into the Consolidated Fund of the State and/or the Public Account of the State, as the case may be, in accordance with the Treasury Rules.

**Rule 7: Assessment, Collection and Control:** Subject to such general or specific instructions as may be issued by Government in this behalf, it is the duty of the Revenue or Administrative Department concerned to see that the dues of Government are correctly and promptly assessed, collected, accounted for and paid into the treasury. Detailed instructions on the subject are contained in Chapter III and IV.

### **II – Expenditure and Payments of Moneys**

**Rule 8: Withdrawal of Money from the Treasury- General Principles:** (1) Unless otherwise expressly authorised by any law or rules or order having the force of Law, moneys shall not be removed from the Government Account for investment or deposit elsewhere without the consent of the Finance Department.

(2) Funds shall be withdrawn only if required for immediate payment and the expenditure or payment authorised under any rule or by general or special order of a competent authority.

(3) The practice of withdrawing funds with a view to avoiding lapse of Budget grant and placing such moneys in deposits in the Public Account or with Bank is forbidden.

**Rule 9: Essential conditions governing Expenditure from public Funds:** As a general rule no authority may incur any expenditure or enter into any liability involving expenditure from public funds until the expenditure has been sanctioned by general or special orders of the Government or by an



authority to which power has been duly delegated in this behalf and the expenditure has been provided for in the authorised grants and appropriations for the year.

**Rule 10: Standards of Financial Proprietary:** Every Government servant incurring or authorising expenditure from public funds should be guided by high standards of financial propriety. Every Government servant should also enforce financial order and strict economy at every step and see that all relevant financial rules and regulations are observed, by his own office and by subordinate Drawing and Disbursing Officers. Among the principles on which emphasis is generally laid are the following:-

- (i) Every Government servant is expected to exercise the same vigilance in respect of expenditure incurred from public money as a person of ordinary prudence would exercise in respect of expenditure of his own money.
- (ii) The expenditure should not be prima-facie more than the occasion demands;
- (iii) No authority should exercise its powers of sanctioning expenditure to pass an order which will be directly or indirectly to its own advantage;
- (iv) Public moneys should not be utilised for the benefit of a particular person or section of the people unless :-
  - (a) a claim for the amount could be enforced in a court of Law, or
  - (b) the expenditure is in pursuance of a recognised policy of custom.
- (v) The amount of allowances granted to meet expenditure of a particular type should be so regulated that the allowances are not on the whole a source of profit to the recipients.

**Rule 11: Control of Expenditure :** (1) A Controlling Officer shall see not only that the total expenditure is kept within the limits of the authorised appropriation but also that the funds allotted to spending units are expended in the public interest and upon objects for which the money was provided. **(GA-19 & GA-27)**

## **(2) Reconciliation with AG.**

**Rule 13 : Delay in payment to be avoided :** It is an important financial principle that payments of money which are indisputably due and are inevitable shall not be postponed. Irregularity is not so much in the payment as in the entering into of the liability in contravention of provisions of rule.

**Rule 14 :** Every Government servant whose duty it is to prepare and render any accounts or returns in respect of public moneys or stores shall be personally responsible for their completeness and strict accuracy and their despatch within the prescribed date.

**Rule 15:** (1) An Officer who signs or countersigns a certificate shall be personally responsible for the facts certified to, so far as it is his duty to know or to the extent to which he may reasonably be expected to be aware of them.

(2) The fact that a certificate is printed is no justification for his signing it unless it represents the facts of the case. If in its printed form it does not represent the facts, it is his duty to make necessary amendments which will call attention to the deviation and so to give the authority concerned the opportunity of deciding whether the amendments cover requirements.

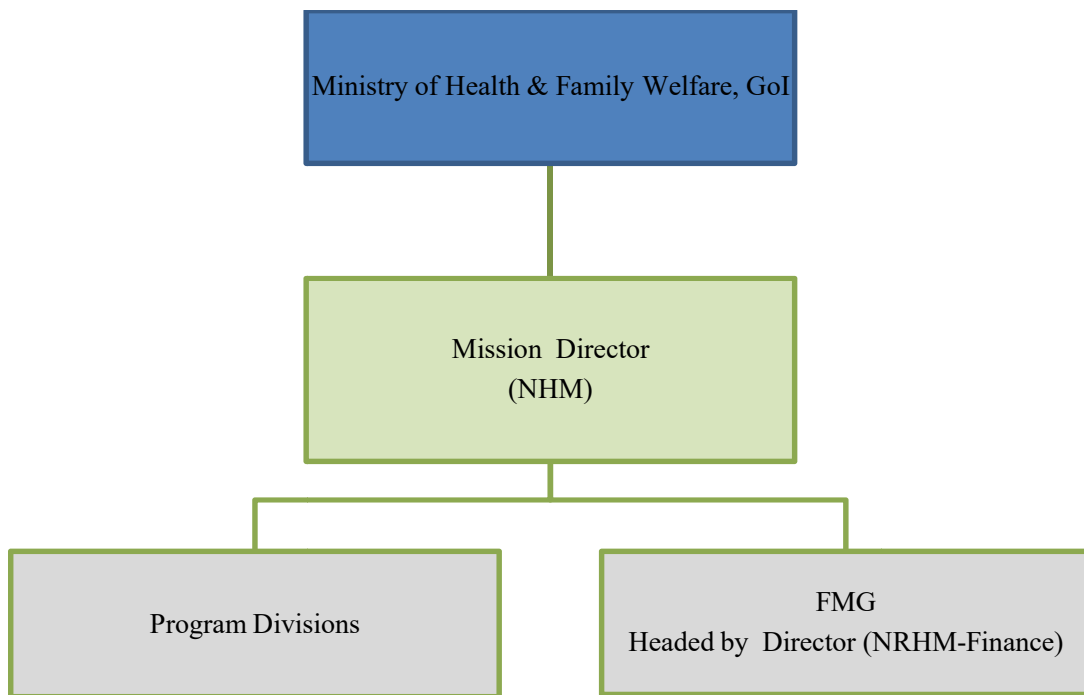
**Rule 20: Report of Losses :** (1) With the exceptions noted below, any loss of public money, departmental revenue or receipts, stamps, stores or other property held by or on behalf of Government caused by misappropriation, fraudulent draw/payment or otherwise, which is discovered in a treasury or other office or department shall be immediately reported by the officer concerned to the next higher authority as well as to the Accountant General, even when such loss has been made good by the party responsible for it. Such reports must be submitted as soon as a suspicion arises



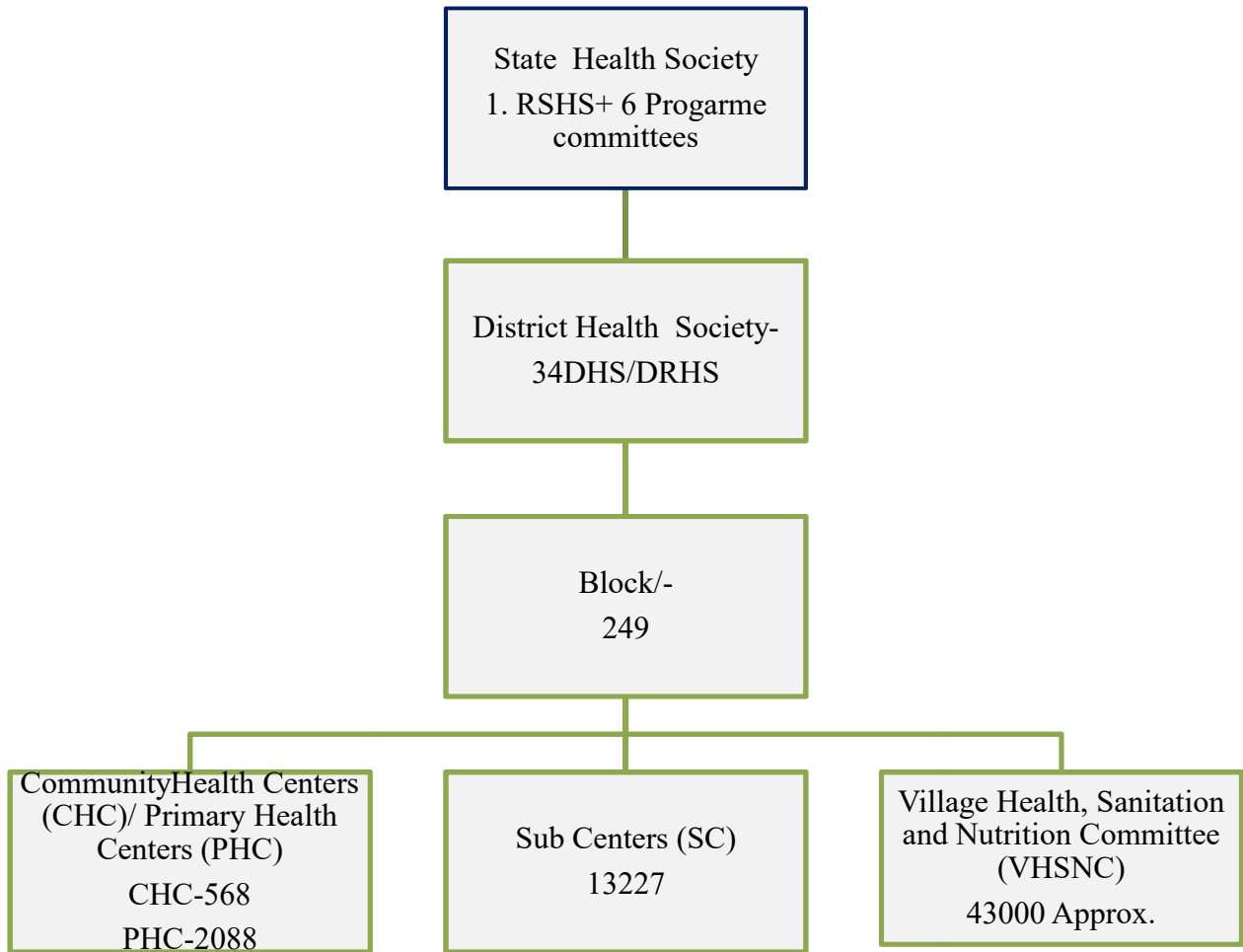
that there has been a loss; they must not be delayed while detailed enquiries are made. When the matter has been fully investigated, a further report shall be submitted of the nature and extent of the loss showing the errors or of rules by which such loss was rendered possible, and the prospects of effecting a recovery.

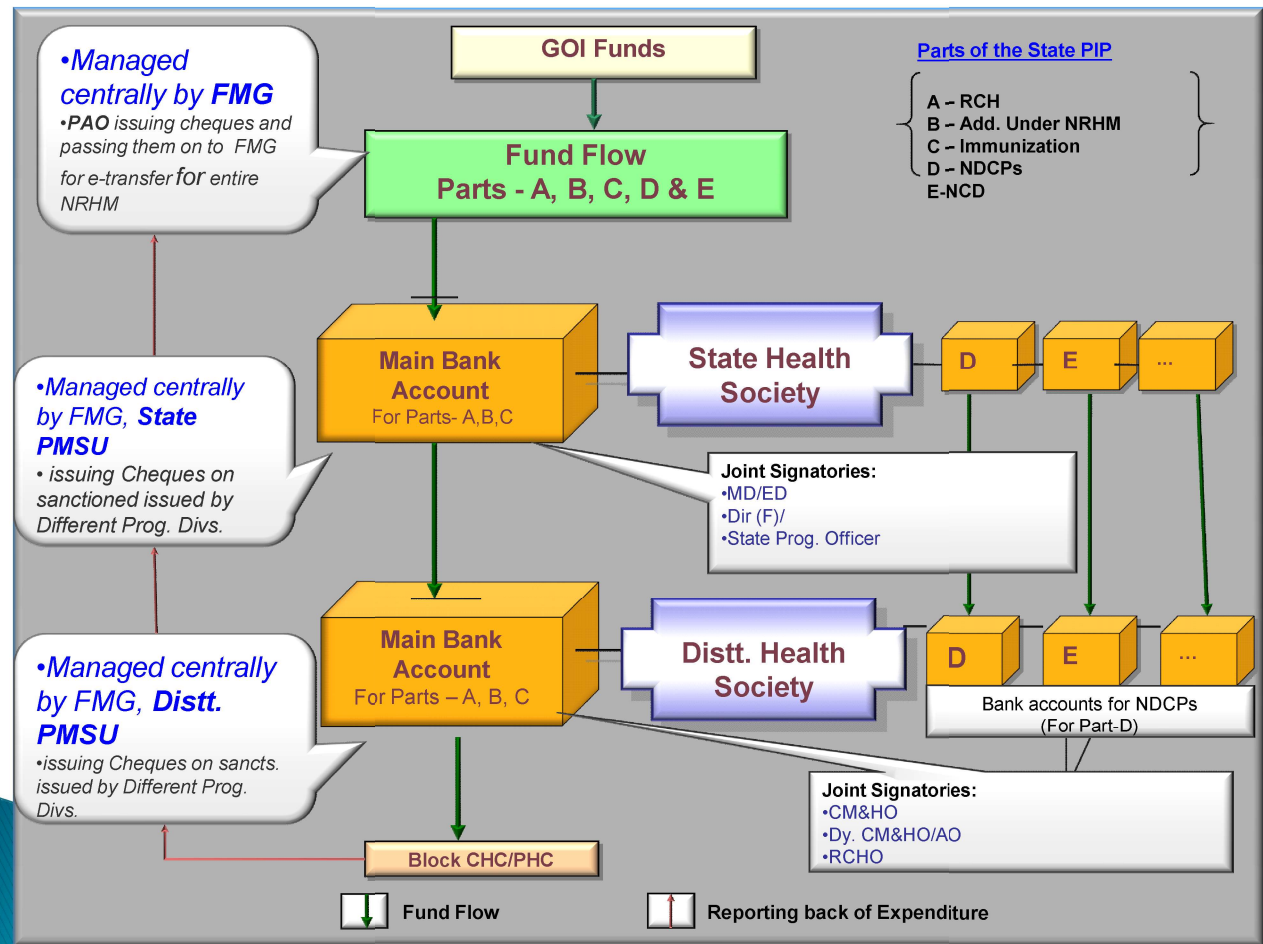
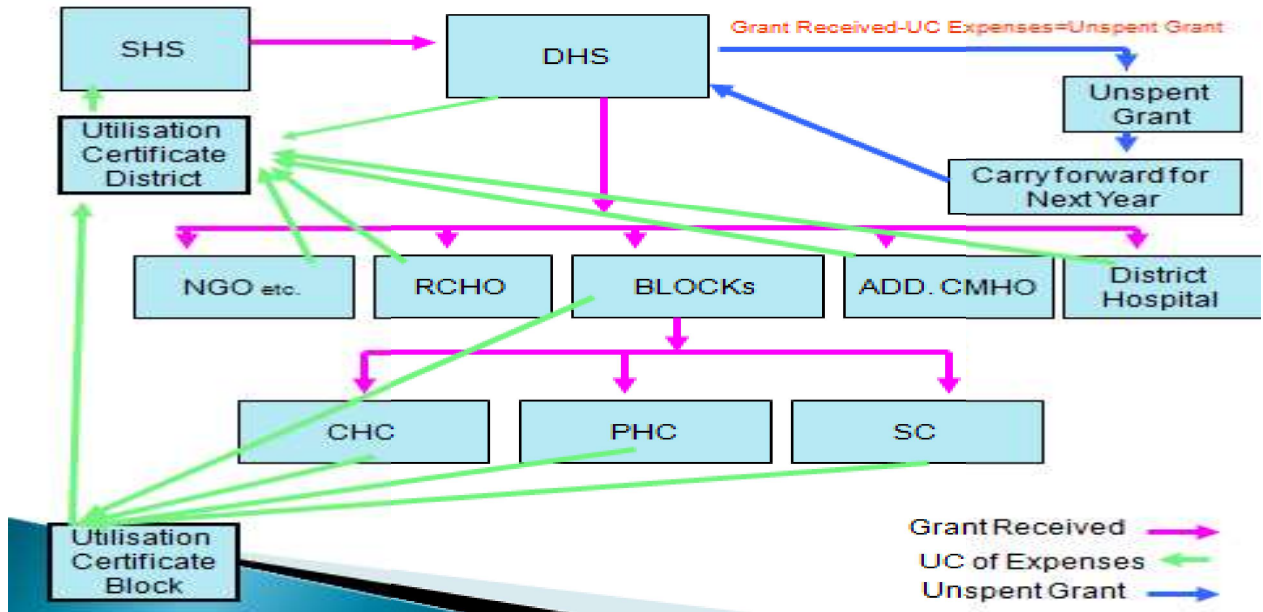
## Financial Guidelines and Accounting procedures under NHM

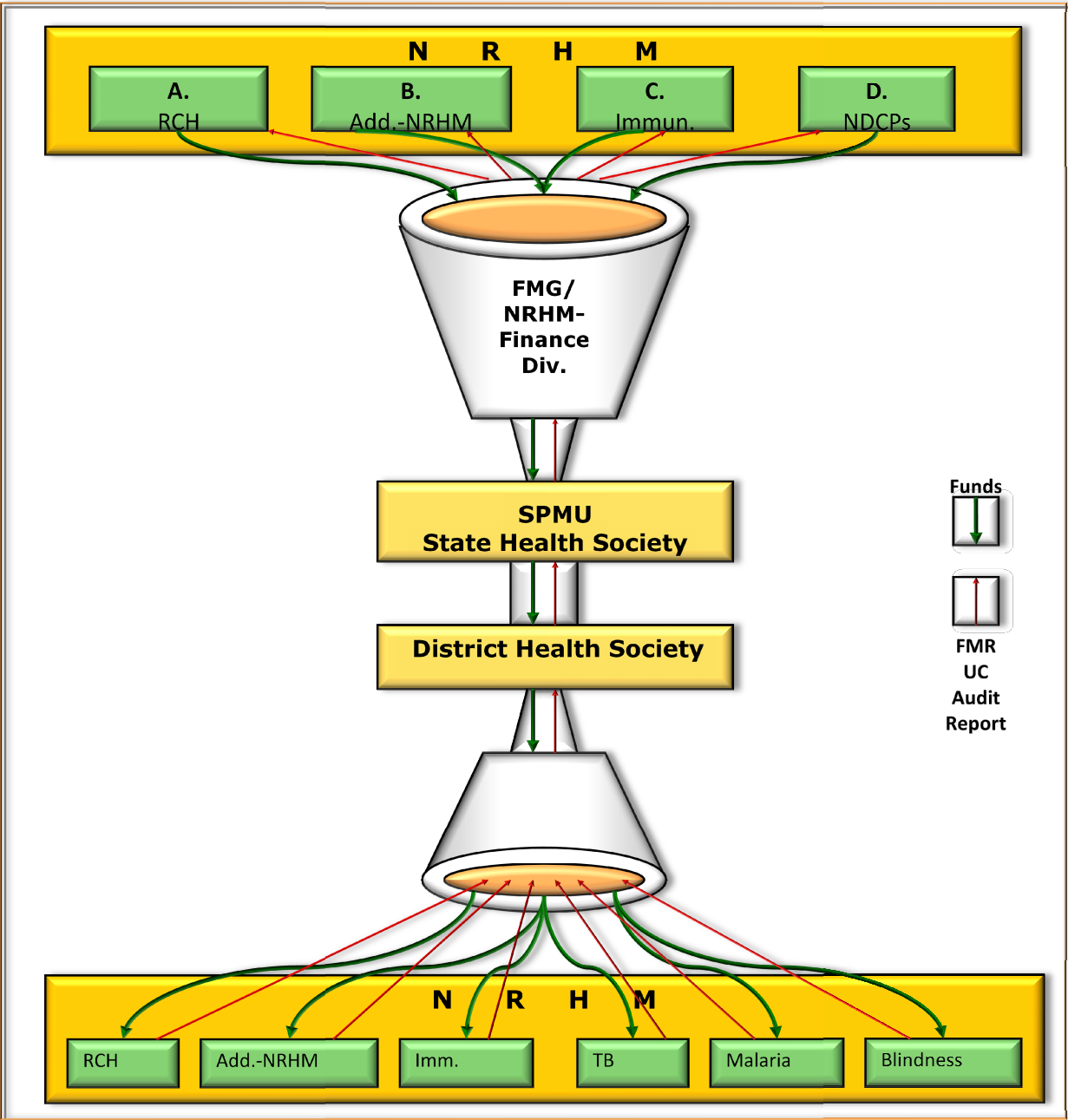
### Programme Implementation Structure



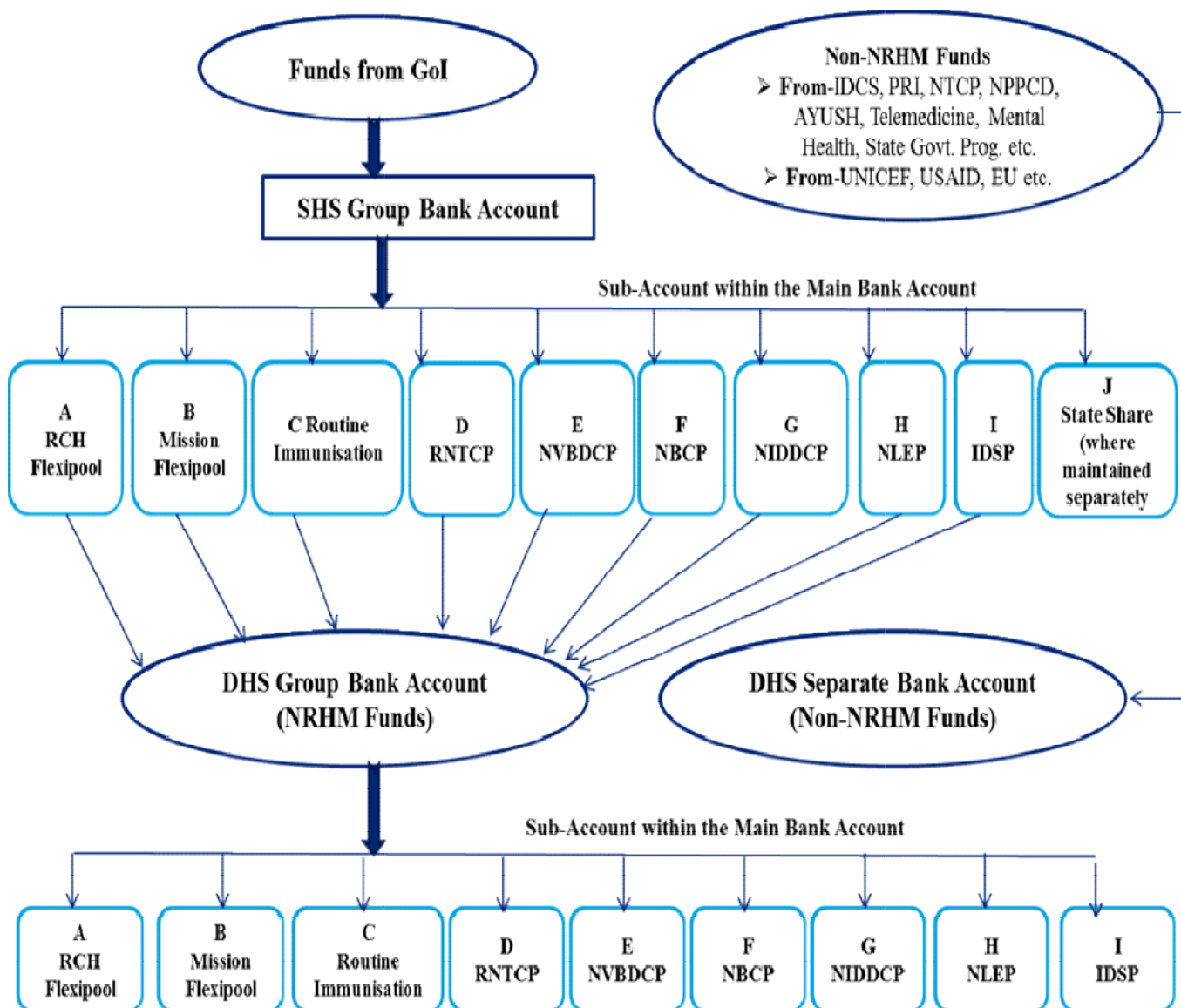








## Banking Arrangement



\*State share where maintained separately by the State would be in a separate sub-group account, otherwise this would be credited against relevant sub-group account as desired by the state.

### Authorized Signatories to bank accounts

Level	Signatories
<b>SHS</b>	1.Mission Director (in whatever capacity she/he is in the SHS or her/his nominee) <b>(Mandatory)</b> 2Director/Joint Director/ Dy. Director-Finance, where posted. A member from the State PMSU (SPM/ SFM/ SAM) In-charge of the Programme Division at the State level
<b>DHS</b>	CMO/CDMO/CS/CMHO (in whatever capacity she/he may be in the DHS) <b>(Mandatory)</b> Member from the District PMSU (preferably the District Accounts Manager/ District Programme Manager) Programme Officer of the concerned programme (in case of programme funds for NDCPs etc, signature of the Programme officer is necessary)
<b>BLOCK</b>	Block Medical Officer in-charge <b>(Mandatory)</b> Block Accountant
<b>CHC/PHC</b>	Medical Officer in- charge CHC/PHC Accountant
<b>SUB-CENTRE</b>	The ANM The Sarpanch
<b>VHSNC</b>	The Gram Pradhan/ Panchayat Secretary The ASHA/AWW

### Timelines for release of funds

Disbursing Unit	Receiving Unit	Frequency
Centre –FMG	State	Generally in May and October or as and when required
State Health Society	District	Within 15 days of the receipt of funds from the GOI
District Health Society	Block	Immediately after receipt of fund from SHS
Block/ supervisory unit	Implementing Units	Immediately after receipt of fund from DHS

### ACCOUNTING

**Accounting** is the art of recording, classifying and summarizing in terms of money transactions and events of financial character. Accounting includes proper recording of transactions through vouchers in different books of accounts including cash books, journals, ledger etc. The data is processed and the books are closed by preparing summary statements like trial balance, income and expenditure, receipt & payment, balance sheet and other reports

**Table 5.1 – Accounting Centers**

Accounting Centre	Unit	Accounting	Reporting	Consolidation
STATE LEVEL	State Programme Management unit	Y	Y	Y
DISTRICT LEVEL	District Programme Management unit	Y	Y	Y
BLOCK LEVEL	Block Programme Management unit	Y	Y	Y
OTHER LEVEL	CHC/ PHC	Y	Y	N
	RKS	Y	Y	Y





### Books at various levels

Books of Accounts/ Other Records	State / District	Block	CHC/PHC	RKS***	Sub Centres	VHSNC
Double Column Cash and Bank Book	✓	✓	✓	✓		
Columnar Petty Cash Book					✓	✓
Bank Register					✓	✓
Ledger	✓	✓	✓	✓	✓*	
Journal Register	✓	✓	✓	✓		
Cheque Issue Register	✓	✓	✓	✓		
Advance Register	✓	✓	✓	✓		
Salary Register	✓					
Fixed Asset Register	✓	✓	✓	✓	✓	
Fund Received Register	✓	✓	✓			
Disbursement Register	✓	✓	✓			
Bank Pass Book/ Bank Statement	✓	✓	✓	✓	✓	✓
Bank Reconciliation Statement	✓	✓	✓	✓	✓	✓
Minutes/ Proceedings Register	✓			✓		✓
JSY Register**			✓		✓	

### Maintenance of Records

- State Finance Manager/ State Accounts Manager at State Level
- District Accounts Manager at District Level
- Block Accountant at Block Level
- Accountants at CHC/ PHC Level
- ANM at the Sub-Center Level
- ASHA/ AWW at VHSNC level



These books of accounts together with supporting documents and project management reports should be maintained for at least three years after the completion of audit of the entire programme expenditure, i.e., at least three years after the completion of RCH-II Programme, RNTCP, IDSP, National Rural Health Commission etc

### **Basis of Accounting**

Accounting shall be done on cash basis i.e. a transaction shall be accounted for at the time of receipt or payment only. All transactions are to be recorded as rounded off to the nearest rupee.

### **Period of Accounting**

It is the period with reference to which accounting books of any entity are prepared & balanced and the financial statements are prepared. Under NRHM, units are supposed to follow the financial year of the Government of India i.e. 1<sup>st</sup> April to 31<sup>st</sup> March

### **1. Treatment of Interest Earned**

- Society shall furnish a statement of interest earned on six-monthly basis as per the format appended as **Annexure XVII**. The interest earned at State Level and District Level shall be shown separately. Even the interest earned under various programmes (for which separate banks accounts are mandated) shall be shown separately at the State level and District Level.
- Interest earned at SHS and DHS will be treated as receipt and should be shown separately as the income in the Income and Expenditure Statement of SHS and DHS in the Audit Report of the SHS and DHS.
- Interest earned shall be treated as Grants-in-aids and shall be utilized for the same purpose for which the State PIP or District PIP is approved and shall also be subject to the same programme norms/guidelines as the Grants-in-aids for the programme.

**Note:** Interest earned shall be included as additional funds available with the SHS and DHS level. This additional amount made available due to interest earning shall

### **INTERNAL CONTROLS**

“Double Column Cash Book” should be maintained for SHS, DHS and Block, while at Sub Center and VHSNC, a “Columnar petty cash book” should be maintained as per the formats prescribed. Key internal controls relevant to maintenance of Cash book are given below:

- Cash book should be updated on a daily basis in case of SHS, DHS, Block, CHC/PHC and RKS and at least on a weekly basis in case of Sub-Centre/ VHSNC.
- At SHS/ DHS, it should be put up for checking & authentication to one of the cheque signing officer as decided by the chairperson of the Executive Committee of a State/District Health Society.
- Cash book should be closed daily and if no transactions have taken place in a day/s, the entry "No Transaction" has to be noted in the cash book on that day/s in red ink and balances are to be carried over to next day.
- Access to petty cash book should be restricted to one person only. Cash book should be authenticated by the drawing/ disbursing officer or any responsible officer authorized for the purpose.
- All payments which are received in the SHS or in a DHS and at Block CHC/PHC, either in cash or through cheques/bank drafts/money orders/ bankers cheque etc. should be first entered in the prescribed register and then entries in the cash book should be made, on the same day. Likewise all payments/ disbursements should be entered in the cash book on the day of the payment itself.



Each entry of receipt and expenditure should be descriptive but brief in nature. Each voucher should be assigned a serial number and Ledger Folio number, which should be noted against each entry in the cash book.

### **Withdrawal of cash from bank/ Receipts**

- Cash should be withdrawn by an authorized person (Cashier) only. Signature of the person presenting the cheque and receiving the cash should be attested on the back side of the cheque by one of the authorized signatories.
- Signatures with date should be obtained in the cheque issue Register from the cashier/accountant for each cheque, which is endorsed in his favour or handed over to him for obtaining cash payment from the bank.
- Receipts should be issued, for the cash/ bank drafts/ banker cheque and money orders on its receipt and its entry should be made in the prescribed register, which should be signed either by one of the fund operator or by an authorized officer.
- All cash/ cheques/ Demand Drafts etc. received should be deposited into bank as far as possible on the same day itself, otherwise on the next working day positively.
- Cash Receipt voucher should be prepared and accounted for by the accountant on the same day and the cash account should be updated for receipt/ withdrawal of cash on the same day.

A Fidelity insurance policy at the state level may be taken for the entire state covering the handling of cash.

### **Cash Payments**

- Generally, cash payments should be discouraged, however payment by cash may be made, subject to directives/ limits prescribed by the State.
- Cash payments should be made only after preparing the payment voucher and signature must be taken on the voucher from the payee.
- Only original supporting/ bills should be accepted for cash payments.
- Revenue stamp should be put on all cash vouchers for payments above Rs 5000/-.
- All cash payments/ disbursements should be entered in the cash book on the day of the payment/ disbursement.
- All vouchers/ bills/ invoices related to cash payments should be scrolled (serial numbered) and entered in cash book with appropriate referencing.
- Vouchers/ payment documents should be cancelled after reimbursement to
- Prevent duplication of payment.

### **BANK RECONCILIATION STATEMENT**

- Bank Reconciliation Statement (BRS) should be prepared on monthly basis by reconciling the cash/ bank book and Bank Pass Book/ Bank Statement by 10th day of the following month.
- Separate BRS should be prepared for each bank account. A copy of BRS should be sent to the supervisory units.
- Bank Pass Book will be sent to the bank on monthly basis for making up-to-date entries of credits and debits.
- Reconciliation items should be grouped under the following heads;
- Cheques deposited but not credited
- Cheque issued but not presented
- Excess/ short amount debited/ credited by bank
- Bank interest not accounted for
- Bank charges not accounted for
- Bounced cheques, etc.



- BRS should be reviewed and signed by the supervisor. Proper explanation by the person in-charge should be recorded in case of any unreconciled/ old entries.
- Sequence of cheque numbers & cheque details should be compared with the details recorded in the cash/bank book.
- Attention should be given to long standing unpresented cheques, stop payment notices. Any stale cheques appearing the BRS should be reversed.

### **Monitoring, Control and Settlement of Advances**

- Advance should be given only for activities which are admissible under the programme.
- All advances should be duly approved by the competent authority and should be settled within a maximum period of 90 days.
- Before sanctioning further advance, it must be ensured that all earlier advances to the same person/ party and for the same purpose have been settled/ adjusted. No advances should be made to a person/party if an advance is already pending for settlement for the same purpose, unless appropriately approved and reasons documented.
- Cases where huge un-adjusted advances have been lying for long should be brought to the notice of higher authorities (BCMO, DAM, CMHO etc.).
- Independent monitoring should also be carried out by the supervisory units in respect of the advances lying at the lower units based on the periodical MIS obtained.

State should get a confirmation of advances from each implementing agency or external third party at the end of each year.

## **FINANCIAL REPORTING AND MONITORING**

### **FINANCIAL REPORTING**

All the units need to report their performance periodically on various financial parameters, to their supervisory units. Key financial reports prepared under NRHM include:

- Financial Monitoring Report (FMR)
- Utilization Certificate (UC) (Provisional & Final Audited)
- Statement of Expenditure (SoE)
- Statement of Fund Position (SFP)
- Statement of Interest Earned (to be shown in SFP also)
- Statement of Advances

Besides these, there are few reports which are specific to reporting units (as explained in the subsequent sections).

## Reports at CHC/PHC Level

Report	Basis of Preparation and key Checks	Frequency/ Timelines	Responsibility	Assisted by	To whom
1 <b>Statement of Expenditure</b>	<ul style="list-style-type: none"> <li>Units in line should decide the cycle for FMR reporting</li> <li>By the 26th of the month, monthly SoEs from the sub-centres &amp; VHSNCs should be received / collected</li> <li>If in a particular month there is no expense at the CHC/PHC, a nil SoE report should be submitted to the block</li> <li>In case any funds are received under NDCPs, SoE reporting for the same also needs to be done by the CHC/PHC</li> </ul>	<b>Monthly</b> (28 <sup>th</sup> of the Month)	<b>Medical Officer in charge</b>	<b>CHC /PHC Accountant</b>	<b>Block/ Supervisory unit</b>
2 <b>Utilization Certificate</b>	<ul style="list-style-type: none"> <li>To submit the yearly UC duly signed by the medical officer in-charge of the CHC / PHC.</li> <li>UC also needs to be submitted for any funds received under NDCPs.</li> </ul>	<b>Annual</b> (30 <sup>th</sup> April of the following year)			
3 <b>Statement of Advances</b>	<ul style="list-style-type: none"> <li>As per the format provided in the MIS</li> <li>Should be reconciled with books of accounts</li> </ul>	<b>Quarterly</b>			

## AUDIT

'Audit' is an independent examination of the financial information of the entity. The process of audit includes vouching, ticking, ledger scrutiny, balance confirmations, verification of financial statements, etc.

The key objectives of audit are:

- To assess and provide an opinion on whether the Financial Statements present a "True and Fair" view of
  - the financial position (Balance Sheet) at the end of the period; and
  - the financial performance (Income and Expenditure account) during the period
- To test whether requisite internal controls are in place, commensurate to the size and volume of operations of the entity

This chapter discusses the types of audits under NRHM and relevant provisions in respect of appointment of auditors, scope of audit, its frequency, coverage, audit report and relevant compliance requirements.



### **TYPES OF AUDITS UNDER NRHM**

Primarily two types of audits are conducted under NRHM:

- Statutory audit ; and,
- Concurrent audit

Besides these audits, CAG, Departmental Internal audit and IPAI Audit and special audit also conducted at various levels in respect of Health Department.

## UNTIED FUNDS

राष्ट्रीय स्वास्थ्य मिशन के तहत विभिन्न संस्थाओं को दी जाने वाली अनटाईड राशि के उपयोग हेतु नवीनतम दिशा- निर्देश

राष्ट्रीय स्वास्थ्य मिशन के तहत उप-स्वास्थ्य केन्द्र, प्राथमिक स्वास्थ्य केन्द्र, सामुदायिक स्वास्थ्य केन्द्र एवं जिला अस्पताल के लिए प्रति वर्ष अनटाईड राशि देने का प्रवधान है। पूर्व में इस राशि के उपयोग के लिए समय समय पर दिशा-निर्देश को निरस्त कर नये दिशा निर्देश प्रदान किये जाते हैं।

सार्वजनिक स्वास्थ्य केन्द्रों को मुक्त अनुदान के आवंटन हेतु दृष्टांत दिशा-निर्देश (प्राथमिक स्वास्थ्य केन्द्र, सामुदायिक स्वास्थ्य केन्द्रों एवं समकक्ष केन्द्र तथा जिला अस्पताल हेतु) :-

1. राष्ट्रीय स्वास्थ्य मिशन के संचालन समूह भारत सरकार ने दिनांक 6 दिसम्बर 2013 को आयोजित अपनी पहली बैठक में स्वास्थ्य केन्द्र को प्रदत्त तीन अनुदानों अर्थात् न्दजपमक निदकए ब्वतचने ळतंदजए ।ददनस डंपदजंददबम ळतंदज को आमेलित करके एकल मुक्त अनुदान (न्दजपमक ळतंदज) को मंजूरी दी है ताकि स्वास्थ्य केन्द्रों को अतिरिक्त स्वतंत्रता प्रदान की जा सके जिससे उन मदो की आवश्यकता के आधार पर व्यय की वरियता का निर्धारण किया जा सके जो कि तीन अलग-अलग अनुदान के अन्तर्गत शामिल है, और इसके अलावा सामुदायिक स्वास्थ्य केन्द्रों (एवं समकक्ष केन्द्रों) हेतु मुक्त निधि को 2.5 लाख रु. से बढ़ाकर राशि रु. 5 लाख तथा जिला अस्पतालों की मुक्त निधि को 5 लाख रु. से बढ़ाकर 10 लाख रु. किया गया है। भारत सरकार ने इसके अतिरिक्त यह भी दिशा-निर्देश दिये हैं कि :-
  1. राज्य और जिलों को वार्षिक आवंटन वास्तविक उपयोग पर ही आधारित रहना चाहिए तथा वार्षिक न्दजपमक निदक निधि उपयोग के स्तर तक बढ़ाया जावें।
  2. प्रत्येक स्वास्थ्य केन्द्र, अपनी हकदारी के 50 प्रतिशत तक का सुनिश्चित रूप से नियत जवचनच राशि प्राप्त करेगा और शेष 50 प्रतिशत को पूल किया जाएगा तथा डीएचएस/एसएचएस द्वारा समान स्तर के स्वास्थ्य केन्द्रों को आवंटित किया जाएगा।
  3. जिला स्वास्थ्य समितियों से यह उम्मीद की जाती है कि वे मरीजों की संख्या, मुख्य शल्य क्रियाएँ, प्रयोगशाला जाँच, निधि उपयोग आदि के आधार पर स्वास्थ्य केन्द्रों को आवंटन करें।
  4. निर्माण कार्य पर पूल में आवंटित निधि के 50 प्रतिशत से अधिक व्यय नहीं किया जाना चाहिए।



भारत सरकार से प्राप्त दिशा-निर्देशानुसार समान स्तर के स्वास्थ्य संस्थानों पर राशि का आवंटन किस प्रकार किया जाए इसका उदाहरण भी संलग्न है।

2. मरीजों की संख्या और सेवाओं के प्रकार के तार्किक सिद्धांत के आधार पर प्रत्येक स्वास्थ्य केन्द्र, अपनी हकदारी के 50 प्रतिशत तक का सुनिश्चित रूप से नियत राशि (पिछले वर्ष के उपयोग के आधार पर) प्राप्त करेगा और शेष 50 प्रतिशत को डीएचएस द्वारा समान स्तर के स्वास्थ्य केन्द्रों हेतु पूल कर पिछले साल उनके द्वारा दी गई सेवाओं के आधार पर आवंटित की जावेगी।

दृष्टांत:-

1. जिले में स्थित प्रत्येक पीएचसी को निर्धारित हकदारी की 50 प्रतिशत अर्थात् 87,500 रु तक की जवचनच राशि प्राप्त होगी।
  2. जिले में स्थित प्रत्येक सीएचसी (और समकक्ष) को निर्धारित हकदारी की 50 प्रतिशत अर्थात् 2.50 लाख रुपये तक की जवचनच राशि प्राप्त होगी।
  3. प्रत्येक जिला अस्पताल को निर्धारित हकदारी की 50 प्रतिशत अर्थात् 5.0 लाख रुपये तक की चर जवचनच राशि प्राप्त होगी।
  4. पीएचसी के लिये पूल किया गया विशिष्ट घटक ₹ 87500 ग जिले में स्थित पीएचसी केन्द्रों की कुल संख्या।
  5. सीएचसी (और समकक्ष) के लिए पूल किया गया विशिष्ट घटक ₹ 2.50 लाख ग जिले में सीएचसी (और समकक्ष) केन्द्रों की कुल संख्या।
  6. जिला अस्पताल के लिए पूल किया गया विशिष्ट घटक ₹ 5.0 लाख ग जिले में स्थित जिला अस्पतालों या समान स्तर के स्वास्थ्य केन्द्रों की कुल संख्या।
3. प्रत्येक पीएचसी के लिए 87,500 रुपये, प्रत्येक सीएचसी (और समकक्ष) के लिए 2.50 लाख रुपये तथा प्रत्येक जिला अस्पताल एवं समकक्ष के लिए 5.0 लाख रुपये की (पूल) घटक तीन भिन्न-भिन्न घटकों के रूप में की गई है। जिला स्तर पर यह राशि पीएचसी एवं सी.एच.सी./एस.डी.एच./एस.एच. के लिए अलग-अलग पूल की जाकर राशि का आवंटन किया जावे। जिला अस्पताल के लिए राज्य स्तर पर पूल की जाकर राशि का आवंटन किया जाना है। पूल किए गए घटक का आवंटन मरीजों की संख्या के विवेकपूर्ण सिद्धांत, प्रदत्त सेवाएं आदि के आधार पर समान स्तर के स्वास्थ्य केन्द्रों में विशिष्ट रूप से किया जाए।
  4. परिवर्ती घटक के आवंटन हेतु इसके नीचे एक दृष्टांत दिया जा रहा है तथा प्रत्येक जिला इन फार्मुला के अनुसार ही राशि का आवंटन विभिन्न स्तर के स्वास्थ्य संस्थानों में किया जाना सुनिश्चित करेंगे।

दृष्टांत :

1. गणना के लिए उपलब्ध निधियों में से प्रत्येक संघटक (अर्थात् सीएचसी पूल एवं डीएच पूल) के भीतर स्थित 4 उप संघटकों को शामिल किया जाएगा।

2. डीएच/सीएचसी पूल के लिए 4 उप-संघटक अपने संबंधित संकेतको/सिद्धांतों सहित निम्नानुसार है :

उप-संघटक 1: पिछले एक वर्ष में स्वास्थ्य केन्द्र में बहिरंग रोगियों की संख्या

उप-संघटक 2: पिछले एक वर्ष में स्वास्थ्य केन्द्र (सामान्य और एल.एस.सी.एस. प्रसवों के लिए/उसके बाद भर्ती रोगियों सहित) में अंतरंग रोगियों की संख्या।

उप-संघटक 3: पिछले एक वर्ष में स्वास्थ्य केन्द्र में की गई प्रमुख शल्य क्रियाएं (एल.एस.सी.एस. सहित)

उप-संघटक 4: पिछले एक वर्ष में स्वास्थ्य केन्द्र में की गई प्रयोगशाला जांचों की संख्या।

3. प्रत्येक उप संघटक को संबंधित पूल में उपलब्ध कुल निधि का 1/4 भाग आवंटित की जाती है। किसी पूल की कुल निधि सभी उप संघटकों को समान रूप से वितरित की जावें।

4. किसी विशेष स्वास्थ्य केन्द्र (उदाहरण के लिए सीएचसी 1) को आवंटन निम्नलिखित सूत्र का प्रयोग करते हुए किया जावे :-

एफ (सीएचसी 1 में ओपीडी मामलों की संख्या/इसी प्रकार के सभी स्वास्थ्य केन्द्रों के कुल ओपीडी मामलों ग ल) . (सीएचसी 1 में आईपीडी मामलों/इसी प्रकार के सभी स्वास्थ्य केन्द्रों के कुल आईपीडी मामलों ग ल<sub>2</sub>) . (सीएचसी 1 में दी गई प्रमुख शल्य क्रियाओं की संख्या/इसी प्रकार के सभी स्वास्थ्य केन्द्रों में की गई कुल प्रमुख शल्य क्रियाएं ग ल<sub>3</sub>) . (सीएचसी 1 में की गई प्रयोगशाला जांचों की संख्या/इसी प्रकार के सभी स्वास्थ्य केन्द्रों की गई प्रयोगशाला जांच की कुल संख्या ग ल<sub>4</sub>)

- एफई- स्वास्थ्य केन्द्र की नियत हकदारी (2.50 लाख रुपये तक राशि सी.एच. सी/एस.डी.एच./एस.एच. हेतु)
- वाई 1- उप संघटक 1 में उपलब्ध कुल निधियां (2.50 लाख रुपये ग जिले में सीएचसी और एसडीएच की संख्या ग 1/4)
- वाई 2- उप संघटक 2 में उपलब्ध कुल निधियां (2.50 लाख रुपये ग जिले में सीएचसी और एसडीएच की संख्या ग 1/4)
- वाई 3- उप संघटक 3 में उपलब्ध कुल निधियां (2.50 लाख रुपये ग जिले में सीएचसी और एसडीएच की संख्या ग 1/4)
- वाई 4- उप संघटक 4 में उपलब्ध कुल निधियां (2.50 सीएचसी और एसडीएच की संख्या ग 1/4)

नोट : ऊपर उल्लेखित एक वर्ष का अर्थ है वित्तीय वर्ष में सीएचसी, एसडीएच आदि जैसे समकक्ष केन्द्र शामिल है।

किसी पर जारी की जाने वाली अनटाईड फंड का उदाहरण परिशिष्ट – 1 पर संलग्न है। एचएमआईएस डाटा पर आधारित एक स्पष्ट उदाहरण परिशिष्ट-2 एवं 3 पर संलग्न है।

5. जिला अस्पताल (डीएच) के आंवटन की गणना के लिए मूलभूत हकदारी को 5 लाख रुपये मुक्त अनुदान तक बढ़ाया जाएगा और यह माना जाएगा कि ओपीडी, आईपीडी, प्रमुख शल्य क्रियाओं तथा प्रयोगशाला जांचों को समान महत्व दिया जाता है।
6. जहां तक पी.एच.सी. का प्रश्न है, प्रसवों एवं प्रयोगशाला जांचों सहित ओपीडी एवं आईपीडी के उप संघटकों के संबंध में पूल किए गए संघटक के अनुसार स्वास्थ्य केन्द्र के अंदर आंवटन की जावे। नियत हकदारी को 87,500 रुपये तक दिया जावे। पीएचसी के 3 उप संघटक, उनके संबंध में सुझाए गए महत्व (वेटेज) के साथ, निम्नलिखित हैं :-

- उप-संघटक 1: पिछले एक वर्ष में स्वास्थ्य केन्द्र में बहिरंग रोगियों की संख्या 30 प्रतिशत  
उप-संघटक 2: पिछले एक वर्ष में स्वास्थ्य केन्द्र सामान्य/प्रसव उसके बाद भर्ती रोगियों सहित अंतरगी रोगियों की संख्या। -40 प्रतिशत  
उप-संघटक 3: पिछले एक वर्ष में स्वास्थ्य केन्द्र में की गई प्रयोगशाला जांचों की संख्या - 30 प्रतिशत

एचएमआईएस डाटा पर आधारित एक स्पष्ट उदाहरण परिशिष्ट-ट पर दिया गया है।

**अनटाईड फंड के समुचित उपयोग हेतु दिशा-निर्देश:-**

### उप-स्वास्थ्य केन्द्र

उप-स्वास्थ्य केन्द्र की प्राप्त अनटाईड राशि का मुख्य उद्देश्य उप-स्वास्थ्य केन्द्रों को क्रियाशील बनाना है तथा उनका सुदृढीकरण करना है। अनटाईड राशि का उपयोग निम्नलिखित कार्यों के लिए किया जा सकता है:-

1. पानी बिजली व्यवस्था तथा जरूरत पड़ने पर उनके बिला के भुगतान हेतु।
2. लघु निर्माण कार्य अथवा मरम्मत कार्य जैसे-नल-बिजली फिटिंग, बिजली की टुटी-फुटी वायरिंग तथा नलो को ठीक करने, खिडकी व दरवाजे आदि के टुटे हुए कांचो को बदलना, दीवारो एवं छतो का सुधार, रंगरोगन, वृक्षारोपण, अस्पताल परिसर में बगीचा विकसित करने, मरीजों के बैठने के लिए चबुतरा आदि के लिए।
3. महिला मरीजों की जांच हेतु प्राईवेसी व्यवस्था के लिए।
4. मरीजा के लिए स्वस्थ पेयजल हेतु केम्पर/मटके खरीदने के लिए।
5. सामान्य प्रसव कराने के लिए आवश्यक उपकरण एवं दवाईयों हेतु।

6. उप-स्वास्थ्य केन्द्र पर वेट मशीन, बी.पी.मापक यन्त्र, परिक्षण टेबल, ड्रेसिंग ड्रम आदि के क्रय के लिए
  7. उप-स्वास्थ्य केन्द्र पर उपयोग में आने वाले विभिन्न उपकरण एवं फर्नीचर के मरम्मत के लिए।
  8. उप-स्वास्थ्य केन्द्र की सफाई व्यवस्था के लिए, प्रसव के पश्चात प्रसव टेबल, उपकरण तथा कक्ष की स्वच्छता के लिए।
  9. आवश्यकता पडने पर रैफरल केन्द्र तक गंभीर मरीजों को ले जाने हेतु वाहन व्यवस्था के लिए। इस हेतु यथासम्भव हो सके "108" इमरजेन्सी एम्बुलेन्स को ही उपयोग में लेवे।
  10. रैफरल केन्द्र तक जाने हेतु वाहन किराया दर, प्रत्येक उप-स्वास्थ्य केन्द्र अपने स्तर पर तय कर संबंधित ग्राम स्वास्थ्य एवं स्वच्छता समिति द्वारा अनुमोदित करवाये।
  11. उप-स्वास्थ्य केन्द्र भवन पर जानकारी/आई.ई.सी. हेतु आवश्यकता अनुसार वॉल पेटिंग, पलेक्सी सीट पोस्टर/बैनर आदि के लिए। आवश्यकता होने पर ब्लीचिंग पाउडर तथा डीस-इन्फेक्टेड की क्रय के लिए।
  12. अति विशिष्ट कार्य करने पर आशा को पुरस्कार हेतु।
  13. स्थानीय स्वास्थ्य समस्याओं के समाधान हेतु जैसे-जांच शिविरों का आयोजन आदि।
  14. अन्डर ग्राउन्ड पानी का टैंक बनवाकर आधा हॉर्सपावर मशीन द्वारा पानी ऊपर चढ़ाने की व्यवस्था के लिए। जहाँ पर यह संभव नहीं है, वहाँ पानी की व्यवस्था टैंकर मंगवाकर की जाए। टैंकर भुगतान उन्ही संस्थाओ पर किया जाए, जहाँ संस्थागत प्रसव हो रहे है।
  15. उप-स्वास्थ्य केन्द्र क्षेत्र में अचानक होने वाली बीमारी के प्रकोप के लिए दवा उपलब्ध न होने की स्थिति में तुरन्त दवाईयों की व्यवस्था हेतु।
  16. जैविकी अवशिष्ट निस्तारण के लिए।
  17. स्वास्थ्य सेवाओं की गुणवत्ता बढ़ाने के लिए आवश्यक कार्यो हेतु।
  18. आई.यू.डी. निवेशन शिविर की आवश्यक व्यवस्था, परिवार कल्याण के प्रचार-प्रसार एवं आई.ई.सी. हेतु।
- इस अनटाईड फण्ड उपयोग किसी भी प्रकार का मासिक वेतन, वाहन क्रय, वाहन के लिये पी.ओ.एल. ग्राम पंचायत संबधी किसी भी तरह के खर्चों आदि के लिए नहीं किया जाए।
  - अनटाईड राशि के उपयोग के लिए उप-केन्द्रवार कार्य योजना ए,एन,एम., सरपंच तथा प्राथमिक स्वास्थ्य केन्द्र के चिकित्सा अधिकारी के साथ तैयार की जाए तथा संबंधित ग्राम स्वास्थ्य एवं स्वच्छता समिति द्वारा उसे अनुमोदित किया जाए।

- अनटाईड राशि के हिसाब हेतु ए,एन,एम. तक अलग रोकड़ रजिस्टर संधारित करेंगी, जिसमें राशि की लेन-देन उपयोग व शेष राशि का हिसाब रखा जाए। इस रजिस्टर का प्रमाणीकरण 3 माह में एक बार, चिकित्सा अधिकारी प्रभारी द्वारा किया जाए।
- प्राथमिक स्वास्थ्य केन्द्र कार्यरत एकाउन्टेन्ट केन्द्र के तहत आने वाले सभी उप-स्वास्थ्य केन्द्रों का लेखा-जोखा रखने के लिए ए,एन,एम. को सहायता प्रदान करेंगे तथा माह में कम से कम एक बार जाकर अवलोकन करेंगे।
- प्रत्येक माह में ए,एन,एम. सेक्टर बैठकों में अनटाईड राशि का व्यय विवरण प्राथमिक स्वास्थ्य केन्द्र एवं ब्लॉक स्तरीय अधिकारियों को प्रस्तुत करेंगी।
- प्रत्येक उप-स्वास्थ्य केन्द्र के मासिक व्यय को प्राथमिक स्वास्थ्य केन्द्र स्तर, ब्लॉक स्तर पर तथा जिला स्तर पर संकलित कर, जिला स्तर से मासिक वित्तीय प्रतिवेदन में राज्य को भेजी जाए।
- ब्लॉक स्तर तथा जिला स्तर के अधिकारी / कन्सल्टेन्ट्स अपने उप-स्वास्थ्य केन्द्र की विजिट के दौरान इस राशि के उपयोग तथा रखे गये हिसाब की समीक्षा करें।

### प्राथमिक स्वास्थ्य केन्द्र

प्रत्येक प्राथमिक स्वास्थ्य केन्द्र को प्राप्त अनटाईड फण्ड की स्वास्थ्य केन्द्र के आर.एम.आर. एस. (राजस्थान मेडिकेयर रिलीफ सोसायटी) के नाम से खोले गये खाते में जमा की जाए। बैंक की चैक-बुक चिकित्सा अधिकारी प्रभारी के पास रहेगी।

इस राशि का मुख्य उद्देश्य प्राथमिक स्वास्थ्य केन्द्रों को अपनी आवश्यकतानुसार राशि को व्यय करते हुए सुदृढीकृत करना है।

- इस अनटाईड राशि के उपयोग के लिए योजना बनाकर आर.एम.आर.एस. द्वारा स्वीकृत करवाया जाए।
- अनटाईड राशि का उपयोग निम्नलिखित कार्यों के लिए किया जा सकता है—
  1. लघु निर्माण कार्य अथवा मरम्मत कार्य जैसे-नल-बिजली फिटिंग, बिजली का टूटी-फूटी वायरिंग नलों को ठीक करने, खिडकी व दरवाजे आदि के टूटे हुए कांचों को बदलना एवं छतों का सुधार, रंगरोगन, वृक्षारोपण, अस्पताल परिसर में बगीचा विकसित करने, मरीजों के बैठने के लिए चबुतरा आदि के लिए।
  2. महिला मरीजों की जाँच हेतु प्राईवैसी व्यवस्था के लिए।
  3. मरीजों के लिए स्वच्छ पेयजन हेतु केम्पर/मटके/वाटर कुलर/वाटर प्युरिफायर क्रय के लिए।
  4. सामान्य प्रसव कराने के लिए आवश्यक उपकरण एवं दवाईयों हेतु।

5. आवश्यकता होने पर परीक्षण टेबल डिलेवरी टेबल, बी.पी.मापक यन्त्र, हीमोग्लोबिनोमीटर, कॉपर-टी इनसर्शट किट, बाल्टी, अटेंडेंट, स्टूल मेकेन्टोश शीट, ड्रेसिंग का सामान, गद्दे, तकिया चादर आदि के क्रय के लिए।
6. सामुदायिक स्वास्थ्य केन्द्र पर उपयोग में आने वाले विभिन्न उपकरणों ट्रॉली, पलंग, अटेंडेंट स्टूल तथा फर्नीचर के मरम्मत के लिए।
7. प्राथमिक स्वास्थ्य केन्द्र की अतिरिक्त सफाई व्यवस्था के लिए।
8. प्रसव क पश्चात् प्रसव टेबल, उपकरण तथा कक्ष की स्वच्छता के लिए।
9. आवश्यकता पडने पर रैफरल केन्द्र तक गंभीर मरीजों को ले जाने हेतु वाहन व्यवस्था के लिए। इस हेतु जहां तक हो सके 104 एवं 108 इमरजेंसी एम्बुलेन्स को में लेवें।
10. रैफरल केन्द्र तक जाने हेतु वाहन किराया दर प्रत्येक प्राथमिक स्वास्थ्य केन्द्र अपने स्तर पर तय कर संबंधित आर.एम.आर.एस. द्वारा अनुमोदित करवाये।
11. प्राथमिक स्वास्थ्य केन्द्र भवन पर जानकारी/आई.ई.सी. हेतु आवश्यकता अनुसार वॉल पेटिंग, पलेक्सी सीट पोस्टर/बैनर आदि के लिए।
12. आवश्यकता होने पर ब्लीचिंग पाउडर तथा डीस-इनफेक्टेड की क्रय के लिए।
13. अतिविशिष्ट कार्य करने पर आशा को पुरस्कार हेतु।
14. स्थानीय स्वास्थ्य समस्याओं के समाधान हेतु जैसे-जांच शिविरों का आयोजन आदि।
15. बिजली-पानी की व्यवस्था हेतु तथा आवश्यकता पडने पर पानी की आपूर्ति लाईन की मरम्मत या पुनर्स्थापित करने हेतु
16. अस्पताल/अस्पताल परिसर में सही रूप साइनेज लगवाने हेतु।
17. प्राथमिक स्वास्थ्य केन्द्र क्षेत्र में अचानक होने वाली बीमारी के प्रकोप के लिए दवा उपलब्ध न होने स्थिति में तुरन्त दवाईयों की व्यवस्था हेतु।
18. आवश्यकता होने पर एन्टी स्नैक विनय/एन्टी रैबिज की खरीद।
19. जैविकी अवशिष्ट कि निस्तारण के लिए।
20. स्वास्थ्य सेवाओं की गुणवत्ता बढ़ाने के लिए आवश्यक कार्यो हेतु।
21. आवश्यकता होने पर सोक पिट बनवाने के लिए।
22. आई.यू.डी. अन्सर्शन कैम्प की आवश्यक व्यवस्था, परिवार कल्याण के प्रचार-प्रसार एवं आई.ई.सी. हेतु।
23. एम.सी.एच.एन. दिवस के एक दिन पूर्व ड्रम बिटिंग के लिए पूरे दिन के लिए रुपये 100/- की राशि दी जाएगी।
24. आवश्यकता पडने पर चादर, तकिया कवर आदि के धुलाई हेतु।
25. संघन निरिक्षण अभियान के तहत जो भी कमियां पायी जाती है उसको सही करने में इस राशि का समुचित उपयोग करें।

- इस अनटाईड फण्ड का उपयोग किसी भी प्रकार का वेतन वाहन, क्रय, वाहन के लिए पी.ओ.एल., प्रशिक्षण से संबंधित सामग्री अखबार/मैगजीन/जर्नल में विज्ञापन आदि के लिए नहीं किया जाए।
- अनटाईड राशि के हिसाब हेतु प्राथमिक स्वास्थ्य केन्द्र के एकाउन्टेन्ट द्वारा रोकड रजिस्टर संधारित किया जाए। जिसमें राशि की लेन-देन, उपयोग व शेष राशि का हिसाब रखा जाए। इस रजिस्टर का प्रमाणीकरण वित्तिय नियमनुसार चिकित्सा अधिकारी प्रभारी द्वारा किया जाए व मासिक वित्तिय रिपोर्ट ब्लॉक मुख्य चिकित्सा अधिकारी एवं मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी को भिजवाने।
- जिन प्राथमिक स्वास्थ्य केन्द्र पर एकाउन्टेन्ट उपलब्ध नहीं है, उन केन्द्रों पर निकटस्थ केन्द्र के एकाउन्टेन्ट को सप्ताह में 2 दिन कार्य करने के लिए भेजा जाए
- प्रत्येक माह में एकाउन्टेन्ट ब्लॉक स्तर पर अनटाईड राशि का व्यय विवरण प्रस्तुत करेंगे।
- प्राथमिक स्वास्थ्य केन्द्रवार व्यय विवरण ब्लॉक स्तर पर तथा जिला स्तर पर संकलित कर जिला स्तर से मासिक वित्तिय प्रतिवेदन में राज्य को भेजा जाए।
- ब्लॉक स्तर तथा जिला के अधिकारी/ कन्सल्टेन्ट्स, प्राथमिक स्वास्थ्य केन्द्र की विजिट के दौरान इस राशि के उपयोग तथा रखे गये हिसाब की समीक्षा करें।

### सामुदायिक स्वास्थ्य केन्द्र/उपजिला अस्पताल/सेटेलाईट अस्पताल

प्रत्येक सामुदायिक स्वास्थ्य केन्द्र को प्राप्त अनटाईड फण्ड सामुदायिक स्वास्थ्य केन्द्र के आर.एम.आर.एस. (राजस्थान मेडिकेयर रिलीफ सोसायटी) के नाम से खोले गये खाते में जमा की जाए। बैंक की चैक-बुक एवं पास बुक सी.एच.सी. प्रभारी के पास रहेगी।

इस राशि का मुख्य उद्देश्य सामुदायिक स्वास्थ्य केन्द्रों को अपनी आवश्यकतानुसार राशि को व्यय करते हुए सुदृढीकृत करना है।

अनटाईड राशि के उपयोग के लिए योजना बनाकर आर.एम.आर.एस. द्वारा स्वीकृत करवाई जाए।

अनटाईड राशि का उपयोग निम्नलिखित कार्यों के लिए किया जा सकता है –

1. लघु निर्माण कार्य अथवा मरम्मत कार्य जैसे-नल, बिजली फिटिंग, बिजली की टूटी-फूटी वायरिंग, नलों को ठीक करने, खिड़की व दरवाजे आदि के टूटे हुए कांचो को बदलना, दीवारों एवं छतों का सुधार, रंगरोगन, वृक्षारोपण, अस्पताल परिसर में बगीचा विकसित करने, मरीजों के बैठने के लिए चबुतरा आदि के लिए।
2. महिला मरीजों की जांच हेतु प्राईवेसी व्यवस्था के लिए।



3. मरीजों के लिए स्वच्छ पेयजल हेतु केम्पर/मटके/वाटर कूलर/वाटर प्यूरिफायर क्रय के लिए।
4. सामान्य प्रसव कराने के लिए आवश्यक उपकरण एवं दवाईयों के क्रय हेतु।
5. आवश्यकता होने पर परीक्षण टेबल, डिलेवरी टेबल, बी.पी. मापक यन्त्र, हीमोग्लोबिनोमीटर, कॉपर-टी इन्सर्शन किट, इन्ट्रुमेंट ट्रे, बेबी ट्रे, वेट मशीन, ड्रेसिंग ड्रम, प्लास्टिक रबर शीट, स्टेथोस्कोप, बाल्टी, अटेंडेंट स्टूल, मेकेन्टोश शीट, ड्रेसिंग का सामान, गद्दे, तकिया, चादर आदि के क्रय के लिए।
6. सामुदायिक स्वास्थ्य केन्द्र पर उपयोग में आने वाले विभिन्न उपकरणों, ट्रॉली, पलंग, अटेंडेंट स्टूल तथा अन्य फर्नीचर के मरम्मत के लिए।
7. सामुदायिक स्वास्थ्य केन्द्र की अतिरिक्त सफाई व्यवस्था के लिए।
8. प्रसव के पश्चात् प्रसव टेबल, उपकरण तथा कक्ष की स्वच्छता के लिए।
9. आवश्यकता पड़ने पर जिला अस्पताल/मेडिकल कॉलेज अस्पताल तक गंभीर मरीजों को ले जाने हेतु वाहन व्यवस्था के लिए। जहां तक हो सके रैफरल हेतु 104 एवं 108 इमरजेन्सी एम्बुलेंस को ही उपयोग में लें।
10. जिला अस्पताल/मेडिकल कॉलेज अस्पताल तक जाने हेतु वाहन किराया दर, प्रत्येक सामुदायिक स्वास्थ्य केन्द्र अपने स्तर पर तय कर संबंधित आर.एम.आर.एस. द्वारा अनुमोदित करवाये।
11. सामुदायिक स्वास्थ्य केन्द्र भवन पर जानकारी/आई.ई.सी. हेतु आवश्यकता अनुसार वॉल पेंटिंग, पलेक्सी सीट पोस्टर/बैनर आदि के लिए।
12. बिजली-पानी की व्यवस्था हेतु, पानी की टंकी की सफाई हेतु आवश्यकता पड़ने पर पानी की आपूर्ति लाईन की मरम्मत या पुनर्स्थापित करने हेतु।
13. अस्पताल/अस्पताल परिसर में सही रूप साइनेज लगवाने हेतु।
14. सामुदायिक स्वास्थ्य केन्द्र क्षेत्र में अचानक होने वाली बिमारी के प्रकोप के लिए दवा उपलब्ध न होने की स्थिति में तुरन्त दवाईयों की व्यवस्था हेतु।
15. आवश्यकता होने पर एन्टी स्नैक विनम/एन्टी रैबिज की क्रय।
16. जैविकी अवशिष्ट निस्तारण के लिए।
17. स्वास्थ्य सेवाओं की गुणवत्ता बढ़ाने के लिए आवश्यक कार्यो हेतु।
18. आवश्यकता होने पर सोक पिट बनवाने के लिए।
19. आई.यू.डी. इन्सर्शन कैम्प की आवश्यक व्यवस्था, परिवार कल्याण के प्रचार-प्रसार एवं आई.ई.सी. हेतु।
20. संस्थान के उपकरण खराब होने पर सक्षम आर.एम.आर.एस. अनुमोदन के पश्चात् ही क्रय करें।
21. आवश्यकता पड़ने पर चादर, तकिया कवर आदि के धुलाई हेतु।
22. संघन निरीक्षण अभियान के तहत जो भी कमियां पायी जाती है उसको सही करने में इस राशि का समुचित उपयोग करें।

- इस अनटाईड फण्ड का उपयोग किसी भी प्रकार का मासिक वेतन, वाहन क्रय, वाहन के लिये पी.ओ.एल., प्रशिक्षण से संबंधित सामग्री, अखबार/मैगजीन/जर्नल में विज्ञापन आदि के लिए नहीं किया जाए।
- अनटाईड राशि के हिसाब हेतु सामुदायिक स्वास्थ्य केन्द्र के एकाउन्टेन्ट द्वारा रोकड रजिस्टर संधारित किया जाए, जिसमें राशि की लेन-देन उपयोग व शेष राशि का हिसाब रखा जाए। इस रजिस्टर का प्रमाणीकरण सप्ताह में एक बार सी.एच.सी. प्रभारी द्वारा किया जाए।
- प्रत्येक माह में एकाउन्टेन्ट ब्लॉक स्तर पर तथा जिला स्तर पर अनटाईड राशि का व्यय विवरण प्रस्तुत करेंगे।
- सामुदायिक स्वास्थ्य केन्द्रवार, व्यय विवरण ब्लॉक स्तर पर तथा जिला स्तर पर संकलित कर जिला स्तर से मासिक वित्तीय प्रतिवेदन में राज्य को भेजा जाए।
- जिला स्तर के अधिकारी/कन्सल्टेन्ट्स, सामुदायिक स्वास्थ्य केन्द्र की विजिट के दौरान इस राशि के उपयोग तथा रखे गये हिसाब की समीक्षा करें।
- ब्लॉक में यदि लेखाकार का पद स्थापित है तो वित्तीय रिकॉर्ड में उनको नियमित रूप से चौक करना है।

### जिला अस्पताल

प्रत्येक जिला अस्पताल को प्राप्त अनटाईड फण्ड जिला अस्पताल के आर.एम.आर.एस. (राजस्थान मेडिकेयर रिलीफ सोसायटी) के नाम से खोले गये खाते में जमा की जाए।

इस राशि का मुख्य उद्देश्य जिला अस्पताल को अपनी आवश्यकतानुसार राशि को व्यय करते हुए सुदृढीकृत करना है।

अनटाईड राशि के उपयोग के लिए योजना बनाकर आर.एम.आर.एस. द्वारा स्वीकृत करवाई जाए।

अनटाईड राशि का उपयोग निम्नलिखित कार्यों के लिए किया जा सकता है—

1. लघु निर्माण कार्य अथवा मरम्मत कार्य जैसे—नल, बिजली फिटिंग, बिजली की टूटी-फूटी वायरिंग, नलों को ठीक करने, खिड़की व दरवाजे आदि के टूटे हुए कांचो को बदलना, दीवारों एवं छतों का सुधार, रंगरोगन, वृक्षारोपण, अस्पताल परिसर में बगीचा विकसित करने, मरीजों के बैठने के लिए चबुतरा आदि के लिए।
2. महिला मरीजों की जांच हेतु प्राईवेसी व्यवस्था के लिए।
3. मरीजों के लिए स्वच्छ पेयजल हेतु केम्पर/मटके/वाटर कूलर/वाटर प्यूरिफायर क्रय के लिए।
4. सामान्य प्रसव कराने के लिए आवश्यक उपकरण एवं दवाईयों के क्रय हेतु।

5. आवश्यकता होने पर परीक्षण टेबल, डिलेवरी टेबल, बी.पी. मापक यन्त्र, हीमोग्लोबिनोमीटर, कॉपर-टी इन्सर्शन किट, इन्ट्रुमेंट ट्रे, बेबी ट्रे, वेट मशीन, ड्रेसिंग ड्रम, प्लास्टिक रबर शीट, स्टेथोस्कोप, बाल्टी, अटेंडेंट स्टूल, मेकेन्टोश शीट, ड्रेसिंग का सामान, गद्दे, तकिया, चादर आदि के क्रय के लिए।
  6. सामुदायिक स्वास्थ्य केन्द्र पर उपयोग में आने वाले विभिन्न उपकरणों, ट्रॉली, पलंग, अटेंडेंट स्टूल तथा अन्य फर्नीचर के मरम्मत के लिए।
  7. सामुदायिक स्वास्थ्य केन्द्र की अतिरिक्त सफाई व्यवस्था के लिए।
  8. प्रसव के पश्चात् प्रसव टेबल, उपकरण तथा कक्ष की स्वच्छता के लिए।
  9. आवश्यकता पड़ने पर जिला अस्पताल/मेडिकल कॉलेज अस्पताल तक गंभीर मरीजों को ले जाने हेतु वाहन व्यवस्था के लिए। जहां तक हो सके रैफरल हेतु 104 एवं 108 इमरजेन्सी एम्बुलेंस को ही उपयोग में लें।
  10. जिला अस्पताल/मेडिकल कॉलेज अस्पताल तक जाने हेतु वाहन किराया दर, प्रत्येक सामुदायिक स्वास्थ्य केन्द्र अपने स्तर पर तय कर संबंधित आर.एम.आर.एस. द्वारा अनुमोदित करवाये।
  11. सामुदायिक स्वास्थ्य केन्द्र भवन पर जानकारी/आई.ई.सी. हेतु आवश्यकता अनुसार वॉल पेटिंग, पलेक्सी सीट पोस्टर/बैनर आदि के लिए।
  12. बिजली-पानी की व्यवस्था हेतु, पानी की टंकी की सफाई हेतु आवश्यकता पड़ने पर पानी की आपूर्ति लाईन की मरम्मत या पुनर्स्थापित करने हेतु।
  13. अस्पताल/अस्पताल परिसर में सही रूप साइनेज लगवाने हेतु।
  14. आवश्यकता होने पर एन्टी स्नैक विनम/एन्टी रैबिज की क्रय।
  15. जैविकी अवशिष्ट निस्तारण के लिए।
  16. स्वास्थ्य सेवाओं की गुणवत्ता बढ़ाने के लिए आवश्यक कार्यो हेतु।
  17. आवश्यकता होने पर सोक पिट बनवाने के लिए।
  18. आई.यू.डी. इन्सर्शन कैम्प की आवश्यक व्यवस्था, परिवार कल्याण के प्रचार-प्रसार एवं आई.ई.सी. हेतु।
  19. संस्थान के उपकरण खराब होने पर सक्षम आर.एम.आर.एस. अनुमोदन के पश्चात् ही क्रय करें।
  20. आवश्यकता पड़ने पर चादर, तकिया कवर आदि के धुलाई हेतु।
  21. संघन निरीक्षण अभियान के तहत जो भी कमियां पायी जाती है उसको सही करने में इस राशि का समुचित उपयोग करें।
- इस अनटाईड फण्ड का उपयोग किसी भी प्रकार का मासिक वेतन, वाहन क्रय, वाहन के लिये पी.ओ.एल., प्रशिक्षण से संबंधित सामग्री, अखबार/मैगजीन/जर्नल में विज्ञापन आदि के लिए नहीं किया जाए।
  - अनटाईड राशि के हिसाब हेतु जिला अस्पताल के सहायक लेखाधिकारी/एकाउन्टेन्ट द्वारा रोकड रजिस्टर संधारित किया जाए, जिसमें राशि की लेन-देन उपयोग व शेष



राशि का हिसाब रखा जाए। इस रजिस्टर का प्रमाणीकरण सप्ताह में एक बार अस्पताल प्रभारी द्वारा किया जाए।

- प्रत्येक माह में सहायक लेखाधिकारी/एकाउन्टेन्ट, मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी कार्यालय पर अनटाईड राशि का व्यय विवरण प्रस्तुत करेंगे तथा उक्त राशि का व्यय विवरण जिला स्तर से मासिक वित्तीय प्रतिवेदन में राज्य को भेजा जाना सुनिश्चित किया जायें।
- राज्य/सम्भाग/जिला स्तर के सहायक लेखाधिकारी/एकाउन्टेन्ट, जिला अस्पताल की विजिट के दौरान इस राशि के उपयोग तथा रखे गये हिसाब की समीक्षा करें।

### परिशिष्ट-1

किसी 'I'- CHC पर जारी की जाने वाली अनटाईड फण्ड राशि का उदाहरण

जैसे किसी CHC 'I' का वर्ष 2014-15 का

OPD	- 40000
IPD	- 2000
Majaor Surgeries	- 100
Lab. Test	- 2000

तथा अगर इस जिले में सभी CHC एवं SDH/SH का योग करते हैं (कुल संख्या 10) तो सभी संस्थानों Performance का (वर्ष 2014-15) निम्न रूप होता है (Assume करते हैं)

OPD	- 40000
IPD	- 2000
Majaor Surgeries	- 100
Lab. Test	- 2000

तो राशि का आंवटन निम्न रूप में होगा -

Name of CHC (a)	Sub Component 1 OPD (b)	Sub Component 2 IPD (c)	Sub Component 3 Major Surgeries (d)	Sub Component 4 Lab. Test (e)	Total Performance based fund (f)	Fixed entitlement (g)	Previous year Balance (K)	Total Untied fund allotted (l)
CHC *A*	b=(40000/40000x62500 Rs.62500	c=(2000/16000x62500 Rs.62500	d=(100/1000x62500 Rs.62500	e=(2000/20000x62500 Rs.62500	265625	250000	100000	l=f+g+k Rs. 415625



## **Rajasthan Transparency in Public Procurement Rules 2013**

Presently, the Corporation is following the provisions of GF & AR and PWD F&R. The newly framed RTPP Rules consists of following chapters:- 1 Organizations Structure for Procurement 2 General Principles of Procurement 3 Method of Procurement 4 Bid Process Management 5 Code Of Integrity 6 Appeals Some of the important provisions, additions and changes made in RTPP Rules, 2013 are as follows :

### **Rajasthan Transparency in Public Procurement Rules 2013 Organization structure for procurement: Formation of Committees:**

For procuring goods, works and services, committees at Head Office level as well as Unit level are to be constituted for :

1. Preparation of bidding documents.
2. Opening of bids.
3. Evaluation of bids.
4. Monitoring of contract.
5. Spot purchase.
6. Competitive negotiations etc. Membership will not be less than 3 members including accounts official and technical experts having professional knowledge.

**Rajasthan Transparency in Public Procurement Rules 2013 Organization structure for procurement: The tendering process is performed at Unit level and by GAD Cell at H.O., therefore, constitution of the committees may be as under : Unit level : Unit Head, Next Senior most technical officer and Senior Most Finance Officer at Unit. GAD Cell : Controlling officer of GAD cell, Manager(GAD) and Sr. most finance officer of GAD Cell.**

### **Principles for procurement of goods, works & services:**

- Determination and assessment of need
- Procurement plan of each item of goods, works & services for the year/years.
- Availability of AS, FS, TS and budget with procuring entity.
- Allotment of unique bid numbers for tracking purposes.
- Evolving procurement Management information system and tracking system.

### **Management of bid process:**

- Description of subject matter of procurement.
- Criteria for evaluation of bids.
- Preparation of bidding documents. Sections of bidding document
  - (a)NIT/BIDS
  - (b) Instruction to bidders.
  - (c)BID data sheet.
  - (d) Qualification and evaluation criteria.
  - (e) Bidding forms and contract forms.
  - (f) General & special conditions of contract.
  - (g)Any other document as may be needed.



(h) Bidding document shall contain instructions to bidders, criteria, procedure, details of subject matter, qualification of bidders, and eligibility of bidders.

#### **Publication of NIT /BID on SPPP**

The invitation of bid for pre-qualification, as the case may be, to be published on State Public Procurement Portal (SPPP). An abridged notice should also be published in the newspapers of adequate circulation.

The Corporation presently follows the rules of PWD, however, henceforth the parameters contained in these rules will be followed in reference to procurement of goods, services and works.

#### **State Public Procurement Portal:**

- The Corporation is required to display all bids/NITs on the State Public Procurement Portal in addition to existing publication in RIICO website, newspapers, notice board, information to working contractors and information to other relevant departments.
- Office orders in this regard has been issued for compliance of above provisions by Nodal Officer (SPPP).

#### **Method of procurement:**

Open competitive bidding

- Limited Bidding
- Single source procurement
- Two stage bidding
- Request for quotations
- Procurement without quotation
- Rate contract
- Spot purchases
- Direct procurement from notified agency by State Govt.
- Electronics reverse auction (newly proposed)
- Procurement by Work Order System and Piece Work System
- Empanelment by pre-qualification process:

#### **Method of procurement Limited Bidding**

The limit has been enhanced from **Rs.50000/- to Rs.2.00 lacs** in regard to limited bidding. However, the amount shall **not exceed to Rs.10.00 lacs** in a financial year. **Single Source procurement**

Hiring of services of Consultants or Professionals, if required, may be taken for a maximum period of 12 months and upto financial limit of Rs.5.00 lacs in each case.

The single source may be selected out of the list of empanelled/ registered bidders for the subject matter of procurement with the procuring entity or with any other procuring entity.

Bid security shall not be obtained in case of single source procurement.

#### **Method of procurement: Request for Quotations:**

- The limit has been enhanced from Rs.30000/- to Rs.1.00 lac in regard to limited bidding. However, the amount shall not exceed to Rs.5.00 lacs in a financial year. Procurement without quotations:



- The limit has been enhanced from Rs.3000/- to Rs.10000/- in regard to limited bidding. However, the amount shall not exceed to Rs.1.00 lac in a financial year. However, the procurement will be from Govt. agencies, authorized/ bonafied dealers.

**Method of procurement: Spot Purchase:**

Purchases are made with the approval of CEO on recommendation of the constituted committee. Henceforth, the Corporation will follow the provisions laid down in these rules for spot purchase upto Rs.50,000/- in one occasion subject to Rs.3.00 lacs in one financial year and that too on the recommendation of the constituted committee and a requisite certificate from the committee.

**Procurement of works by work order system and piece work system**

Works valuing less than Rs. 1.00 lac on each occasion may be procured, subject to a limit of Rs. 5.00 lac during a financial year, by work order system.

**Empanelment by pre-qualification process:**

Where there is a frequent requirement but details of the subject matter, its quantity, time and place is not known in advance, then a panel of bidders may be prepared by inviting applications for empanelment by pre-qualification.

May prepare a separate panel for different subject matter of procurement.

**Bid Security:**

- Bid security shall not be taken in case of petty procurement, limited bid, single source procurement, procurement without quotation, spot purchases etc.
- In case of open competitive bid, two stage bidding, rate contract, the bid security shall be 2% of the value of goods, services and works.
- In case of SSI, it shall be 0.5% of the quantity offered for the supplies.
- In case of sick industries, other than SSI, whose cases are pending with BIFR, the security money shall be 1% of the value of the bid.
- Bid security of unsuccessful bidders shall be refunded soon after final acceptance of the successful bid and signing of agreement and submitting performance security.

**Bid Security: Bid security taken from the bidders shall be forfeited in the following cases :**

- Bidder withdraws or modifies its bid after opening of the bid.
- Bidder does not execute the agreement after placement of supply/work-order within the specified period.
- Bidder fails to commence supply of goods, services or execute the work as per order within the time specified.
- Bidder does not deposit the performance security within the specified period.





- Bidder breaches any provision of code of integrity

**Sale of bidding documents:**

- Sale of bid documents shall commence from the date of notice inviting bids and shall stop one day prior to the date of opening of the bids.
- Complete bid documents shall also be placed on the SPPP.
- The prospective bidders shall be permitted to download the bid documents from the website and pay its price while submitting the filled up bid documents or on e-procurement gateway.

**Right to vary quantity:** It is a new provision in these rules. At the time of award of contract, the quantity of goods, works or services originally specified in the bidding documents may be increased, but such increase shall not exceed twenty percent of the quantity specified in the bidding documents. It shall be without any change in the unit prices or other terms and conditions of the bid and the bidding documents.

- (a) 50% of the quantity of the individual items and 20% of the value of original contract in case of works; and
- (b) 25% of the value of goods or services of the original contract.

Presently, organizations are entitled to vary quantities without any limit.

**Cancellation of procurement process :** If any procurement process has been cancelled, it shall not be re-opened. Earlier such binding was not existing in practice. **Repeal :** All rules, regulations, Orders, notifications, departmental codes, manuals, by laws, official memoranda or circulars relating to procurement of goods services or works shall be repealed by these rules if earlier provisions are different than these rules.

**Time frame for procurement process: Each activity of procurement process will require specific time in one stage bidding in open competitive and limited bidding as under :**

(a)	Issue of bidding document:	: From the publication day.
(b)	Submission of bids	: 30 days from the date of first publication
(c)	Technical bid opening	: Within one day of last day of submission of bid
(d)	Issue of letter of award	: Within 3 days from the approval of award by competent authority
(e)	Execution of contract agreement	: Period as specified in bid document and generally in 15 days from date of award
(f)	Time schedule for decision of bids / tender by competent authority	Unit office - 20 days Addl. C.E. - 40 days ED/ MD- 70 days

**Validity period of bid shall not be normally more than 90 days.**

**Time for submission of bids and mode of Publicity for procurement of goods & services:**

S.No	Estimated Value of procurement	Period for submission of bid	Mode of publication
1	Upto Rs 5.00 lac	10 days	Notice Board of procuring entity and Unit offices, Regional and Divisional office of PWD + PHED + JVVNL etc. website of RIICO & SPPP, one Regional daily newspaper.
2	Above Rs. 5.00 to Rs. 50.00 lacs	15 days	In addition to above publication in, one leading state level daily newspaper having circulation of 50000 copies and above.
3	Above Rs. 50.00 lacs	30 days	In addition to above , publication in ,India level English daily newspaper with wide circulation.
Note : Relaxation may be given by competent authority in appropriate cases.			

**Time for submission of bids and mode of Publicity for procurement of works :**

Performance security :

1. Performance security shall be solicited from all successful bidders except the department of the State Govt.
2. The amount of performance security shall be 5% of work order in case of goods and service and 10% in case of works
3. Performance security shall be furnished in any form such as; DD/ Banker Cheque/NSC/ Bank Guarantee/ FDR etc.

S.No	Estimated Value of procurement	Period for submission of bid from date of NIT	Mode of publication
1	Upto Rs 1.00 lac	7 days	Notice Board of procuring entity and Unit offices.
2	Above Rs. 1.00 to Rs. 10.00lacs	15 days	In addition to above , website of RIICO & SPPP and publication in one Regional daily newspaper.
3	Above Rs. 10.00 lacs and upto Rs. 100.00 lacs	21 days	In addition to above, one state level leading daily newspaper having circulation of 50000 or more
4	Above Rs. 1.00 crore	30 days	In addition to above, one all India level daily newspaper with wide circulation.
Note : Relaxation may be given by competent authority in appropriate cases.			



## Rajasthan Service Rules 1951

**Session-** Rajasthan Service Rules 1951

### **Sessions Objective-**

7. To acquaint the participants with various provisions of Service Rules 1951
8. To develop the understanding about procedures to be followed under RSR as government servant
9. To ensure understanding about disciplinary aspects, actions responsibilities, reporting systems under RSR

### **Contents-**

- Definitions
- General conditions of service
- Posting and transfer, promotion, deputation
- Suspension retirement compulsory retirement
- Leaves, earned leaves, maternity leaves

### **Methodology**

Presentation, Brain storming, Group Exercise, Case studies

**Duration** -1.30 Hours for each topic

### **Note for Trainer's**

There will be two sessions to cover this topic

Session should be begins with discussions RSR and its importance.

PPT presentation and case studies can be used for developing understanding of participants on RSR

At least 10 minutes may be kept for discussion on questions of participants may have.

Same methodology may be adopted for other two topics also



## Rajasthan Service Rules 1951

Rajpramukh of Raj., exercising power under the proviso to Article 309 of the Constitution, made these rules regarding conditions of service of persons appointed to services & posts in connection with the affairs of Raj.

### Rule1: Short title & commencement-

-‘The Rajasthan Service Rules’  
-w.e.f.1.4.51’

### Rule2: Extent of Applicability:- these apply to:

1. To all persons appointed by Govt. on or after 7<sup>th</sup> day of 1949.
2. To all persons appointed on and after said to such posts/ services as a result of integration of the services of the Covenanting States , and  
To all persons appointed to such posts or services on the basis of contracts by Govt. of Raj.  
Or by Govt. of a Covenanting state but these rules were not specially.

### Not Applicable:- These rules shall not apply to-

- (a) officers on deputation from G.O.I or from Govt. of any state,
- (b)(i) the judges of the high court&(ii) the officers & servants of high - court who are covered under Article229(2).
- (c) Chairman & members of R.P.S.C.
- (d) Members of AIS who are covered by Union Rules.
- (e) Persons paid from contingencies.
- (f) to Work- Charged employees.
- (g) Persons for whom special or specific provision in respect of any matter covered by these rules has been made
- (h) persons paid out of consolidated fund of state & who are at the same time ‘Workmen’ as defined in section 2(s) of the Industrial Dispute Act 1947’,and ‘Factories Act 1948’.

### Rule 3: Concurrence of F.D.

Concurrence of F.D. to be taken before in exercising any Power Under these rules , but:

The cases may be decided under the provisions & delegation of power vested in Administrative Department

Refer only those cases to FD for its advice by sending –

- (i) self contained notes
- (ii) Administrative Department Comments
- (iii) Justification for referring to FD.

### Rule 4: Power to alter & amend:-

Govt. has power to make such rules or order, relax the provisions of these rules (to be just & equitable

- o **4A:** - Govt. reserves the right of changing the rules regarding pay & acting allowance and leave & pension from time to time.



- **4B:- (a) Power to Review :-** The **Government** reserves the power to review any action taken or any order passed under these rules.

(b) The review shall be done on some new important facts evidences, which were not in notice earlier.

#### **Rule 5: Power to delegate :-**

**Government may delegate any power except following:-**

- all powers to make rules,
- the other powers conferred by rule 5, 42(addition to pay),
- 56(a), 81, 148, 151 & 57(c).

The power of interpreting these rules are reserved to the **Government**.

#### **Definitions**

**R- 7:-(1) Age:** When a G.S.is required to retire , revert , or cease to be on leave on attaining a **specified age .**

**Note:** In the case of Govt. servant whose exact date of birth is **not known**, procedure prescribed in GF&A.R. -132 will be followed as below:-

- (i) If he can state year, or year and month of birth, the 1st of July & 16<sup>th</sup> of month.
- (ii) If he is only able to state his approximate age, age will be assumed by deducting the number of year representing his age.
  - Earlier decided cases will not be re-opened.
  - Only Clerical error can be rectified by F.D. through A.D.

(2) **Apprentice:** A person deputed for training with a view to employment in Govt. service who draws pay at monthly rates but not employed on substantial vacancy in cadre of the department.

(3) Constitution

(4) **Cadre:** Strength of a service or part of service sanctioned as a separate unit.

(4 A) **Class IV: as classified "Class- iv".**

(5) **Compensatory Allowance:** Allowance granted to meet personal necessitated expenditure by the special circumstances in which the duty is performed.

(6) **Competent Authority:** Governor or any authority to which the power is delegated (given in Appendix-IX)

(7) **Consolidated Fund :** Article 266 of the Constitution.

(7 A) **Commuted Leave:** (Sub-rule (2) of Rule 93)

(8) **Duty:** (a)Duty includes:-

- (i) Service as probationer, Probationer-Trainee .
- (ii) Joining Time.
- (iii) On returning from leave the day of taken over .

(B) Govt. may issue orders declaring G.S. to be treated on duty:-



- (i) During course of training or instruction.
- (ii) In case of student, stipendiary or otherwise, who is entitled to the service of Govt. on passing the course of training.
- (iii) In case of a Govt. Servant, who are required to attend depttl exams.
- (iv) Period occupied in attending an optional examination when if permitted by C.A.

(9) **Fee:-** payment to Govt. Servant from source other than Consolidated Fund of India,/State

**(10) Foreign Service:-** where Govt. Servant receives his pay & allowances with sanction of Govt. from a source other than Consolidated Fund.

(10 A) **Gazetted Officer**

(10 B) **Half Pay Leave** (as per rule 93)

(11)**Head Of Department:-** (appendix XIV)

(12)**Holiday**

(13)**Honorarium:-** payment from Consolidated Fund of State/India.

(14)**Joining Time**

(15)**Leave:** Privilege Leave, Half Pay Leave, Commuted Leave, Special Disability Leave, Study Leave, Maternity Leave, Child Adoption Leave ,Hospital Leave, Leave Not Due &Extra Ordinary Leave etc.

(16)**Leave Salary**

(17) **Lien:** Title of a Govt. servant to hold substantively, a permanent post including a tenure post, to which he has been appointed substantively.

(18) **Local Fund:-** means

(a) **Revenues** administered by bodies which by law or rule , come under the control of Govt.

(b) **Revenues** of anybody which may be specially notified by Governor as such.

**(19) Ministerial Service:-** Govt. servant whose duty is entirely clerical or any other defined by Govt. (app.XII part II, Ministerial Service)

**(20) Month:-** a complete calendar month should be calculated a month & less than a completed month be added while calculating.

**Example:-** (a)To calculate 3 months & 20 days on & from 25 Jan.

Calculation	Y	M	D
25 <sup>th</sup> to 31 <sup>st</sup> Jan	0	0	7
<b>Feb. to April</b>	0	3	0
1st May to 13 <sup>th</sup> May	0	0	13
Total	0	3	20





**(21) Official in Permanent Employ:** Govt. servant who (i) holds substantively a permanent post or (ii) who holds a lien on a permanent post, or (iii) would hold a lien on a permanent post, had the lien not suspended.

**(22) Officiate:** A Govt. servant officiates in a post while he performs the duties of a post on which another person holds a lien. Though Govt. can appoint a Govt. servant to officiate in a vacant post on which no other Govt. servant holds a lien. (Private firms/hospitals/temples when Govt. wants to administer well).

**(23) Pay:** means the amount drawn monthly by Govt. servant as

(i) the pay, other than special pay as per his qualification, which has been sanctioned for a post held by him by reason of position in a cadre.

(ii) Special Pay & Personal Pay

(iii) Any other emoluments, classed as pay by Governor.

**(24) Pension:-** Pension includes gratuity and or DCRG.

**(25) Permanent Post:-** means a post carrying a definite rate of pay without limit of time.

**(26) Personal Pay:-** means additional pay granted to a Govt. servant.

(a) to save him from loss due to revision of pay or any reduction in pay otherwise than as a disciplinary measure, or

(b) in exceptional circumstances, on other personal consideration.

**(27) Privilege Leave** (Rule 91,92, 94)

**(28) Presumptive Pay of a Post:** means the pay to which he would be entitled, if he held the post substantively & were performing its duties.

**(29) Probationer:** means a person appointed provisionally against a substantive vacancy in a cadre of service or on a substantively vacant post.

**(30) Probationer Trainee:** means a person appointed through Direct Recruitment against a clear vacancy in a cadre of service & placed under training on fixed remuneration for a period of two years & extended period, if any.

**(31) Special Pay:** an additions (of nature of pay) to the emoluments of a post of Govt. Servant granted in consideration of-

(a) specially arduous nature of duties

(b) specific addition to the work.

**(32) Superior Service:** Service other than Class-IV.

**(33) Subsistence Grant:** to a G.S. who is not in receipt of his pay & leave salary.

**(34) Substantive Pay:** to which a G.S. is entitled to which he has been appointed substantively or by reason of his substantive position in a cadre.

**34-A) Substantive appointment:** means the appointment of a Govt. Servant on a permanent post and on which he acquires a lien.

**(35) Temporary Post:** means a post carrying a definite rate of pay sanctioned for a limited time.

**(36) Tenure Post:** means a permanent post which an individual Govt. Servant may not hold for more than a limited period.





**(37) Time Scale Pay:** which rises by periodical increments from a minimum to a maximum (as per conditions prescribed in service rules).

The 'Time Scales' are said to be **identical**, if the minimum, maximum, the period of increment and the rate of increment of the Time Scales are identified.

A post is said to be **on the same time scale** as another post on a time scale if the two time scales are identical, and the post fall within a cadre or a class of cadre.

**(38) Transfer:-** Movement of G.S. from one Head Quarter station to another Head Quarter:

- (a) to take up his duties of a new post, or
- (b) due change of his head quarter.

**(39) Vacation Department**

**(40) Non Pensionable Establishment:** Whose pay is not paid 'Pay of officers' 'Pay of Establishment in the budget' but is drawn in any other method.

### **General Conditions of Service**

**R- 8:** All appointments on or after 20.1.2006 shall be made as a **probationer-Trainee** for a period of 2 years. (Medical Officers for one year).

- (a) She/he will be paid fixed remuneration prescribed.
- (b) After successful completion of probationer training, allowed minimum pay in the pay scale will be allowed.
- (c) The period of probationer training shall not count for grant of annual increment.
- (d) -12 Casual Leaves will be allowed.
- = During Probation period EOL upto 1 month:
  - (e) If leave (EOL) beyond 1 month, the period of Probation Period will be extended accordingly, if granted by CA with concurrence of F.D.
  - (f) -Maternity Leaves, Paternity Leaves, Child Adoption Leaves are allowed.

### **General Conditions of Service**

-Provided further that a Govt. servant **who is already in regular service ,if appointed as PT** for a period of 2 years on or after 20.1.2006 shall be allowed his pay scale or fixed remuneration whichever may be beneficial to him.

<b>Facilities(during prob. Period)</b>	<b>Queries/ Details of queries( vide RIPA Letter-5533 Dt.17.07.2006)</b>	<b>Comments of FD( F.12(5)/FD/Rules/06 Dt.30.8.2006.</b>
(a) Leave	(i)Whether he is entitled to his due leave of his previous post.	Yes, but it has to be decided by Competent Authority.
	(ii) Whether he is entitled to earn regular leave as per RSR .	As per Rule 122-A,he will not earn regular leave.



	(iii) Casual Leaves.	12 CL in the FY. If in middle of the year ,then proportionately.
(b)Increments	(i) Whether he is entitled to his due increments during prob. Pd.	He is entitled to increments in the existing pay .
(c)HRA	Whether he is to HRA . If yes; at what Rates i.e. Rates of Jaipur or place of earlier posting	He is entitled to HRA @ place of posting ; if he was posted in Jaipur, then HRA of Jaipur
(d) Joining Time	Whether he is entitled to Joining Time &Joining Time pay.	Yes, only who has compled 3years; but those not completed 3 years will get Joining Time but not Joining time Pay

**R- 8 A: Age on 1st appointment:** The minimum & maximum age for entry into Government service shall generally be 16 & 35 years respectively. (5 years relaxation in upper age given w.e.f.6-3-2012)

Note:- Minor ( less than 18 yrs) not to be appointed to a post requiring security.

**Relaxations for limits in Upper Age :-**

- \_\_For- (1) women- 42 years.  
(2) SC/ST - 5 years.  
(3) 'reservist' of Indian Armed Forces - 50 years.

**Change of Name:** Govt. servant wishing to change his name or to adopt a new name

-- by a deed changing his name

--deed should be attested by two witnesses known to Head of Office.

-- by publication of change in a prominent local newspaper & Rajasthan Rajpatra at his own expenses.

--After these (above) formalities, the adoption of new name/change in name should be recognized officially & record may be amended accordingly.

**Recording of Date of Birth**

The date of birth of a Govt. servant should **invariably be mentioned in the appointment order issued** at the time of entry into Govt. service for the first time on the basis of-

(i) Matriculation/Secondary certificate or Diploma recognized by Govt.

(ii) Secondary/ Hr. Secondary School certificate.

(iii) In absence of above , certificate issued by Panchayat /Municipality.

(iv) In case of non-availability of above said certificates, the date of birth declared by the applicant at the time of first appointment may be accepted (Procedure as per GF&AR 132 be followed)

(v)In case of work-charged employee (in case of Conversion from 'Work charged' to 'regular' the date of birth recorded in the record at the time of first appointment in work charged post shall be accepted.



The date of birth recorded in the Service Book/roll shall be accepted by the Govt. finally as it is, irrespective of the basis or authority on which it was entered. The date of birth recorded as above shall not be changed by A.D.

**If any genuine case , proposal be sent for prior approval of F. D.**

**R- 9: Production of Medical Certificate for appointment :-** No appointment without a Medical certificate of health.

-Govt. can exempt any class of Govt. servant of specified class.

- Medical certificate be submitted to audit along with the first bill of the G.S.

**R-11:** Medical Certificate be signed by a M.O. of the rank of a D M H O, but

- (a) in case of woman candidate, C A may accept certificate signed by Medical Practitioner
- (b) The temporary employee (for 3 months service or more).

**R-12:** Govt. Servants exempted from Production of Medical Certificate:

- (1) A G. S. recruited through a examination & who had undergone Medical examination.
- (2) A G S. in in temporary vacancy for less than 3 months.
- (3) IV class in Temporary Vacancy for less than 6 months.
- (4) A Temporary G. S. who has already been medically examined in one office & transferred to other office;
- (5) A Physically handicapped recruited in this category .

**R- 13: Fundamental Conditions of Service: -**

The whole time of a Govt. servant is at the disposal of the Govt.

He may be employed in any manner required by proper authority, without claim for additional remuneration.

**R-14:** (a) Two or more G.S. can not be appointed substantively to the same permanent posts at the same time (b) A G. S. can not be appointed substantively except as a temporary measure, to two or more permanent posts at the same time.

(c ) A Govt. servant can not be appointed substantively to a post on which another Govt. servant holds a lien.

**R-15: Lien:** A Govt. servant on a substantive appointment to any permanent post acquires a lien on that post & ceases to hold any lien previously acquired on any other post.

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**R-15: Lien:** A Govt. servant on a substantive appointment to any permanent post acquires a lien on that post & ceases to hold any lien previously acquired on any other post.

**R-16:-** Unless his lien is suspended/transferred , **a G.S. holding substantively a permanent post retains a lien on that post-**

WHILE- (a) performing the duties of that post

(b) on foreign service or holding a temporary post , or officiating in another post

(c) during joining time on transfer to another post

(d) on leave

(e) under suspension.

**R-17: Suspension of Lien:**

(a) G. S. shall suspend the lien, if he is appointed in a substantive capacity:

(i) to a tenure post

(ii) provisionally to a post on which another G. S. would hold a lien.

(b) Govt. may at their option suspend the lien of a G.S., if-

- he is deputed out of India or

-transferred to foreign service, or

-is transferred in an officiating capacity, to a post in another cadre ,if there is reason

to believe that he will remain absent on which he holds a lien for a period of not less than 3 years.

(c) If a Govt. servant's lien on a post is suspended , the post may be filled **substantively**, and the G.S. appointed to hold it substantively shall acquire a lien on it; --provided that the arrangement shall be reversed as soon as the suspended lien revives.

Note: This type of appointment will be termed as provisional appointment.

**R- 18: Termination of Lien:**

(a) A Govt. servant's lien on a post shall not be terminated even if with his consent (exception - chairman RPSC & members).

(b) A Govt . servants lien on a post stands terminated on his acquiring a lien on a permanent post outside his cadre on which he was borne.

**Principles Governing the Supernumerary Post:**

(i) A supernumerary post is normally created to accommodate the lien of an officer who is entitled to hold a lien against a regular permanent post, but due to non-availability of a regular permanent post, cannot have his lien against such a post.

(ii) It is a shadow post – no duties attached to it. The officer performs duties of another post.

(iii) It would not lead to an excess of working strength.

(iv) It is permanent post created till the officer is absorbed in regular permanent post.

(v) It is personal to the officer. No officiating arrangements.

(vi) No extra financial commitment is involved.

Reasons–

(a) Court decision

(b ) factual error



(c) mis -application or non-compliance of rules in the process of integration.

**R-20- Transfer of G.S.:** Govt. may transfer a Govt. Servant from one post to another; But he can not be transferred to a post carrying less pay of permanent post on which he holds a lien Except-

- (i) on inefficiency or misbehavior or
- (ii) own written request.

**R-21: Subscription to a Provident Fund or Life Insurance:** G. S. is required to subscribe in S.I . & GPF.

**R-21A:** A G.S. is required to subscribe to R S P MC S.

**R-21B:** in GPF including crediting any installment of D.A.

**R- 21C:** A Pensioner/family pensioner may be required to deposit the arrear of pension/family pension & D. Relief to GPF , if Govt. orders so.

**R- 22: Condition for drawing Pay & allowances**

- (Pay & allowances, if joining in the forenoon – from the same date)
- (Pay & Allowances, if joining in the afternoon –from next date)

Resignation:-

(a) Competent Authority to accept Resignation – appointing authority

(b) circumstances to accept:

- (i) If Govt. servant engaged on important work, after alternative arrangement.
- (ii) if under suspension with reference to the merit of disciplinary case – Except grave delinquency (moral turpitude & charges where removal or dismissal is envisaged )
- (iii) deposited the amount of penalty in the bond executed.

(c ) Date when resignation become effective: Competent Authority to decide.

(d) Authority Competent can permit withdrawal of resignation but:

- (i) Not after date of acceptance
- (ii) Resignation be accepted after 'No Dues Certificate'.
- (iii) Temporary Govt. Servant will be required by CA to give notice.

**R- 22A:** (1) Where on appointment a G.S. (gazetted) is required to undergo training for a specified period before assuming post, resigns and takes another employment during training or within two years after such training, shall refund emolument paid to him during Training and other expenses incurred on training (excluding TA&DA).

Provided, no such refund, if the training will be useful in new (Govt./semi Govt.)appointment.

-But in such case a fresh bond .

**R- 22B:** If a G S deputed for training of 3 months & more, the provisions of Rule 22A, will apply to him.

<u>Period of Training</u>	<u>Period to serve</u>
Exceeding 3 months but upto 6 months	One Year
Exceeding 6 months	Two years

**R-23:** (1) (a) No leave exceeding 5 years.



(b) If he remains on leave after 5 years, does not assume duty after leave, be removed from service under CCA Rules

(2) If he remains absent without leave & does not join after leave action under 86 RSR.

**R- 23A:** (1)(a) Notice for termination of service of a temporary employee:- one month notice in writing is required.

(b) Service may be terminated forthwith but Govt. servant is entitled to claim one month's (period falls short of 1 month) pay & allowances at the same rates which he was immediately drawing.

(2) A temporary Govt. who has served for 3 years, notice of 3 months be given if he satisfies qualifications prescribed. (Both sides).

If not notice i.e. immediately, then 3 months' pay (or pay for the period which falls short of 3 months)

**GRD: -** RSR 23A does not provide for the forfeiture of pay & allowances in lieu of notice, when the employee does not give the notice.

- Appointing authority may refuse resignation, if suitable substitute is not available.
- On mutual consent authority can reduce the period of notice, if suitable arrangement has been made.

## Pay

**R- 24:** Pay not to exceed Pay of the Post:

- A person appointed to Govt. service to a post on a time scale shall draw as initial pay the minimum of the pay scale or at such stage as may be prescribed & approved by Controlling Authority.
- Provided that a Probationer Trainee(PT) will receive a fixed remuneration .

After successful completion probation period, pay will be fixed und rule26.

- During Probation period EOL upto 3 months:

GRD 3 under rule 96 (b)

If leave beyond 3 months, the period of Probationer will be extended accordingly if granted by Controlling Authority with concurrence of F.D.

-12 Casual Leaves will also be allowed.

**R-25:** Pay during course of Training (other than Probationer Training) etc.

A Govt. servant may be granted such pay under\_RSR Rule 7(8)(b)\_as Govt. may consider equitable but not exceeding the pay which he would have drawn, had he been on duty.

- Special pay with the permission/sanction of Govt.
- Govt. servant on teaching side will get his pay (after vacation) which he was getting prior to vacation , if he joins within one month.

**R- 25A:** Pay During Awaiting Posting Order:

A Govt.servant under APO shall be entitled to pay & allowances at the rate at which he was drawing immediately before relinquishing the charge of the old post.

- but no permanent TA & Conveyance allowance.



**R- 26 (1):** A Govt. servant already serving in one service, cadre or department who is appointed to another service cadre or department by direct recruitment or special selection including transfer from one service, cadre or department to another and not on promotion shall have the pay fixed as under:

Category	Last pay on old post	Initial pay on new post
(a)	Substantive on a permanent post & not officiating on a higher post	(a) Pay shall be fixed on under: (i) If maximum of the scale of new post is higher than the maximum of the old post, the pay be fixed at the stage of time scale of new post next above the last substantive pay in the old post. (ii) If the maximum of the new post is equal to the maximum of the old post, then equal to his last substantive pay on old post. If no such stage, then the next below plus Personal Pay equal to the difference.
Category	Last pay on old post	Initial Pay on new Post
(a)	“	(iii) If the maximum of the scale of the new post is Lower than the maximum of the old post, then the pay be fixed at the stage which he would have been entitled to as if the period of service rendered on the old post would have been counted as rendered against the new post, subject to the condition that the pay shall be restricted to post drawn in the old post. (iv) If minimum of the new post is higher than pay admissible under (i) (ii) & (iii) above, then minimum may be allowed.
Category	Last pay on old post	Initial Pay on new Post



<b>(b)</b>	<p>(i) Substantive on a lower post but officiating on a higher permanent or temporary post in the same service, cadre or department provided such officiation was in accordance with service rules (relating to promotion) promulgated under article 309 of the constitution.</p> <p>(ii) Temporary on a permanent or Temporary Post, provided appointment (as per service rules) made as per 309 of the constitution.</p> <p>(iii) Temporary on a permanent or Temporary post, service rules were not framed but appointment on advice of RPSC, if Post in RPSC preview.</p> <p>(iv) Appointment as absorption of surplus posts.</p>	<p>(i) If minimum of the new post is equal or higher than the post other than that held substantively, then the minimum pay.</p> <p>(ii) If the minimum of the new post, is lower than last pay of old post, other than that hold substantively-pay-equal to last pay – if not that stage, then next lower stage &amp; difference as Personal Pay.</p> <p>Provided that if the maximum ----old post as (a) (iii)</p> <p>Provided further that if pay fixed as per (a) (i) or (ii) or (iii) is more beneficial, then it will be fixed under these clauses.</p>
<b>Category</b>	<b>Last pay on old post</b>	<b>Initial Pay on new Post</b>
<b>(C)</b>	<p>(i) Temporary on a permanent or Temporary post having been appointed adhoc without following procedure of the service rules promulgated under 309 Constitution of</p>	<p>Minimum of the scale or at such higher stage as may be approved by Govt. on the recommendation of RPSC or the post outside the purview of RPSC on the recommendation of Selecting Committee</p>

	<p>India or RPSC regulations and Govt. instructions.</p> <p>(ii) Temporary on a Permanent or temporary post, having been appointed on absorption of 'Surplus' due to abolition of Post but not the type of which in para (a) (b) (i) (ii) (iii) above</p> <p>(iii) Temporary on permanent or temporary post, appointment not regular as per 309 of Constitutions or also not within RPSC purview.</p> <p>(iv) Temporary on permanent or temporary post other than above (i) (ii) &amp; (iii)</p>	
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**R- 26A:** (1) When a Govt.servant is promoted to a post in the regular line in his service, cadre or department in substantive, temporary or officiating capacity, his initial pay in pay scale of higher post shall be fixed at the stage next above the pay notionally arrived at by increasing the actual pay drawn by him in the lower post by one increment.

Provided that if he was drawing at the maximum, his initial pay will be fixed by adding the increment next below of the time scale in the lower post.

(2) Next increment on the day, he would have drawn his increment, had he continued in lower post..

Provided, the benefit is more than an amount equal to the amount of next increment in the Lower Pay Scale +(plus) the amount of first increment in the higher post ,then the next increment shall be admissible after completion of one year



### **Date of next increment in the running pay. band- RPS-2006**

There will be a uniform date of annual increment, viz. 1<sup>st</sup> July of every year. Employees completing 6 months and above in the running pay band as on 1<sup>st</sup> of July will be eligible to be granted the increment.

- The first increment after fixation of pay on 01.09.2006 or thereafter as per option in the running pay band will be granted to the employees, who have completed 6 months and above as on 01.07.2007.

Provided that in the case of persons who had been drawing maximum of the existing pay scale for more than a year as on the 1<sup>st</sup> day of September, 2006 the next increment in the running pay band shall be allowed on the 1<sup>st</sup> day of September, 2006. Thereafter, the pro--vision of Rule 14 would apply

### **Fixation of pay on promotion on or after 01.09.2006**

- In the case of promotion from one grade pay to another in the running pay band, the fixation will be done as follows:-
- One increment equal to 3 % of the sum of the pay in the running pay band and the existing grade pay will be computed and rounded off to the next multiple of 10.
- This will be added to the existing pay in the running pay band. The grade pay corresponding to the promotion post will thereafter be granted in addition to this pay in the running pay band.
- R-26B: If a Govt. servant has drawn special Pay for 2 years for higher & arduous duties & responsibilities & his pay, on promotion (post carrying duties & responsibilities of greater importance) will be payable, fixation will be held clubbing both (pay & special pay in his post), if by clubbing, amounts works out to less than the post held by him, difference will be allowed on Personal Pay to be absorbed in future increments.

R- 26C: A work charged employee (permanent/semi permanent) on absorption/ appointment by conversion of work charged to regular as per the Service Rules, shall have his pay fixed at the stage of which he was drawing as Work Charged employee.

- If Special Pay is changed during the previous two years, the Special Pay (the rates of Special Pay) last drawn will be allowed.

R- 27: The initial pay on substantive appointment to a post on the Time Scale of Pay, which has been reduced, (without reduction in duties & responsibilities), shall not less than the pay which he would have been drawn under Rule 26 on the last such occasion, if the reduced time scale of pay had been in force from the beginning.

R- 27A: Pay during probation (earlier to 20.1.2006)

R-27B: on completion for the probation period satisfactorily, increments will normally be allowed, if communication not received regarding unsatisfactory progress by Controlling Authority.

R- 28: Regulation of pay when pay of a Post is Changed:- It shall be treated as transfer to a new post on the new pay. But he can opt the date of Changed (Revised) pay upto his next increment.



R-29: [Subject to the provisions of RSR 26A, 27A & 30], an increment shall ordinarily be drawn as a matter of course, unless it is withheld by Controlling Authority (after applying CCA procedures).

- GRD: Increment of Govt. servant may be admitted from the 1st of the month in which it falls one.

R- 30: Crossing the Efficiency Bar.

R- 31: Service Counting for increment in time Scales: Conditions –

(a) All duties on a post on time scale count for increments – provided that uncountable periods will be added to the normal date of increment.

(b) (i) Service in another post (other than a post carrying less pay)

- Service on deputation out of India and Leave (except EOL taken otherwise than on Medical Certificate) shall count for increment.

Provided C.A. may order accordingly.

(c) If a Govt. Servant while officiating in a post or holding a temporary post on the time scale of pay is appointed to officiate in higher post, his officiating/holding of Temporary post will count for increment applicable to such lower post.

(d) Foreign Service counts for increments.

(e) Joining time counts for increments

(f) Service tendered on ex-cadre post will count for increments.

R- 32: Premature Increment: An Authority empowered to create post may grant a premature increment.

Note: Rule 32 provides for the fixation of initial rates of pay otherwise than in the manner enunciated in Rule 26.

- It is similar to advance increment/stepping up, if

(i) Stepping up of pay upto the pay of Junior who is drawing pay more than his senior due to under R.P.S. rules/due to Selection Scale (ACP) if

(ii) Both Govt. servant belong to the same Service/Cadre/Class/Department/Adm. department

(iii) Certificate of C.A. that there is no dispute about inter-se-seniority

(iv) Posts one in identical scale in the same cadre.

R- 33: Pay on transfer to Lower Grade/Post: Authority which orders the transfer of a Govt. servant as a penalty from a higher to lower grade/ or post may allow him to draw any pay not exceeding the maximum of the Lower grade/post, which it may think proper.

Provided the pay should be restricted i.e. should not exceed the pay which he would have drawn as per rule 26 read with R.31(b) or (c).

R- 34: Future Increments on reduction to Lower grade or Post:

(a) The Authority ordering the reduction (as penalty) to Lower Stage shall specify/State the period for which it shall be effective and whether on restoration (the period of reduction shall operate) to operate future increments & if so, to what extent.



(b) The authority Competent ordering the reduction (as penalty to Lower Service Grade/Post/Time scale) may or may not specify the period for which reduction shall be effective, but if period is specified, that authority shall also state whether on restoration, period of reduction shall operate to postpone future increments and if so to what extent.

R- 34A: Where an order of penalty of withholding of increments of a Govt. servant (of Rule 34) is (i) set aside or (ii) modified by Controlling Authority on appeal or review, the pay shall be regulated as under –

(i) if set aside – the difference between the pay to which he would have been entitled, if that order had not been made and the actual pay drawn, be given for the period.

(ii) if Modified – pay shall be regulated as per modified order i.e. if the order as so modified had been issued in the first instance.

R-35: Pay of Officiating Govt. Servant:

(1) Govt. servant who is appointed to officiate in post shall not draw pay higher than his substantive pay of the permanent post, unless the officiating appointment involves the assumption of duties and responsibilities of greater importance.

(2) The officiating appointment on the same scale of pay of permanent post, other than tenure post, on which he holds the lien, shall not be deemed to involve the assumption of duties or responsibilities of greater importance.

Additional Pay & appointment of G. S. on post in addition to his post.

(1) If the Post (additional) is subordinate to the Post he is holding, he shall not entitled to any additional emoluments.

(2) If the post (additional) is equal to or Lower (but not Subordinate), he may be allowed to draw his own pay for his own post and special pay not exceeding 1.5% of basic pay of the other post, if the dual post is held upto 60 days but for 30 days & more than 60 days, then S.P. 3% .

(3) If the post (additional) is higher than the post he is holding, and if the charge of the higher post is to be held upto 60 days but for 30 days or more and

(a) Govt.servant is qualified to hold the higher post & senior enough for regular or fortuitous promotion, he may be appointed to officiate on the higher post & allowed to draw pay on the higher post. For discharging the duties of the Lower Post he shall not be entitled to any remuneration, if it is subordinate, and

if the lower post is not subordinate, then 1.5% of that post upto 60 days but for 30 days & more, 3% of that post if period is more than 60 days.

(b) If the Govt. servant is not qualified & senior enough (as mentioned above), he shall be allowed Special Pay 1.5% and 3% of his pay for upto 60 days & more than 60 days respectively.

Note: No additional remuneration for dual charge admissible beyond 6 months. After 6 months, the vacant post is kept in abeyance.

GRD: (i) officer performing duties of another appointment cannot exercise statutory power given by legislature or the Constitution.



(ii) For undertaking journey from the headquarter of regular post to the H.Q. of other post only mileage allowance (including incidental charges) shall be admissible. No halting allowances for the days of staying there.

R- 35A(i): Officiating Govt. servant who is appointed to officiate will draw the presumptive pay of that post,

(ii) on enhancement in the substantive pay, as a result of increment or otherwise, the pay of such Govt. servant shall be refixed as if he was appointed to officiate to that post.

R- 35B: The pay of Govt. servant whose promotion or appointment to a post is found to be or to have been erroneous, shall be regulated in accordance with any general or specific order.

Erroneous order may be cancelled.

R-36: Govt. may fix the pay of an officiating Govt. servant at an amount less than that admissible under these rules.

(The reason may be he is not carrying out full duties of this post).

R- 37: Regulation of officiating pay when the pay of at a rate personal to another Govt. Servant (in such situation).

Govt .may permit G. S. to draw pay at any rate so fixed or; if the rate so fixed be a time scale, may grant him initial pay not exceeding the lowest stage of that time scale and future increments not exceeding those of the sanctioned scale.

R-38: Govt. may allow acting promotions to be made in the place of Govt. servant who are treated as on duty under rule 7(8)(b) (i.e.during training stipend etc.)

R- 39: Reduction in personal pay shall be made by any amount by which the recipient's pay may be increased, and shall cease as soon as his pay is increased by an amount equal to his personal pay.

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(The reason may be he is not carrying out full duties of this post).

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R- 39: Reduction in personal pay shall be made by any amount by which the recipient's pay may be increased, and shall cease as soon as his pay is increased by an amount equal to his personal pay.

R- 40: Pay of (the holder) of a temporary post (by new, not existing Govt. servant) shall be fixed w.r.t. the minimum that is necessary to secure the services of a personal capable of discharging efficiently the duties of the post.

R- 41: When a newly created Temporary Post is filled by existing Govt. servant, its pay will be fixed w.r.t.-



(a) character & responsibility of work to be performed

(b) the existing pay of Govt. servant of a status sufficient to warrant their selection for the post.

Note:

- may 'on Special Duty' or 'on Deputation':

(on his own pay) (as per rules) Or

- to be treated as in addition as per rule 50.





## **Addition to Pay**

**Rule 42:** Govt. may grant such allowances to the Govt. Servant and may make rules prescribing their amounts and the conditions.

**Rule 43:** (a) Govt. may give permission for undertaking work and acceptance of fees, if this can be done without detriment to his official duties & responsibilities, to perform a specified services for a private person or body or a public body.

**Rule 43:** (b) Sanction of Competent Authority is necessary for acceptance of a fee.

**Rule 43:** (c) Circumstances in which honorarium can be granted-

Except when Special reasons which should be recorded in writing for departure from this exists.

Sanction to the grant or acceptance of honorarium should not be given unless work has been undertaken with the prior consent of Govt. and its amount has been settled in advance.

### **GRD**

In special cases relating to members of ministerial; staff, however, where extra-ordinary only working hours have to be observed for a considerable period in exceptional circumstances, honoraria are sometimes sanctioned by Govt. on a matter of recognized practice. But this does not apply to gazetted officers.

### **- Guidelines for granting honoraria:**

(i) No honorarium is admissible for temporary increase in work which are normal incident of work & form part of legitimate duties of Govt. servant.

(ii) No honorarium to perform duties of another sanctioned post in addition to his duties.

- Honorarium may be sanctioned in following cases:

(i) For dealing with Assembly Question during assembly session in HOD and AD offices only.

(ii) For preparation of Budget in F.D. only.

(iii) For attending to the Conference work organized at Govt. level/State level by HOD.

(iv) For attending work of Republic Day and Independence Day at State level or at district level.

(v) For attending bills to be prescribed to Treasury in the second fortnight of March.

(vi) Fixation work by Treasury staff/office of A.Os (within six months).

(vii) Floating of public loan by F.D. (within 8 months).

(viii) Sudden natural calamities.

(ix) Visit to President or Prime Minister

(x) Drives for recovery of Govt. dues (for 2 months.)

**Rule 43 (d):** Reasons for grant to be recorded (both for fee & honoraria) in writing that due regard been paid to Rule 13 & to justify the grant.

### **Clarification**

Govt. servant who is called to undertake work in connection with examinations of following bodies be permitted to accept remuneration:-

(i) Universities of Rajasthan

(ii) RPSC & DPSC



(iii) HCM RIPA

(iv) Other State Govt. departments & GOI examinations & other related works.

**Rule 44:** Govt. has power to frame Separate Rules to regulate acceptance of fees by Medical Officers.

**Rule 47:** When fees should be credited to Govt.:

One third of any fees in excess of Rs.400/- or, if a recurring of Rs.250/- a year, paid to Govt. servant shall be credited in Govt. (27.8.1965).

**Rule 48:** Payments of following can be accepted without Special permission:

- (i) The premium for essay/plan in public competition.
- (ii) Reward for arrest of criminal, or for information or special service w.e.f. the admn. of justice.
  - (iii) Any reward in accordance with provisions of any act/rule/regulation
  - (iv) Any reward w.r.to admin. of customs and excise laws.
  - (v) Any fee which is required to perform in his official capacity under any special law or order of Govt.
  - (vi) Cash prizes awarded by Govt. to Govt. servant under RCS (Grant of award & Merit Certificate) Rule 1973.

#### GRD

Govt. servant can be broadcast on AIR if such broadcasts are purely literary, artistic or scientific character of Family Welfare, Agriculture, Animal Husbandry, Cooperative, Panchayati Raj & Rural Development no permission is required to receive the honorarium.

**Rule 49:** Prohibition against obtaining patent-right for invention made by the Govt. servant employed in research work, Save with the permission of Govt. and in accordance with conditions as Govt. may impose.

### **Combination of Appointments**

**Rule 50:** Combination of appointments:-

(1) Govt. may appoint a Govt. servant to hold substantively, as a temporary measure or to officiate in two independent posts at any one time His pay shall be regulated as follows:

- (i) The highest pay to which he is entitled if his appointment to one of the posts Stood alone may be drawn on account of tenure of that post.
- (ii) For the other post he will draw such reasonable pay but not exceeding 3% of The presumptive pay.
- (iii) Compensatory and other allowances payable

(2) The period of the combination of appointment shall in no case continue more than 6 months. After 6 months the post will be kept in abeyance.

GRD – Date of Creation of Post:-

The date of effect of newly created post would be the date w.e.f. which the post





created is first filled on a full time basis.

No officiating pay allowances prior to that date.

### **Deputation out of India**

**Rule 51:** Pay & allowances of Govt. servant on deputation out of India to be regulated according to Central Rules:

F.R.51 (1) When Govt. servant is deputation out of India either in connection with his post or any special duty, he may be allowed the same pay which he would have drawn had he remained on duty in India.

A Govt. servant on deputation may also be granted Compensatory allowance in a foreign country as the President thinks fit.

GRD

Govt. servant sent on deputation out of India to perform any Govt. function (seminar etc.) is treated on duty. Similarly Govt. servant sent to participate in Training programmers' will draw pay which he would have been drawn the same pay had he remained on his duty.

HRA: - Same as he was drawing before deputation

Recovery of rent as he was drawing before deputation.

### **Dismissal, Removal and Suspension**

**R- 52:** Stoppage of pay & allowances from the date of dismissal (Procedure GF&AR 164).

**R- 53:** Subsistence Grant-

(i) A G. S. under suspension shall be entitled to:

(a) Subsistence allowance at an amount equal to leave salary on half pay & D.A. based on such salary.

Provided C.A. should be competent to vary subsistence allowance after 6 months-

(i) Can be increased not exceeding to 50% of the subsistence allowance, if in his opinion, the period of Suspension has been prolonged for the reasons not attributable to Govt. servant.

(ii) Can be reduced to 50% of the subsistence allowance, if in his opinion, the period of Suspension has been prolonged for the reasons not attributable to Govt. servant.

(iii) D.A. will also be increased/decreased according to (i) & (ii) above.

(b) Any other Compensatory allowances admissible which he was in receipt at the time of Suspension as per conditions thereof.

Clarifications:

(i) Govt. servant should furnish a certificate that is not engaged in any other employment, business, profession or vocation.



(ii) his Subsistence allowance cannot be stopped, even if Govt. servant left Head Quarter without obtaining prior permission. The Controlling Authority can initiate another enquiry under CCA for that.

**Rule 54: Re-installment:** (i) the Controlling Authority to order that the re installment shall consider and make a specific order –

(a) Regarding the pay & allowances to be paid to the Govt. servant for such period.

(b) Whether or not the said period shall be treated as a period spent on duty.

(2) If Govt. servant is fully exonerated, in case of suspension is found fully unjustified, the Govt. servant shall be given full pay & D.A.

The period of absence from duty will treated as period spent on duty for all purposes.

(3) In other cases, Govt. servant shall be given such proportion of such pay & allowances, as C.A. prescribe.

In such cases C.A. will specify whether the period of absence from duty such period shall be treated on duty or not (Leave may be converted)

(4) If punishment order does not indicate anything about counting for the purpose of pension period, if it shall be counted for the purpose of pension.

#### Notes-

(i) The reviewing or appellate authority is competent to convert the period spent under suspension into one of Leaves & payment of Leave salary. (ii) If a Govt. servant who is dismissed or removed from service is re-instated on appeal and the interval between days of dismissal/removal and re-instatement is ordered to be treated as spent on duty and allowed to count for leave & increments, such order shall have effect.

**R- 55:** Leave may not be granted to a Govt. servant under suspension.

GRD – in such situation, permission to leave Head Quarter may be given by Controlling Authority, for reasonable period in unavoidable circumstances.

**R-55A:** Leave shall not be granted to Govt. servant whom Competent Punishing Authority had decided to dismiss, remove or Compulsory retires from Govt. service.

### **Compulsory Retirement**

**R-56:** The date of Compulsory retirement of a Govt. servant would be the afternoon of the last day of the month in which he attains the age of 60 years.

#### Note:

(i) A Govt. servant whose date of birth is the 1st of a month shall retire from service in the afternoon of the last day of the preceding month of 60 years.

(2) In case the last day of the month happens to be closed holiday, even then, Govt. servant should relinquish the charge of the office in afternoon of that day.



## General Condition of Leave

**R-57:** Leave is earned by duty. Period of Foreign Service counts, if contribution towards Pension Contribution/ leave salary is paid for this period.

(Leave refers Privilege leave & corresponding leave)

**R- 58:** (a) Employment (leave count at the discretion of authority sanctioning), if re-employment or (b) On re-instatement on appeal or revision (entitled to count) **his former service towards leave.**

**R- 59:** Leave cannot be claimed a right. It can be refused/revoked.

But nature of leave allied by GS cannot be changed by CA.

**R- 60:** Leaves commence (on the day on which transfer of charge is effected) and end (on which charge is resumed).

**R- 60A:** GS must record the address at which letters will find him during leave (subsequent changes be intimated).

**R- 61: Combination of holidays (prefixes and suffixes) may be allowed** provided that-

- (a) No involvement of handing over or taking over securities or moneys.
- (b) No change of Head Quarter of another Govt. servant involved.
- (c) Does not affect corresponding delay to another GS.

**R- 63:** The consequential arrangement takes effect when holidays combined with leave:-

GRD:-For the purpose of above rule holidays (prefix & suffix) to leave should be included in computing the period of dual arrangements.

## Non-acceptance of employment on leave

Note: This rule does not apply to casual literary work, to service as an examiner & similar; nor on Medical Officers if takes prescribed fee.

**R- 66: Recall from Leave:** Order recalling a G.S. from leave before expiry of his leave should clearly state whether it is compulsory or optional. If it is compulsory, he is entitled to be treated as on duty from the date he starts for the station to which he is ordered.

**R-68:** G. S. before transfer to Foreign Service should be acquainted with its leave rules which will regulate his leave during such service.

**R-69:** Application for leave by GS in Foreign Service should submit all applications (not exceeding 120 days) through his employer to CA.

**R-70:** Medical certificate for gazette officer: Before a gazette G.S. can be granted leave on Medical certification, he must obtain a certificate in the prescribed form.

**R-74:** (i) A Gazette G.S. may be granted leave by the Competent Authority for a period of not exceeding 60 days on the basis of Medical Certificate given by authorized Medical attendant.

(ii) More than 60 days' leave may be granted on the basis of Medical certificate given by a Medical Officer of or above the rank of CMHO.

(iii) In indoor patient under charge of not below CMHO, leave for hospitalization shall be sanctioned by Controlling Authority.

Note: Authorized Medical Attendant – as per RCS (Medical Attendance) Rules 2008/Medical Claim Scheme on & after 1.1.2011/ Private authorized Medical Hospital.



**R-75-Medical certificate does not confer right to leave; it should be forwarded to C.A.**

**R-76:** Leave on medical certificate to Non-gazette Govt. servant – Application accompanied with Medical certificate from RMP, if Govt. Medical Officer/Vaidhya / is not sanctioned at the place where he falls ill.

**R-77:** Leave on Medical certificate to class IV Govt. servant – Controlling Authority can accept such certificate it may deem sufficient.

**R-78:** Medical certificate to Govt. servant who is unfit to return to duty – certificate should not be given but – it should be recorded that Govt. servant is permanently unfit to Govt. service.

**R- 80:** Priority of claims to leave, in case all applications of leave cannot be granted-

- (a) Govt. servant can best be spared
- (b) Amount of leave due to various applicants
- (c) Character of applicants since last returned from leave
- (d) Fact – that applicant was compulsorily recalled from his leave.
- (e) Fact – that applicant has been refused last.

**R-81:** Grant of leave to a Govt. servant who is unlikely to be fit to return to duty – not be refused but granted –

- (a) if he never be returned – 12 months
- (b) if he is declared permanently & completely incapacitate for further service not exceeding 6 months beyond the date of Medical authority's report.

**R-82:** Leave not admissible to Govt. servant who ought to be dismissed from service for misconduct and general incapacity.

**R-83: Certificate of fitness to return to duty.**

**R-86:Absence after expiry of leave:**

(1) A Govt. servant who is absent from duty without leave or before leave sanctioned by Controlling Authority shall be treated to have remained willfully absent from duty; it may be treated interruption of service involving of past service, unless regularized by grant of leave to or commuted in EOL by Controlling Authority.

(2) (A) A Govt. servant remain absent from duty after expiry of sanctioned leave or after communication of refusal of extension of leave is not entitled to pay & allowances.

(b) It (above) renders to a Govt. servant liable to disciplinary action.

(3) Disciplinary authority may initiate D.E. under CCA who willfully remains absent for a period of exceeding one month; if charge proved, he may be removed from service.

(4) Govt. servant remaining willfully absent from duty for a continuous period exceeding 5 years (other than on foreign service) shall be deemed to be resigned.

## Leave

**R-87: Applicability: These** rules apply only to G. S. holding permanent post in a substantive capacity.

(Except in so far as they are expressly apply to temporary Govt. servant).



**R- 87B:** (i) Leave Accounts of gazette Govt. servant shall be maintained by authorities who keep service books.

(ii) Leave Accounts of non-gazette Govt. servant will be maintained by Head of Office where he is employed

**R-88: Combination:** Any kind of leave may be granted in combination or in continuation of any other kind of leave.

### **Privilege Leave etc.**

#### **R-91: Privilege Leave(PL)(I)**

(a) A Govt. servant temporary/ permanent shall be entitled to PL of 30 days in a calendar year.

Provided that: Temporary G.S. will get after he has completed one year.

(b) For R.A.C. personnel 42 days (other than I.P.S.)

(c) P.L. can be accumulated up to a maximum of 300 days.

(2)(a) (i) PL to be credited in advance in two installments of 15 days (21 days R.A.C.), on 1st Jan. and on 1st July of every cal. yr.

Provided that PL on the last day of Dec./June is 300days or less but more than 285/279(RAC) , advance credit of 15/21 days PL shall be made on 1<sup>st</sup> day of Jan./July and Leave a/c of such adv. PL shall be kept separately & against which PL taken by the GS during the half year shall first be adjusted during that ½ year & balance ,if any, shall be credited to the leave a/c at the end of ½ year subject to the condition that balance PL(such Adv. PL + PL already at credit) do not exceed 300 days.

(Notification. F.1 (4) FD/Rules/98 Dt.12.12.12.)

(ii) Un-availed joining time up to a maximum of 15 days shall be credited in PL...

(b) If G. S. remains of E.O.L... Deduction shall be made @ 10<sup>th</sup> period of E.O.L.

Monthly credit:-

- |  |                 |
|--|-----------------|
| (1) Govt. servant who is entitled to 30 days in a year                           | 2½ days a month |
| (2) R.A.C.   | 3½ days a month |
| (3) Staff of Court   | 1 day a month   |
| (4) (a) on appointment in the middle, G.S. will avail 2½ (3½ RAC) monthly basis. |                 |
| (b) at the same rate 2½ (3½p.m.) on resignation, termination, discharge,         |                 |
| Removal or dismissal – P.L. will be credited on monthly basis.                   |                 |

**R- 91 A:** A govt. servant may, on surrender P.L. not exceeding 15 days once in a financial year, be granted leave encashment.

**Rule 91 B:** (1) Cash Payment in Lieu of unutilized P./L. on date of Retirement:- A G. S. on retirement shall be paid cash equivalent to leave salary for unutilized P.L. upto 300 days.

Note: Above encashment not applicable for G.S. compulsorily retired as a measure of penalty (CCA).





- (2) Encashment shall be paid Lump sum in one installment.
- (3) Equal to Leave Salary + DA.
- (4) No Compensatory Allowance and CCA.
- (5) Head of Office is competent to grant leave encashment.
- (6) If service extended, then after extended time.
- (7) Authority competent to grant leave may withhold whole or part of cash of P.L. on attaining the age of retirement, **while Govt. servant under suspension/disciplinary /criminal proceedings are pending against him.**

GRD: order of encashment on retirement may be one month in advance but payment date of retirement be mentioned.

If any change, the revision accordingly.

**R-91 C:** (a) On death of Govt. servant, the encashment (as above) may be paid to the widow/children of the deceased .

**R- 92: In** Vacation Department where G S. avails full vacation, will get –

(i) For teaching staff – 15 days P.L. in a calendar year shall be credited immediately after expiry of every calendar year.

(ii) 1¼ monthly credit

(b) If in any calendar year, officer does not avail of full vacation (he is prevented to avail by C.A.) 15 days PL admissible to him. (15 proportion to No. of days of vacation)

**R-93 (1):- Admissibility of Half Pay Leave and Commuted Leave:**

- (a) G. S. is entitled to H.P.L. of 20 days in respect of each year.
- (b) HPL can be granted on Medical Certificate or on private affairs.

**(2) Commuted Leave:** Commuted leave not exceeding half of HPL on Medical Certificate.

- (a) Twice the number of days shall be debited to HPL due,
- (b) Competent Authority is satisfied that G.S. will return to duty (possibility).

**(3) Leave not due:** may be grant to a Govt. servant in permanent employment.

**Conditions:**

(a) Sanctioning authority is satisfied that there is reasonable prospect of the Govt. servant returning to duty from expiry of leave.

(b) LND shall be limited to HPL he is likely to earn thereafter.

(c ) Maximum 360 days in entire service (out of which 90 days at a time & 180 days in all may be otherwise than on Medical Certificate).

(d) LND shall be debited against HPL, the Govt. servant will earn subsequently.



(4) Temporary G.S. regularly appointed as per Recruitment Service Rules, shall on completion of 3 years be entitled to Commuted Leave & LND.

(5) Leave salary will not be recovered where a Govt. servant (for CL/LND) dies or retires on invalid pension.

In other cases (resignation, V.R., removal, dismissal) recovery shall be made.

**R- 94:** Admissibility of Terminal Leave: Terminal leave to the extent of P.L. not exceeding 300 days can be sanctioned at the discretion of C. A.

For the following G.S. on termination of his service:-

(a) Terminated on a/c of abolition of Post or

(b) Employed for a period not exceeding one year

(c) Unqualified temporary G.S. who have to vacate post for qualified ones.

(d) Whose services to be dispensed with as a matter of Adm. Convenience as an alternate to initial disciplinary proceeding.

(e) Temporary G. S. who resigns on his own may on discretion of S.A. to be granted T. leave not exceeding half of the amount of P.L. maximum 150 days.

**R-94 A:** Vacation count as duty not as leave.

GRD: Vacation Deptt. is the deptt./post of deptt. Where Govt. servant is permitted to be absent from duty during vacations.

**R-95:** Privilege Leave to a temporary employee appointed substantively to permanent post without interruption in duty will be credited with the leave a/c of the Govt.servant, as if he had been in permanent post.

**R- 96 (a):** Extra-Ordinary Leave (E.O.L): in Special circumstances:

(i) When no other leave by rule is admissible, or

(ii) (ii) when other leave is admissible, but Govt. servant applies in writing.

Note: M.O. must **not** recommend the grant of leave in case there appear no reasonable prospects G.S. Will ever resume his duty after disease.

GRD: (i) Two years EOL can be granted by AD for the purpose for studies in public interests.

(ii) Fitness certificate is required, if EOL taken on Medical ground (TB etc.)

**R- 97: Leave Salary admissible for Leaves:**

(1) G.S. on P.L./ Commuted leave is entitled to leave salary – equal to the pay .

Special Pay i.e. dual arrangement additional pay shall not be allowed.

(2) An Officer on HPL & LND will be entitled to half the amount of salary subject to maximum of Rs.23000/-.

Provided that this limit (23k) shall not apply, if EOL on Medical certificate or for pursuing study.

(4) On E.O.L, the G.S. is not entitled to any leave salary.



**GRD:** persons appointed temporary on teaching side on or before 31<sup>st</sup> December against clear vacancy will get pay for vacation subject to the condition that he joins with one month during next session.

**R- 99: Special Disability Leaves are admissible:** to G. S. who is disabled by injury intentionally inflicted or caused in or in consequence of the due performance of the official duty, or election duty.

**Note:** (i) Disability should be manifested itself within 3 months of occurrence (Govt. can relax this condition in Special cases).

(ii) Period of Leave should be such as certified by Medical Board. up to 24 months.

(ii) If more than 24 months for in consequence of any one disability.

(iv) Leave Salary during SDL shall be-

(a) For First 120 days on full salary.

(b) For remaining period, on half the salary, or

At G. S.'s option, for a period of not exceeding the period of PL which would otherwise be admissible to him, to average pay (in this case half of the PL would be debited to his PL a/c).

**Exception:** In case of Police force who **remains in Govt. hospital** for treatment of injury received in encounter with dacoits on full salary.

For the remaining period of leave, he would be entitled to as (a) & (b) above.

**R-100:** The amount of leave salary will be reduced by the amount of Compensation payable.

**R-102:** Govt. may extend the application of this provision to a Govt. servant who is disabled by injury accidentally incurred in or in consequence of the due performance of his duties. (Certified by Medical Board).

### **Maternity Leave**

**R-103: Maternity Leave:-** may be granted to a female G.S. (temporary or permanent) with less than two surviving children up to a period of 180 days. Once more ML may be granted, if there is no surviving child even after availing it twice.

She will be entitled to leave salary equal to pay immediately before proceeding on leave.

**Note:** Maternity Leave will also be granted in case of miscarriage including abortion either once or twice to total of 6 weeks during the entire service.

**R-103 A:** Paternity Leave – 15 days (for two times) during confinement of his wife to 3 months after child birth.

### **R-103 B:-Child Adoption Leave:-**

CAD may be granted to a female Govt. servant, with less than two surviving children, on valid adoption of a child below the age of one year.

- up to a period of 180 days immediate after the date of valid adoption.
- She shall be paid salary equal to the pay drawn immediately before leave.

**C A L will not be debited against the leave account.**

**R- 104:** Maternity Leave and C A L may be combined with any other kind of leave.

**R- 105: Hospital Leave:-** C.A. may grant Hospital Leave to Class IV. & ministerial and subordinate G.S. whose pay is less than (Rs.12000) and whose duties involve handling of dangerous machinery,



explosive materials, poisonous drugs etc. or the performance of hazardous tasks. If injury due to the risks occurred in course of their duties.

**R-106:** Leave Salary during Hospital Leave) -full salary or half salary and for such period as C.A. may consider necessary.

**Note:** Any amount paid to Govt. servant as Compensation as per law will be reduced from the amount payable as leave salary.

**R-108:** Any other type of Leaves may be combined with Hospital leaves.

**R-109: Study Leave** Applicability: -to study leave only

- Not to G.S. sent/reputed to other countries /places for performance of their special duties or for investigating any technical scientific problems.

**R-110 (1)** Admissible to permanent G.S. to pursue course of study/investigation necessary in the public interest.

Ordinarily not be granted to G.S. who has completed 20 years of service or more.

(2) To Temporary G.S. who has completed 3 years service and his appointment was made by C.A. in accordance with rules.

(3) Temporary G.S. (above 3 years service) but not covered in sub-rule (2) above, be ordinarily granted EOL for two years of study is in public interest.

**Note:** Diploma holders (Engineers) may be granted S.L. for 24 months in addition to other kinds of leave to obtain a degree. If other kinds of leave not due, then EOL.

**R-112:** (1)(i) Grant of Study Leave will be certified by C. A. that study is in the interest of working of the department/service.

- A period of ordinary of 12 months at time be regards suitable.

(ii) in the entire period of service 24 months(3years for Medical Officers). For more periods, may be combined with other kinds of leave but not exceeding 28 months, otherwise EOL.

(2) Study Leave is Extra leave and Leave salary as per 97 (2) i.e. half.

**R- 114:** Special Leave sanctioned to study but subsequently Govt. servant finds that his study leave will fall short, the C.A. 's assent should be taken for ordinary leave.

**R-117:** Govt. may prescribe the rate of study allowance, for study & for tour, exams etc.

**R-119: Fee for course of Study:** G.S. who are granted study leave are ordinary required to meet the cost of fee paid for the course of study.

In exceptional cases, the Govt. will be prepared to consider proposal of fee from Govt.

**GRD:** Govt. servant may be permitted to retain in addition to his salary, any scholarship or stipend awarded to him from non-Government sources.

- then, cost of fee study allowance payable will not be paid by Govt.

- in special case if the Stipend/scholarship is less, than the difference between the amount can be granted.

**R-120:** On completion of course, a certificate in proper form along with certificates of examinations passed or of special study be forwarded to Govt.



**R-121:** Study Leave will be counted as service for promotion and pension. But will not affect any leave which may already been due to G.S.

**R-121 A:** Execution of Bond to serve the state after training is as under:-

<u>Period of Training</u>	<u>Period of Bond</u>
3 months	One year
6 months	Two years
One year	Three years
Two years & more	Five years

**GRD:** In case of not serving for the period of bond as above, double the amount of leave salary, study allowance and the cost of fees and TA and other expenses should be got refunded from Govt. servant.

### **Leave to Probationers & Apprentices**

**R- 122:** Leave may be granted to Probationers as per rules, if he held his post substantively otherwise than on probation.

**R-122 A:** (i) A Probationer Trainee shall earn no leave during the period of probation.

(ii) Maternity Leave shall be granted to PT as per Rule 103 and 104.

**R- 123:** Leave to Apprentices may be granted on Medical certificate or EOL on terms & conditions applicable to temporary G.S

### **Leave Earned by Part Time Service**

**R-124:** Leave to part time G.S. (Lecturers in Educational Institutions and Law Officers) – who hold post carrying a definite rate of pay but whose whole time is not retained for Govt. service may be granted:-

- Leave of full pay for vacation, such leave will be counted as duty
- Leave on H.P. (HPL) not more than 3 months only in service after 6 years of duty.
- On Medical certificate HPL up to 2 months at a time
- On the conditions of EOL Rule 96.

**R-125:** These leave may be combined with Leave under any other clause.

**R-126:** A Govt. servant remunerated by honoraria or daily wages may be granted leave on the terms laid down in Rules 124 & 125(above).



## FOREIGN SERVICE

**R- 141 :** Employee's consent necessary for transfer to foreign service;

But consent not necessary when sent to the service of a body which is wholly or substantially owned & controlled by the Govt. and to Zila Parishad, Panchayat institutions, etc.

**R-142 :** Transfer to Foreign Service admissible when-

- (a) the duties to be performed after transfer are for public reasons;
- (b) Govt. servant holds a post paid from consolidated fund.

**R- 143:** Promotion while in Foreign Service may be given, as he will remain in the cadre as substantive or officiating capacity immediately before his transfer.

The competent authority may take into account –

- (a) Nature of work performed in F.S. &
- (b) Promotion given to juniors in the cadre.

**R-144:** Govt. servant in F. S. Draws pay from foreign employer from date he relinquishes charge in Govt.

-Joining time pay – borne by foreign employer

**R-144 A:** Conditions of deputation on Foreign Service

1. Deputations covers appointments made by transfer on temporary basis (not permanent appointment made by transfer or final absorption, or by direct recruitment in competition with open market candidates)

(i) Deputation Allowance: 2.5% maximum Rs.600/- p.m.After 4 years (maximum period of deputation) the deputation allowance is stopped.

(ii) Pay: Pay, which he was drawing in his parent department's cadre immediately before deputation.

(iii) Personal Pay, if any: as above but Personal pay will be absorbed in his coming increments.

(iv) Special Pay (Secretariat allowance etc.): will not be paid.

However, if after 4 years (maximum period of deputation) when deputation allowance is stopped, special pay will be admissible for the extended period.

2. Pay and D.A. on deputation: as per parent department.

Exceptions:

Bhakra Beas Mgt. Board, Water & Power Consultancy Services (India) Ltd. & other Central & Inter State Organization as under:-

- (i) Govt. servant may elect pay of foreign employer, which may be fixed under rule 26 of RSR.
- (ii) To stop abnormal increase in pay if he elects Foreign Employer's pay appointing authority may restrict the pay of the deputationist even below the minimum of the deputation post under Rule 36 of RSR.

In such cases pay should not exceed by 3.5% of basic pay

(P.B.+ G.P.)

- (iii) D.A.: on pay as above: regulated by parent department.

Other Allowances and Concessions:

- (I) HRA: Parent departments or E.E., whichever is more beneficial



(ii) T.A.: as above

(iii) C.C.A.: as above

(iv) Medical: as above

(v) Project Allowance: (Rajasthan Govt. has discontinued in Govt. of Rajasthan – the project allowance, Beas project compensatory allowance & cancels allowance by order 12.9.2008 w.e.f. 1.9.2008).

(vi) Joining time & Transfer T.A. – he will be entitled for TA & Joining Time both on joining Foreign Service and on reversion borne by Foreign Employer.

(vii) (a) Pension Contribution: borne by Foreign Employer @10% of pay (PB+GP) +DA) fraction of 15 day will be rounded off.

(viii) Beginning & End of Deputation: from relinquishment in Govt. to joining in Govt. again.

(ix) Payment of Bonus or Ex-gratia: He can opt between deputation allowance plus adhoc bonus in Govt. and bonus and/or Ex-gratia payable to employees of borrowing organization.

(x) Duration of Deputation: Maximum period of deputation is 4 years.

A.D. may extend up to 5 years only in exceptional circumstances, with prior permission of F.D. –

- Without deputation allowance beyond 4 years;

- No extension after 5 year even without D.A.

(xi) Interval between two deputations: one year

(xii) Non-applicability of these rules to: -

(a) Govt. servant sent to P.S. /Z.P.

(b) Govt. servant appointed as administrator/CEO/Municipal Commissioner any other capacity or whose services are placed on deputation to a superseded Municipal Council or Municipal Board.

(c) Govt. servant of Cooperative Department sent on deputation to cooperative institutions registered in State.

(d) Govt. servant sent on deputation whose terms are regulated under specific rules or orders.

**R-145:**

- Contribution towards cost of pension must be paid to consolidated fund on his behalf.

- Contribution will be paid by Govt. servant unless Foreign Employer consents to pay them.

GRD: System of leave salary & pension liability between States and State & Central Government.

(a) Leave Salary: will be borne by the department from which the Govt. servant proceeds on leave.

(b) Pension liability including gratuity will be borne in full by the state department to which the Govt. servant permanently belongs at the time of retirement

**R-148: Remission of Contribution**: Govt. may remit while sanctioning transfer to Govt. servant–

(a) Contributions due in any specified case or class of cases.

(b) Make rules prescribing the rate of interest if any, to be levied over the due contributions.





**R- 149: Interest on Arrear of Contribution:** Contribution should be paid within one month from the end of each financial year.

If not paid within one month, the rate of interest @1% p.m.(12% p.a.) for the period of delay (Fraction of 15 days be rounded off).

**R-150: Contribution cannot be withheld by a Govt. servant in Foreign Service:** otherwise he will be liable to forfeit the right to count as duty in Govt. service spent in Foreign Employer.

Contribution paid on his behalf maintains his claim to pension.

**R-151:** Govt. sanction is required to accept pension and gratuity from foreign employer

**R-152:** Leave to Govt. servant in Foreign Service in accordance with the rules applicable to the service of which he is a member.

**Absorption in Foreign Service:** In the cases where it is proposed to absorb Govt. servant in Foreign Service or he is appointed in Foreign Service by direct appointment i.e. absorption, he should be asked to resign appointment under the Govt.

**Reverse Deputation from PSU's General instructions & Conditions:-**

- (i) Reverse deputation will be of those employees only who are not declared surplus,retrenched.
  - (ii) Daily Wages, fixed remunerated and on contract personnel's will not be deputed on reverse deputation.
  - (iii) Only those employees will be deputed who are regularly recruited in the organization.
  - (iv) Period of Reverse deputation will be one year only which can be extended up to 3 years with permission of F.D.
  - (v) M.D. /CMD of he organization will give certificate about condition No. (i), (ii) & (iii)
  - (vi) Employee will be deputed only on the post for which he passes educational; qualification and other eligibilities. Relaxation in it only with the prior permission of Hon'ble C.M.(vii) Only those pay & allowances which he was receiving in the organization or pay & allowances in Govt., whichever is less.
- No additional allowances i.e. more than those of Govt. will be allowed.
- (viii) No deduction for State Insurance, GPF like Govt. servant.
  - (ix) Deductions which are prevalent in his own (parent) organization will be made and sent to the organization for necessary deposition.
  - (x) No deputation allowance
  - (xi) No Bonus/Ex-gratia payment from his parent department.
  - (xii) TA & Medical facilities as per Govt. servant.
  - (xiii) Maintenance of Service Record will be done by parent organization. Increments by Controlling Officer.
  - (xiv) If retrenchment/VRS or closing of parent organization, the employee will be returned.
  - (xv) No benefit of pension etc. like Govt. servant. The retirement benefits of parent department only by his parent organization.
  - (xvi) He will be returned before three month or his deputation period whichever is earlier.
  - (xvii) Reverse deputation will be done with the prior permission of F.D. (G.R.D.)