

**HEALTH & FAMILY WELFARE**

**MINISTRY OF HEALTH & FAMILY WELFARE**

**PUBLIC ACCOUNTS COMMITTEE  
(2017-18)**

**NINETY-FIFTH REPORT**

---

**SIXTEENTH LOK SABHA**



**LOK SABHA SECRETARIAT  
NEW DELHI**

**PAC NO. 2129**

**NINETY-FIFTH REPORT**

**PUBLIC ACCOUNTS COMMITTEE**  
**(2017-18)**

**SIXTEENTH LOK SABHA**

**HEALTH & FAMILY WELFARE**

**MINISTRY OF HEALTH & FAMILY WELFARE**



Presented to Lok Sabha on: 28/03/2018

Laid in Rajya Sabha on: 28/03/2018

**LOK SABHA SECRETARIAT**  
**NEW DELHI**

March, 2018/ Chaitra, 1940 (Saka)

CONTENTS

		PAGE NO.
	<b>COMPOSITION OF THE PUBLIC ACCOUNTS COMMITTEE (2017-18)</b>	
	<b>COMPOSITION OF THE PUBLIC ACCOUNTS COMMITTEE (2016-17)</b>	
	<b>INTRODUCTION</b>	
	<b>PART - I</b>	
	<b>CHAPTER - I</b>	
	<b>INTRODUCTION</b>	
I	Introductory	
II	Action Taken Notes	
III	Delay in laying of Audited Accounts of the Autonomous Bodies under the Ministry to the Parliament.	
IV	Central Government Health Scheme (HQ)	
V	Dr. Ram Manohar Lohia Hospital	
VI	Safdarjung Hospital	
VII	All India Institute of Hygiene and Public Health, Kolkata	
VIII	All India Institute of Medical Science, Jodhpur	
IX	Indian Council of Medical Research	
	<b>PART - II</b>	
	<b>Observations/recommendations of the Committee</b>	
	<b>APPENDICES</b>	
I.	Minutes of the Fourth sitting of the Public Accounts Committee (2017-18) held on 2 June, 2017	
II.	Minutes of the Eight sitting of the Public Accounts Committee (2017-18) held on 23 August, 2017	
III.	Minutes of the Twenty-second sitting of the Public Accounts Committee (2017-18) held on 23 March, 2018	

**COMPOSITION OF THE PUBLIC ACCOUNTS COMMITTEE  
(2017-18)**

**Shri Mallikarjun Kharge** - **Chairperson**

**MEMBERS**

**LOK SABHA**

2. Shri Sudip Bandyopadhyay
3. Shri Subhash Chandra Baheria
4. Shri Prem Singh Chandumajra
5. Shri Nishikant Dubey
6. Shri Gajanan Chandrakant Kirtikar
7. Shri Bhartruhari Mahtab
8. Smt. Riti Pathak
9. Shri Neelendu Rishi
10. Shri Abhishek Singh
11. Prof. Ram Shanker
12. Dr. Kirit Somaiya
13. Shri Anurag Singh Thakur
14. Shri Shivkumar C. Udasi
15. Dr. P. Venugopal

**RAJYA SABHA**

16. Shri Naresh Agrawal
17. Shri Satyavrat Chaturvedi
18. Shri Bhubaneswar Kalita
19. Shri Mohd. Ali Khan<sup>†</sup>
20. Shri Sukhendu Sekhar Roy<sup>‡</sup>
21. Shri Ajay Sancheti
22. Shri Bhupender Yadav

**SECRETARIAT**

1. Shri A.K. Singh - Additional Secretary
2. Shri T. Jayakumar - Director
3. Smt. Bharti S. Tuteja - Deputy Secretary

\* Ceased to be a Member of Committee consequent upon acceptance of his resignation from Lok Sabha w.e.f. 22 February, 2018.

<sup>†</sup> Elected w.e.f. 29 December, 2017 in lieu of vacancy caused due to retirement of Shri Shantaram Naik.

<sup>‡</sup> ceased to be a Member of Committee consequent upon his retirement from Rajya Sabha on 18 August, 2017 and re-elected w.e.f. 29 December, 2017.

**COMPOSITION OF THE PUBLIC ACCOUNTS COMMITTEE**  
**(2016-17)**

**Prof. K.V. Thomas - Chairperson**

**MEMBERS**

**LOK SABHA**

2. Shri Sudip Bandyopadhyay
3. Shri Prem Singh Chandumajra
4. Shri Nishikant Dubey
5. Prof. Richard Hay
6. Shri Gajanan Chandrakant Kirtikar
7. Shri Bhartruhari Mahtab
8. Smt. Riti Pathak
9. Shri Neiphiu Rio
10. Shri Janardan Singh Sigriwal
11. Shri Abhishek Singh
12. Dr. Kirit Somaiya
13. Shri Anurag Singh Thakur
14. Shri Shivkumar C. Udasi
15. Dr. P. Venugopal

**RAJYA SABHA**

16. Shri Naresh Agrawal
17. Shri Satyavrat Chaturvedi
18. § Shri Bhupender Yadav
19. Shri Bhubaneswar Kalita
20. Shri Shantaram Naik
21. Shri Sukhendu Sekhar Roy
22. Shri Ajay Sancheti

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§ Elected w.e.f. 09.08.2016 vice Shri Vijay Goel, MP appointed as Minister of State w.e.f. 05.07.2016.

## **INTRODUCTION**

I, the Chairperson, Public Accounts Committee (2017-18), having been authorised by the Committee, do present this Ninety-fifth Report (Sixteenth Lok Sabha) on issues pertaining to 'Health & Family Welfare' based on C&AG Report Nos. 11 of 2016 (Para Nos. 8.1, 8.2, 8.3, 8.4 and 8.5) and 12 of 2017 (Para No. 11.3) respectively relating to the Ministry of Health & Family Welfare.

2. The C&AG Report Nos. 11 of 2016 and 12 of 2017 were laid on the Table of the House on 2 August, 2016 and 21 July, 2017 respectively.

3. The Public Accounts Committee (PAC) selected Para 8.1 of C&AG Report No. 11 of 2016 for examination in 2016-17. Para No. 8.1 alongwith Para Nos. 8.2, 8.3, 8.4 and 8.5 of C&AG Report No. 11 of 2016 were further selected and examined by PAC in 2017-18. Para No. 11.3 of C&AG Report No. 12 of 2017 was subsequently selected by PAC during 2017-18.

4. The Public Accounts Committee (2017-18) took oral evidence of the representatives of Ministry of Health & Family Welfare on-mentioned paras of C&AG Reports on 2 June, 2017 and 23 August, 2017.

5. The Public Accounts Committee (2017-18) considered and adopted a consolidated Report on the afore-mentioned six paras from two C&AG Reports at their sitting held on 23 March, 2018. The Minutes of the sittings are appended to the Report.

6. For facility of reference and convenience, the Observations and Recommendations of the Committee have been printed in **bold** and form Part II of the Report.

7. The Committee thank the predecessor Committees for taking oral evidence and obtaining information on the subject.

8. The Committee would like to express their thanks to the representatives of the Ministry of Health and Family Welfare (Department of Health & Family Welfare and Department of Health Research) for tendering evidence before them and furnishing the requisite information to the Committee in connection with the examination of the subject.

9. The committee also place on record their appreciation of the assistance rendered to them in the matter by the office of the Comptroller and Auditor General of India.

**NEW DELHI;**  
**23 March, 2018**  
**2 Chaitra, 1940 (Saka)**

**Shri Mallikarjun Kharge**  
**Chairperson**  
**Public Accounts Committee**

## REPORT

### PART I

#### I INTRODUCTORY

Report No. 12 of 2017 for the year ended March, 2016 and Report No. 11 of 2016 for the year ended March 2015 of C&AG contain compliance audit of financial transactions of the Ministries/Departments of the Union Government and their autonomous bodies under the Economic/General and Social Services. The Public Accounts Committee (2017-18), decided to examine two paras of utmost important issues of the aforesaid two Reports of C&AG relating to the Ministry of Health and Family Welfare (hereafter referred to as *Ministry*).

2. The Committee, *inter-alia*, also scrutinised the pending paras relating to the Ministry and sought reasons for delay in laying of ATNs and audited accounts of the autonomous bodies under the Ministry in Parliament.

3. Chapter VIII of C&AG Report No. 11 of 2016 contained five paras dealing with issues viz. (i) Para No. 8.1 on '*Blocking of funds and non-utilisation of equipment*' wherein the Ministry without ensuring readiness of infrastructure went ahead and procured various medical equipments worth ₹15.93 crore for Emergency Care Centre in Dr. Ram Manohar Lohia Hospital, New Delhi. Two of these equipments, valuing ₹ 2.40 crore could not be put to use for a period of more than 36 months.; (ii) Para No. 8.2 on '*Excess Payment of Service Charges*' dealt with Incorrect determination of 'use factor' for calculation of service charges on property tax by the Safdarjung Hospital, New Delhi resulted in excess payment of ₹ 4.60 crore to New Delhi Municipal Council.; (iii) Para No. 8.3 on '*Excess Payment of stipend*' highlighted that the All India Institute of Hygiene and Public Health, Kolkata without ensuring that the courses were prescribed in the Medical Council of India (MCI) regulation allowed payment of stipend at higher rate to the students of two PG diploma courses viz. Diploma in Industrial Health (DIH) and Diploma in Maternity and Child Welfare (DMCW), resulting in excess payment of stipend amounting to ₹ 3.63 crore during the period from June 2005 to July 2014.; (iv)

Para No. 8.4 on '*Non-recovery of refund of irregular payment of Service Tax*' wherein although outsourced services were exempted from payment of such tax, the All India Institute of Medical Sciences, Jodhpur made payment of service tax on the outsourced services.; and (v) Para No.8.5 on '*Over payment of Transport Allowance*' pointed that the Scientists 'G' of Indian Council of Medical Research were incorrectly paid Transport Allowance thereby leading to overpayment of ₹58.44 lakh.

4. The Public Accounts Committee (2017-18) took oral evidence of the representatives of the Ministry on Para Nos. 8.1, 8.2, 8.3, 8.4 and 8.5 of C&AG Report No. 11 of 2016 in their sitting held on 2 June, 2017.

5. From the C&AG Report No. 12 of 2017, the Committee took up para No. 11.3 for comprehensive examination of Central Government Health Scheme (HQ) on '*Rent free accommodation to a commercial undertaking in violation of rules*'. The Audit highlighted in the Report that the Hindustan Latex Limited (HLL) provided diagnostic services to Government and private patients in a building owned by the Central Government Health Scheme (CGHS) in R.K. Puram, New Delhi. Apart from an inadequate discount of 10 per cent to CGHS beneficiaries, HLL had not paid rent in terms of extant orders resulting in loss of ₹ 1.72 crore from 2008-09 to December 2016.

6. The Public Accounts Committee (2017-18) took oral evidence of the representatives of the Ministry on Para No. 11.3 from C&AG Report No. 12 of 2017 in their sitting held on 23 August, 2017.

## **II. Action Taken Notes (ATNs)**

7. In its 105th Report (10th Lok Sabha) presented to the Parliament on 17 August 1995, the Public Accounts Committee had recommended that Action Taken Notes (ATNs) on all paragraphs of the Reports of the C&AG should be furnished to the Committee through the Ministry of Finance (Department of Expenditure) within a period of 4 months from the date of laying of Audit Reports on the Table of the House from 31 March 1996 onwards. Subsequently, a Monitoring Cell has been created under the



Department of Expenditure which is entrusted with the task of coordination and collection of the remedial/corrective ATNs on the various Audit Paragraphs from all the Ministries/Departments concerned duly vetted by Audit and send the same to the Public Accounts Committee as well as upload them on the Monitoring Web Portal within the stipulated period of four months from the date of presentation of Audit Report to the Parliament.

8. Out of 117 pending paras spreading over to 32 Ministries, 15 paras relates to Ministry of Health and Family Welfare , the oldest pertains to 2008. Out of these 15 paras, four are pending for the period from 2008 to 2011 and even initial reports have not been submitted to the PAC in respect of six paras.

9. The Secretary, Department of Health and Family Welfare during the oral evidence held on 23 August, 2017 submitted before the Committee as under :-

“ \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\*

*Every month we review every para in the Ministry and there is a fair amount of knowledge.*

\*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\*

*The Standing Committee in the Ministry has been reviewing it every month. In the last eight months, there have been eight meetings of the Standing Committee and every second month, the senior officers meeting is reviewed. The net result is, as on date, we have five old paras pending with us and five new paras pending with us. So, the reason why I am presenting this Sir, is that we are hands-on on the job and we are trying to get a reply to everything. Some of the paras which we have not been able to connect with the institutions, we will soon do that.”*

10. The Ministry while replying to the above specific issue further furnished information as under:

“ \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\*

as ascertained from the O/o C&AG (PAC Branch), the pendency on ATNs relating to this Ministry as on December 2016 was 14 in number. Out of these, 7 paras have been closed and ATNs on 5 paras have finally been approved by the Audit for their closure. Of the remaining 2 paras which pertain to the Department of Health Research, revised ATN for 1 para has been Uploaded on APMS Portal and ATN for other para is under submission. A list showing present status of each of these paras in annexed.

Further, all audit paras of Department of Health & FW are reviewed on monthly basis by Standing Audit Committee and progress is also monitored during Senior Officers Meeting chaired by Secretary (HFW). Sincere efforts are being made by Ministry of Health FW to settle all pending C&AG paras at the earliest."

### **III. Delay in laying of Audited Accounts of the Autonomous Bodies under the Ministry to the Parliament:**

11. The Committee on Papers Laid on the table of the House, in its First Report (1975-76), had recommended that the audited accounts of the autonomous bodies be laid before Parliament within nine months of the close of the accounting year i.e. by 31 December of the following financial year.

12. The Committee found that three Central Autonomous Bodies (CABs) under Ministry of Health and Family Welfare viz. All India Institute of Medical Sciences, Jodhpur, Dental Council of India, New Delhi and National Board of Examinations submitted their Audited Accounts for 2014-15 after a delay of three months to four months. The Secretary was, therefore, asked to take appropriate measures to ensure timely presentation of Audited Accounts of the CABs to Parliament.

13. The Secretary, Department of Health and Family Welfare during the oral evidence held on 23 August, 2017 submitted before the Committee as under :-

" Sir, certain paras we mentioned like AIIMS, Jodhpur and DCI and National Board of Examination annual accounts not being laid on time. I would first like to respond to that. First and foremost I am happy to report that this was 2014-15 we have taken action after that in this year. All these three accounts have been laid in time before the Parliament. We have ensured that. Further Sir, we took a drive because we have altogether 59 institutions for which we do laying of accounts. Of these, 59 institutions, in 2015-16, till December 2016, forty were laid. And of the 19, seven institutions could not be ready by the 31st December, 2016. Rest were ready. Sir, what happens very often is that by the time, we get these reports from the peripheral institutions which are autonomous bodies, the winter session is almost getting over. So, even though we have the accounts ready, we are not able to lay it and we lay it in the subsequent sessions. But this year, we have tried to reduce the gap and hopefully, by next year, we will try and see that everything comes to us by November so that we are able to lay it. This effort is on. We have seen a marked improvement. At one point of time, not more than 20 were laid on time. Now, we have atleast reached 40 out of 59. In fact, 40 this year, we have laid on time. So, we will certainly look at this, take care and follow the directions of the Committee and make sure that the reports are laid on time."

14. Status of laying of Annual Reports and Audited Accounts of the Autonomous Bodies under the administrative control of the Ministry for the Financial Years 2015-16 (as on 31<sup>st</sup> December, 2016) and F.Y. 2016-17 (as on 31<sup>st</sup> December, 2017), as furnished by the Ministry vide OM dated 14 March 2018 is placed at Annexure A.

#### **IV. Central Government Health Scheme (HQ)**

15. As per Audit, Central Government Health Scheme (CGHS) executed (December 2007) a Memorandum of Understanding (MoU) with Hindustan Latex Limited (HLL) to set up a modern diagnostic centre (carpet area: 280.81 square metres) at CGHS Dispensary, RK Puram, New Delhi. In terms of the MoU, HLL provided diagnostic services to CGHS beneficiaries at CGHS rates (with a 10 per cent discount from April

2012), and was at liberty to serve private patients (non CGHS beneficiaries) at charges fixed by HLL.

16. Director of Estates under the Ministry of Urban Development (MoUD) is responsible for the administration and management of office buildings for various organisations of the Government of India. Directorate of Estates had fixed<sup>1</sup> the market rate of licence fee for allotting general pool office accommodation in Delhi to various non-entitled bodies (including non-eligible commercial organisations) at ₹65 per square metre of carpet area per month. Subsequently, the Director of Estates informed<sup>2</sup> that in cases where such accommodation is to be provided, the market rate is to be fixed in terms of the guidelines of 13 June 1985<sup>3</sup> according to which licence fee was to be revised every three years with escalation of 8 per cent per annum compounded on yearly basis. Though the orders dated 13 June 1985 deal with the leasing of private accommodation, they contain the inherent principles applicable to the leasing of government accommodation to non-entitled categories including the requirement of certificate of reasonableness of rent to be issued by the concerned Central Public Works Department (CPWD) officers/hiring committee in terms of reasonableness of rent based on factors like, prevailing market rate for comparable premises in the locality, etc.

17. CGHS did not follow the procedure enunciated by the CPWD/Director of Estates and assess the fair rent for the premises (in terms of the orders of 13 June 1985 and 16 March 1999), and it has not been possible in audit to assess the same. Despite this, Audit has assessed the license fee at ₹ 1.72 crore (in terms of the earlier orders of 29 January 1982 fixing it at ₹ 65 per square metre and orders of 1999 for increasing the rent at 8 per cent compounded annually). By giving HLL rent-free accommodation in a prime location, CGHS incurred a loss of ₹ 1.72 crore in license fees from 2008-09 till date(December2016).

18. CGHS replied (June 2016) that HLL was a Government organisation and the MoU signed in December 2007 did not have any provision of rent. Further, HLL was

<sup>1</sup> Directorate of Estates O.M. no. 18015(1)/80-Pol.IV dated 29<sup>th</sup> January 1982

<sup>2</sup> Directorate of Estates O.M. no. 18015/1/92-Pol.III dated 16<sup>th</sup> March 1999

<sup>3</sup> CPWD O.M. NO. 21/8/85-WI (DG) dated 13<sup>th</sup> June 1985

extending 10 per cent discount on CGHS rates since April 2012, and the same arrangements of discount in lieu of rent was proposed to be continued in the new MoU which was under consideration.

19. The reply was not acceptable to the Audit as in terms of extant orders, CGHS is required to follow guidelines of the MoUD when allotting general pool office accommodation. The HLL Centre at RK Puram, being located in a prime location in Delhi, enjoys considerable revenues from both CGHS beneficiaries (which is an assured business) and private patients. In any case, the suggestion to set off the amount of rent receivable from discount allowed by HLL was not valid in the absence of required provisions in the MoU and approval of MoUD. Audit reported the matter to the Ministry in August 2016.

20. The Ministry in their Background Note made following comments on the matter as under:-

(i) Hindustan Latex Limited (HLL) is a Schedule B-Public Undertaking under Ministry of Health & Family Welfare.

(ii) Diagnostic Services at CGHS Building (own) at RK Puram Sector 12 have been started w.e.f 9.2.2008 as a Public Public Partnership project between HLL and CGHS for undertaking Preventive Health Check-up of CGHS beneficiaries. CGHS provided space for operating the diagnostic laboratories mainly for the CGHS beneficiaries and HLL has installed necessary equipment and manpower for this purpose. HLL was allowed to charge at CGHS rates for sustaining the project for CGHS beneficiaries. HLL was also permitted to provide diagnostic facilities to nearby general public to sustain the facilities. Since , HLL is a public undertaking and the project is undertaken at the initiative of CGHS for providing preventive health care check-up for CGHS beneficiaries and CGHS on its part provided accommodation of CGHS own building to provide such facilities and there is no condition that HLL shall pay rent to CGHS , it is not agreed that rules have been violated and that there is loss to the exchequer.

(iii) There is no agreement between CGHS and HLL for payment of rent for the space provided by CGHS. However, since April 2012 HLL has been offering a discount of 10% on CGHS rates. As per the new agreement signed by HLL with CGHS on 07 January 2017, HLL has agreed to provide discount of 10% on CGHS rates in lieu of Rent liability for the premises.

(iv) As per the Audit report the total recoverable amount is as given under:

S No.	Year	Rate of License Fee/ Sq Mt	Period (12 Months)	Total amount recoverable (Rs)	Discount offered by HLL (Rs)
1	2/08 to 1/09		12	14,85,200	
2	2/09 to 1/10		12	16,16,160	
2	2/10 to 1/11		12	17,43,840	
4	2/11 to 1/12		12	18,84,960	
5	2/12 to 1/13		12	20,36,160	26,85,076
6	2/13 to 1/14		12	22,00,800	30,22,524
7	2/14 to 1/15		12	23,75,520	27,34,173
8	2/15 to 1/16		12	25,67,040	46,17,859
	Total			1,59,19,680	1,30,59,632

(v) There is no agreement between CGHS and HLL to charge rent from HLL. CGHS on its part provided space as part of the Public Public Partnership for setting up of Diagnostic laboratory. Subsequently, HLL has agreed to offer 10% discount in lieu of rent. Since there is no agreement for payment of rent to CGHS it is not possible to retrospectively recover rent charges from HLL.

(vi) HLL Diagnostic lab has largely Caters to CGHS beneficiaries and only 6.73% private patients have been attended to by HLL."

21. On being asked the reasons for not following the guidelines of Ministry of Urban Development (MoUD) while allotting the general pool office accommodation to Hindustan Latex Limited (HLL), the Ministry submitted as under:-

"The building at Sector-12, RK Puram from where HLL Hindlab is functioning belonged to CGHS. It is not a General Pool Office Accommodation of Directorate of Estates.

MoUD has not issued any orders regarding rent liability of own buildings.

The Hind Lab Laboratory was established by HLL at the behest of CGHS as a Public Public Partnership and CGHS provided space to HLL for establishing the laboratory. Since, it is Public Public Partnership project established mainly for the benefit of CGHS beneficiaries nearer to their residence , the question of charging for the premises did not arise. Providing space in CGHS building for establishing a laboratory at the behest of CGHS was considered the contribution of CGHS for the Public Public Partnership project though it was not specifically recorded in MoA.

Though the Hindlab was to charge as per CGHS rates , HLL started providing 10% discount on CGHS rates since April 2012.

As per the terms and conditions of empanelment 2010 , the Private hospitals empanelled under CGHS were to offer 10% discount on CGHS rates , if CGHS beneficiaries were to make cash payment for the investigations undertaken and the test were not carried on credit basis. By the same analogy 10% discount was accepted by HLL although investigations are undertaken on credit basis by CGHS pensioner beneficiaries.

Therefore, Ministry of Health & Family Welfare is of the view that no rent is chargeable and the space at RK Puram CGHS building was provided as part of the Public Public Partnership and the 10% discount on CGHS rates in fact is more than what the rent chargeable as pointed out by CAG.

However, subsequent to Audit objections, the new MOA signed in 2017 incorporated in writing that HLL shall provide 10% discount on CGHS rates in lieu of rent free accommodation.

**In fact the 10% discount offered by HLL from 2012 is more than the recoverable amount calculated by Audit.**

S No.	Year	Rate of License Fee/ Sq Mt	Period (12 Months)	Total amount recoverable (Rs) as per Audit	Discount offered by HLL (Rs)
1	2/208 to 1/09		12	14,85,200	
2	2/09 to 1/10		12	16,16,160	
2	2/10 to 1/11		12	17,43,840	
4	2/11 to 1/12		12	18,84,960	
5	2/12 to 1/13		12	20,36,160	26,85,076
6	2/13 to 1/14		12	22,00,800	30,22,524
7	2/14 to 1/15		12	23,75,520	27,34,173
8	2/15 to 1/16		12	25,67,040	46,17,859
	<b>Total</b>			<b>1,59,19,680</b>	<b>1,30,59,632</b>

22. The Ministry in their written reply also submitted that:-

"The MoU has been finalized in consultation with the Department of Legal Affairs, Min. of Law & Justice."

23. On being asked to furnish year-wise details regarding number of people, both CGHS beneficiaries and private patients, separately, who got tests done from the lab since 2007, the Ministry furnished the following:-

Year	CGHS Beneficiaries	Private Patients
2008-09	4665	635
2009-10	18448	1527
2010-11	34488	2492
2011-12	38397	2615
2012-13	45857	2768
2013-14	44584	2398
2014-15	39038	2699
2015-16	42400	3000
2016-17	37193	2841
2017-18	18543	1379
<b>Total</b>	<b>323613</b>	<b>22354</b>



24. On being asked about the revenues /profit earned by HLL from Private Patients, the Ministry furnished following information:-

Year-wise revenue from pvt. patients from 2008 onwards		
F. Y.	Patients	Revenue in Rupees
2008-09	635	264052
2009-10	1527	721366
2010-11	2492	1239162
2011-12	2615	1271993
2012-13	2768	1197009
2013-14	2398	1236467
2014-15	2699	1871402
2015-16	3000	1911519
2016-17	2841	1805152
2017-18	1379	878834
<b>Total</b>	<b>22354</b>	<b>12396956</b>

25. On the issue of rent-free accommodation to HLL, the Secretary, Dept. Of Health and Family Welfare during the course of oral evidence held on 23 August, 2017 stated as under:-

“ \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\*

*Ministry directed HLL to start a venture. In 2007, HLL started this diagnostic laboratory in the premises of the CGHS and I would for the sake of emphasis repeat again that Ministry was of the view that since it is our organisation and we are giving them the space, we should utilize it. They set up their systems there and from 2007 to 2012, no rental or any kind of a concession was made. In 2012, when this thing came up that it is not possible to give a rent free accommodation,*

HLL was asked to give a rebate of 10 per cent. Over all rebate on the charges which would be construed to be offset against the rentals that would accrue. This was again reiterated subsequently in 2017 when we signed the agreement with HLL saying that this will have to continue."

26. On being asked further why HLL agreed to pay 10 per cent discount to CGHS beneficiaries, the Secretary, Dept. Of Health and Family Welfare during the course of evidence replied as under:-

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As far as the whole issue of preventive health services and mechanism are involved concerned, HLL, in this case, is only one tool which was trying to do it. We were actually trying to ensure ease of availability of facility through this. Since HLL was our unit, we did this. CGHS earning for HLL from there is limited to what agreement they have entered in the CGHS rates which are applicable not just to HLL but also applicable to any empanelled agency anywhere.

The issue of as to why HLL agreed to pay back 10 per cent is an issue we need to seriously look at. But the fact remains that they adhered to the agreement terms."

27. On being asked whether the relaxation in term and conditions in respect of leasing of property had been done in consultation with the Department of Estates, the Secretary, Dept. of Health and Family Welfare stated that technically since it was a Government property, exemption should have been sought from the Competent Authority. Further on the issue of running Dental Clinics under Public Private Partnership Projects (PPP Projects), the representative of Dept. of Health and Family Welfare stated that there are 2-3 types of Dental Clinics, one being under CGHS Hospitals, other being poly-clinics. The MoU PPP model for running Dental Clinic was signed six years ago which got expired in the year 2016 and the Department has not

extended the tenure for the same. 13 clinics were run in the dispensary premises by the outsourced agency.

28. On being asked about the MoUs /agreement entered into by CGHS with other service providers (both private and Government) and if so, details of the same, the Ministry furnished as under:-

"(i) Similar Diagnostic Lab is being run by HLL on Public Public Partnership mode in Mumbai.

Main Lab. Located at Worli Wellness Centre.

13 collection centres spread all over Mumbai city located in Dispensary premises.

(ii) A Haemodialysis unit is running at CGHS WC Sadiq Nagar, New Delhi as a Public Private Partnership Project by Indraprastha Apollo Hospital for CGHS beneficiaries. Seven beds(units) are running in three shifts per day catering to 21 patients.

(iii) CGHS has also entered MoU with M/s Forsan Axios Technologies Private Ltd., in 2010 for outsourcing of Dental services (for 22 Dental treatment procedures) for a period of five years at units located in 13 CGHS Wellness Centres in Central Zone and South Zone of CGHS, Delhi. Under this agreement the outsourced agency was permitted to treat CGHS beneficiaries between 730 AM to 730 PM and private patients between 130 PM and 730 PM. The agency has made an upfront payment of ₹ 1.25 crore and an annual authorization fee of ₹ 5 Lakhs (per year).

The MoU has since then expired."

## **V. Dr. Ram Manohar Lohia Hospital**

29. The Audit while bringing out the issue of blocking of funds and non-utilisation of equipment relating to Dr. Ram Manohar Lohia Hospital, detailed that General Financial

Rules<sup>4</sup> (GFR) stipulate that every authority delegated with the financial powers of procuring goods/services in public interest shall have the responsibility and accountability to bring efficiency, economy and transparency in matters related to public procurement.

30. The Ministry of Health & Family Welfare (Ministry) on behalf of Dr. Ram Manohar Lohia Hospital entered (May 2010) into a contract with M/s Hosmac Projects for construction of Emergency Care Building. The work was scheduled to be completed by October 2010 and was intended for opening the emergency medical care facilities for Commonwealth Games Sports persons and to cater to the present day emergency requirements. The work could not be completed within the stipulated timeframe due to various reasons such as change in structural designs, delay in submission and finalization of designs by the contractor etc.

31. Delhi Tourism & Transportation Development Corporation Ltd. (project management consultant for this work appointed by the Ministry) apprised (August 2011) the Ministry about slow progress in work. Despite being aware of the status of work, the procurement cell of the Ministry issued Notification of Award (NoA) in December 2011 to 24 firms for supply of various medical equipment for Emergency Care Centre at the Hospital. The Hospital further issued (March 2012 to June 2012) supply orders to respective firms for supply of 22 items. These equipments were received during April 2012 to December 2012. Letter of credit in respect of two items<sup>5</sup> were opened/established in February/March 2013, and these items were received between July 2013 and September 2013. The total value of equipment procured was ₹ 15.93 crore.

32. Audit observed the following discrepancies in the utilisation of the procured medical equipments:

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<sup>4</sup> Rule 137 and 160 of GFRs

<sup>5</sup> ICU Beds Advance Model (39 Nos.) and Defibrillator with ECG Monitor (10 Nos)

Sl.No.	Nature of discrepancy	Money value (₹ In crore)
1	Equipments issued to other Departments/Wings	5.66
2	Warranty period of seven types of equipments issued to other Departments/Wings on temporary basis had already expired	1.22
3	Two equipments <sup>6</sup> were lying uninstalled in the store as of December 2015.	2.40

33. Thus, failure to ensure readiness of infrastructure to install the equipments led to non-utilisation of two equipments for a period of more than 36 months. Even where the equipments were utilised, these were diverted and were not utilised for the intended objective of emergency care. Audit also observed that warranty period of seven types of equipments issued to other Departments/Wings on temporary basis had already expired without being used in NECC. The patients were deprived of better care facilities sought through these equipments.

34. On this being pointed out by Audit, Ministry stated (December 2015) that the equipments could not be installed on time due to delay in construction of New Emergency Care Centre (NECC). It further stated that equipments lying in the stores as well as diverted to other departments would be re-installed in NECC when it would become fully functional. As per Audit, the reply established that the hospital concluded the procurement process without synchronising the same with the construction activity and hence the equipments could not be put to intended use.

35. The Ministry in their Note to the Audit's observation on the issue furnished as under:-

" Ministry of Health & Family Welfare conceived the plan and approved the construction of New Emergency Care Centre in Dr. RML Hospital in the year 2010 with a vision to provide better medical facilities to the growing needs of patients. Since the hospital has Trauma Care Centre for providing medical services to trauma patients, the New Emergency Care Centre project was

<sup>6</sup> A. Open Care System for Neonates with Accessories (18 Nos: 1.66 crore)  
B. Complete Monitoring System (01 unit of Central Station & 18 monitors : ₹74.21 lakh)

envisaged to provide medical facilities to the patients reported in Emergency. The contract related to construction of New Emergency Care Centre was awarded by Ministry of Health & F.W. on 7<sup>th</sup> May, 2010 and was scheduled to be completed and made operational by 10<sup>th</sup> October, 2010 well before starting of Commonwealth Games, 2010. Simultaneously, the Directorate General of Health Services invited tenders in June 2010 for procurement of various equipments required to operationalise the Centre.

In view of delay in construction of the Centre, the contracts (Notification of Awards) for procurement of these equipments were signed by the Procurement Cell in Dte. GHS in November 2011 and the same were forwarded to Dr. RML Hospital for post contract implementation in December 2011. Despite receiving contracts in December 2011, the hospital issued purchase orders (clearance) to the suppliers in February, 2012 with a view to get the equipments well in time before commissioning of the building. This was done with the proposition to have the equipments available in the hospital when the Centre would be ready and also to implement post contract action. Any contract cannot be kept in abeyance for longer period.

After implementing various contracts, it was emerged that due to delay in construction and repeated extension of deadline for completion of the building, the Hospital decided that the equipments procured for this centre to be distributed to various departments of the Hospital to utilize them in patient care services. The decision for distribution of equipments was temporary and the equipments to be re-installed in New Emergency Care Centre as and when the Centre would become fully functional. The decision of distribution of these equipments to other departments of the Hospital was particularly due to delay in construction of building which was beyond the control of Dr. RML Hospital. The construction work of building was delayed for 1576 days. Details of reason of delay is annexed as Annexure-I. Detailed list of equipments with their installations date is given in Annexure-II. The reason for delay in r/o two (02) equipments costing Rs. 2.40 Cr. is given at Annexure-III.

Observation of the Audit regarding expiry of the validity of warranty period of seven types of equipments valuing Rs.1.22 crore, is not correct. As per terms & condition of contract, the validity of warranty period was 2 year from the date of final acceptance i.e. date of installation of equipment."

36. The relevant contents of RML-Annexure-I furnished by the Ministry on the subject – Construction of Emergency Care Building at Dr. RML Hospital, New Delhi are reproduced as under:-

" \*\*\*\*                      \*\*\*\*                      \*\*\*\*                      \*\*\*\*

The project started on 17.04.2010 and scheduled to be completed on 10.10.2010 was finally completed on 03.02.2015 with the delay of 1576 days. \*\*\*\*

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Since the work is delayed by 1576 days where 1384 days has been delayed due to reasons of site constraints. Remaining delay 192 days is attributable to the M/s Hosmac due to slow progress/ wrongful delay because of reasons in the control of M/s Hosmac.

As per provisions of Agreement it is recommended that liquidated damages @ 10% of contract value amounting ₹ 2,60,95,102/- may be recovered from M/s Hosmac."

37. The Secretary, Dept. of Health and Family Welfare on the issue of delay in construction of New Emergency Care Centre (NECC) during the course of evidence held on 2 June, 2017 stated that:-

" \*\*\*\*                      \*\*\*\*                      \*\*\*\*                      \*\*\*\*

*The emergency block of the RML Hospital was expected to be ready in 2010. There were some delays in actually starting the work also because the technology was being changed. In fact, the orders for the equipment was placed in February, 2012. The expectation was by that time, the building would come up*

and be ready. There were certain structural issues about that building. It was supposed to be in steel structure which was being tried out for the first time in any of the hospitals. There was a requirement of checking of it in terms of the seismic zone in which Delhi falls in.

All these took a little time. Unfortunately, the programme which was made to match construction with the equipments did not really happen. As a result, particularly two equipments did not really happen. As a result, particularly two equipments could not be used for a long time. But the rest of the equipments which have come were being used in the hospital though not in the emergency block.

Finally, in August, 2015, all these equipments have now been put to use in the blocks. There has been delays. The hospital authorities had to wait till the constructions got over. After that, there were some issues about the constructions which were subsequently raised. All that has been resolved. Those equipments have been finally used. The problem was largely with the monitors which could not be fitting in the new construction. So, they had to redesign that. After that, the monitors were also fitted which was the last equipment to be used."

38. On the issue of status of construction of building viz. NECC at the time of issue of NoA, the Ministry in their written reply stated as under:-

" Till December 2011, out of 11 milestones only 5 milestones were completed. It may be appreciated that the building was based on iron structure, which was undertaken for the first time in Central Government Hospitals and this necessitated consultation with professional institutions like Indian Institute of Technology (IIT), M/s. Lloyd. etc. from safety and operational point of view.

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The contract related to construction of New Emergency Care Centre was awarded by Ministry of Health & F.W. on 7th May, 2010 and was scheduled to be



operational by 10<sup>th</sup> October, 2010 well before starting of Common Wealth Games, 2010.

The progress of the construction and its related issues were reviewed periodically in the meetings taken by senior officers of Ministry. It was apprised by M/s. Hosmac that the building is likely to be completed by May 2012 as per the award for the contract of MGPS. Accordingly, the contracts (Notification of Awards) for procurement of these equipments were signed by the Procurement Cell in Dte.GHS in November 2011 and the same were forwarded to Dr. RML Hospital for post contract implementation in December 2011.

As far as the status of construction is concerned, till December 2011, out of 11 milestones, only 5 milestones were completed. It may be appreciated that the building was based on iron structure, which was undertaken for the first time in Central Government Hospitals and this necessitated consultation with professional institutions like Indian Institute of Technology(IIT), M/s Lloyd etc from safety and operational point of view."

39. On being asked to fix responsibility and accountability been fixed in the extant case in line with General Financial Rules, the Ministry replied as under:-

" This is the first time that the building of the Central Government Hospitals was based on iron structure. The delay in completion of construction work could be attributed to the various midcourse corrections due to Delhi's location in higher seismic zone, which was one of the reasons for delay in completion of the building. Since this is first project of its kind, it appears that the hospital authority/PMC could not foresee the hindrances in the construction work.

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As already informed that the provisions of GFR 137 and GFR 160 were followed in its true spirit."

40. On the issue of warranty of the installed equipments, the Secretary, Deptt. of

Health and Family Welfare during the sitting held on 2 June, 2017 stated as under:-

“ \*\*\*\*                      \*\*\*\*                      \*\*\*\*                      \*\*\*\*  
with regard to equipments at RML Hospital, just to put things in perspective, the total equipments which were of more than ₹ 15 crore and only two equipments worth Rs. 2.4 crore were not being used while the rest were being used in the hospital in various ways. There is no issue relating to warranty. The warranty of those equipments was to start after installation and it has started after installation. So, there was no issue relating to warranty.”

41. On the issue of damages recovered from the contractor for the delay, the Ministry replied as under:-

“M/s DTTDC vide their letter dated 20.02.2016 informed Dr. RML Hospital, New Delhi that a liquidated damage @ 10% may be charged for delay of construction as per clause SC-8 of agreement. Accordingly, Dr. RML Hospital issued a Show Cause Notice to M/s HOSMAC Project (Contractor) for recovery of ₹ 2.61 crores as penalty for delay in construction. Hospital has also withheld ₹ 2.59 crores of M/s HOSMAC.”

42. On being asked why was there no co-ordination between the infrastructure work and the equipment purchase, who was responsible and has any action been taken for failing to coordinate, the Ministry replied as under:-

“ M/s Delhi Tour and Transportation Development Corporation (DTTDC), the Project Monitoring Consultant, was monitoring the construction work of NECC. The progress of the construction work and related issues was monitored in various review meetings taken by senior officers in the Ministry. It is mentioned that the building was based on iron structure, which is undertaken for the first time in Central Government Hospitals. Since Delhi falls under high seismic zone, it was felt by the Ministry during various review meetings that midcourse corrections such as strengthening of iron structure are required to be studied from some professional agency like Lloyd, IIT, etc. This process with other

process took time resulting in delay in construction of the building.

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There was no lack of coordination and the building was likely to be completed in August, 2012. However taking consideration of the prefabrication of the building structure and seismic zone of Delhi, patient safety got priority and agency like Lloyd and IIT Delhi were called in to safeguard interest of patients. This caused delay in completion of the project.

M/s Delhi Tour and Transportation Development Corporation (DTTDC), the Project Monitoring Consultant, was monitoring the construction work of NECC. The progress of construction work and related issues were also monitored periodically in the meetings taken by senior officers of Ministry.”

## VI. Safdarjung Hospital

43. As per Audit, The New Delhi Municipal Council (NDMC) (Determination of Annual Rent), Bye-Laws, 2009 which became effective from 1 April 2009, requires every property owner to make a self-assessment of the property for the payment of property tax. The Ministry of Urban Development (MoUD) in December 2009 directed that the Union of India (UoI) & its departments will pay service charges for the services provided by Municipal Corporations. No property tax will be paid to UoI but service charges calculated at the rate of 75 per cent, 50 per cent or 33 1/3 per cent of Property Tax levied on property owners will be paid, depending upon utilization of full or partial or nil services.

44. Further as per Bye-law 3 of the NDMC Annual Rent Bye-Laws, 2009<sup>7</sup>, the ‘use factor’ for the land is to be taken into account for the purpose of calculation of Property Tax. The ‘use factor’ for the land utilized was to be calculated as follows:

<sup>7</sup> As per Self-Assessment Property Tax Form No.1

Use	Factor
Residential, Public Purpose, Schools, Colleges, Hostels and Hospitals	1
Public Utility, Government Offices and Embassies	2

45. Test check of the related records of Safdarjung Hospital disclosed that it had made payment of service charges in respect of Left and Right Wings of OPD-III, on the basis of self-assessment during the period 2009-10 to 2012-13. While calculating service charges, it had adopted the use factor for the hospital land as 2 instead of applicable factor 1. Thus, incorrect adoption of 'use factor' resulted in excess payment of ₹ 4.60 crore to NDMC during the period 2009-10 to 2012-13.

46. On being pointed out by audit, the Hospital took up the matter with NDMC (June 2013 to February 2015) which accepted (March 2015) the excess payment of ₹ 4.60 crore and stated that it would adjust the same from future demands. The Ministry endorsed (January 2016) the reply of the Hospital (December 2015) which reiterated the position. The Audit, therefore, recommended that the Ministry may also issue suitable instructions to various premises regarding use of correct rates for payment of service charges.

47. The Ministry on the issue raised by the Audit in their Report submitted the following:-

"On the above subject, the Medical Superintendent, Safdurjung Hospital vide letter No. 2 SJH/Account/DGACR/2016 dated 10.12.2015 has informed that when the audit party intimated about the excess payment made by them, and the calculation of the audit party was sent to New Delhi Municipal Council, who accepted the calculation of the Left and Right Wing OPD Building only, and the calculation of VMMC College Building was rejected. New Delhi Municipal

Council vide letter No. G-1835 (GPC) dated 08.07.2016 had accepted the 2016-17, which the Municipality Council has adjusted ₹ 2,56,24,929/-and ₹ 2,03,64,653/- vide Bill No. 1853 dated 29.07.2016, and the excess amount deposited in the past by the Municipality has been adjusted by crediting it into the Safdarjung Hospital account.”

48. The Secretary, Department of Health and Family Welfare during the course of evidence held on 2 June, 2017 on the issue stated as under:-

*“ After the Audit pointed out that these bills have been paid wrongly, the Hospital took up the matter with the NDMC. The NDMC agreed that the bills with respect to the left and right wings of the OPD have wrongly been given to the Hospital. So, in 2015-16, the NDMC adjusted those amounts against the future bills and squared up the accounts. So, those amounts against which were paid in excess to the NDMC have now been adjusted by the NDMC and nothing remains to be paid to the NDMC any more. So, that account has been taken care of. We are grateful to the Audit for having pointed it out and to the NDMC for revising the rates and settle the bills.*

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*This is a debatable question whether they should have gone into the details of that Bill or not. Normally, NDMC Bill is taken on its face value that is not a non-governmental organization. It is a fact that it was not calculated at the back-end. But as soon as it was pointed out and NDMC accepted the wrong calculation, they have adjusted the entire amount.”*

49. On the issue of the Ministry issuing suitable instructions regarding use of correct rates for payment of service charges and measures have been taken to check recurrence of such mistakes in future, the Ministry submitted as under:-

“ Since the assessment of service charges was done by the government agency i.e. NDMC, hospital authority had no doubt about the assessment. When the issue of excess payment of service charges came to the notice of this Ministry and also as advised by Director General of Audit, necessary instruction/advisory has been issued to Central Government hospitals, Delhi vide this Ministry's letter No. G. 25012/3/2016-H-I dated 16.03.2017, a copy of which is enclosed. Since this incorrect assessment had come to the notice of the hospitals recently, they will now keep the instructions of the Ministry in view while dealing with future references.”

## **VII. All India Institute of Hygiene and Public Health, Kolkata (AIIPH&PH, Kolkata)**

50. As per Audit, All India Institute of Hygiene and Public Health, Kolkata (Institute) is dedicated to teaching, training, and research in various disciplines of Public Health and allied sciences. The Institute has been conducting various Diploma and Degree courses in affiliation with the West Bengal University of Health Sciences, Kolkata (WBUHS). All the students of the Institute including the students of Post Graduate (PG) medical courses were paid a uniform stipend of ₹800 per month.

51. As per para 13.3 of Post Graduate Medical Regulations, 2000 (Regulation) of Medical Council of India (MCI), the PG students of an institution shall be paid remuneration at par with remuneration being paid to the PG students of the Government Medical Institutions located in the respective State/Union Territory. Since the PG students of Government Medical Colleges in West Bengal were getting a monthly stipend of ₹6340, ₹6840 and ₹7340 for the first, second and third year respectively, the Institute approached (June 2004) the Ministry of Health and Family Welfare (Ministry) to keep parity in stipend as envisaged in the MCI Regulation. On getting approval from the Ministry (June 2005), the Institute enhanced the monthly stipend of their PG medical students from ₹800.00 to ₹6340, ₹6840 and ₹7340 for the first, second and third year

respectively. Further, the Institute, from time to time, enhanced the stipend of their PG students commensurate with the increase in the stipend allowed by the West Bengal State Government for their PG medical students.

52. The Institute in May 2011 approached MCI for inspection of their four PG medical courses<sup>8</sup> to facilitate increase in the intake capacity of students. But the MCI in September 2012 declined to carry out inspection of two PG medical courses viz. DIH<sup>9</sup> and DMCW<sup>10</sup> on the ground that the courses were not prescribed in the MCI Regulation. Since, the courses were not prescribed in the MCI Regulation, the PG students of these two courses were entitled to a stipend of ₹800.00 per month only. In May 2013, audit pointed out the payment of stipend at enhanced rate though the two courses were not prescribed in MCI Regulation. The Institute, however, continued to pay the stipend at enhanced rate and the total excess stipend paid from June 2005 to July 2014 was ₹3.63 crore.

53. The Ministry stated (January 2016) that DMCW and DIH courses were MCI recognised courses and referred to the reply<sup>11</sup> of MCI to a RTI application which stated that these courses were recognised under the Indian Medical Council Act, 1956. The reply was not tenable as these two courses were not included in the MCI Regulation notified in October 2000 which stipulated that such diploma courses instituted prior to the commencement of the Regulation should be discontinued after the students admitted complete the said courses and thus, the recognition to these courses was no longer valid after October 2000 under the MCI Act 1956. Therefore, the Institute should have discontinued these courses once the students admitted in the year 2000 completed their courses by 2002<sup>12</sup>. Since the payment of stipend was made under the provisions of the Regulation, the same cannot be made for the courses not included in the Regulation.

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<sup>8</sup> MD (Community Medicine), DIH, DMCW and DPH

<sup>9</sup> Diploma in Industrial Health

<sup>10</sup> Diploma in Maternity and Child Welfare

<sup>11</sup> Reply furnished under Right to Information Act, 2005

<sup>12</sup> Two year courses

54. Thus, the Institute without ensuring that the courses were prescribed in the MCI regulation allowed payment of stipend at higher rate to the students of two PG diploma courses viz. DIH and DMCW, resulting in excess payment of stipend amounting to ₹ 3.63 crore during the period from June 2005 to July 2014.

55. The Secretary, Deptt. of Health and Family Welfare on the issues raised by the Audit and Committee stated as under during the oral evidence held on 2 June, 2017:-

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*However, this continued till later and it was discontinued only in 2013. We have confirmed with the Institute that till 2005 and thereafter all students who passed out of the diploma courses, their PG registration has been recognized by the MCI. So, those who took the diploma courses during this period can be considered to be valid students since the MCI has recognized their PG registration. However, this was discontinued from 2013-15 because this issue had come up. There is a dire need for these courses. This Institute is again trying to talk to the MCI so that we can start these courses because industrial health and maternity and child welfare are two issues where we need more trained manpower to come and assist the health sector."*

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*There is absolutely no threat to the job opportunities of the students. The course even today as per the latest notification is in the register of MCI, registered as additional qualification entered in the Indian Medical Register "Diploma In Child Welfare, West Bengal University of Health, Kolkata. Therefore, that is not in question and MCI has recognized it.*

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*The course is recognized but we are not able to pay the stipend as suggested by the audit and we are not able to run the course so far."*



56. On being asked about the steps taken by the Ministry to ensure that MCI regulations are strictly followed by the Institute/colleges affiliated to MCI and measures taken by the Ministry to uncover defaulting Institutes, the Ministry submitted as follows:-

" With regard to its regulatory functions, the MCI makes recommendations to the Central Government for granting permissions to the applicants for establishment of new medical colleges, granting renewal permissions, increase in intake capacity and starting of Post Graduate courses & increase in seats in approved courses and their recognition. Before making recommendations to the Central Government, MCI assesses availability of required infrastructure, faculty, etc. as per norms prescribed under the regulations. The colleges which do not meet the minimum standards as prescribed in the regulations are not allowed permission/recognition. For recommending recognition, MCI assesses the standard of examination also.

The All India Institute of Hygiene and Public Health (AIH&PH), Kolkata being a subordinate office of MoH&FW, obtains necessary permission for conducting a course, payment of stipend, etc. from the Ministry. Moreover, the Ministry do undertake periodic review either directly or through DGHS to find and remove aberrations, if any. In case of Medical Institutions not under the Ministry, the MCI and not the Ministry has been empowered by the IMC Act, 1956 to regulate the compliance with the provisions of the Post Graduate Medical Education Regulation 2000. MCI is, however, the regulatory body for all Institutes.

It is pertinent to note that the All India Institute of Hygiene and Public Health has strictly followed the IMC Act, 1956 as well as regulations made under the Act and as such it has not violated any provision of the PG Medical Education Regulation 2000 as can be seen from the following submissions:

(a) As per section 11(1) of the IMC Act, 1956, the courses listed in the First Schedule of the IMC Act, 1956, are recognised courses. As, ever since the enactment of the IMC Act, 1956, both the courses, Diploma in Industrial Health (DIH) and Diploma in Maternity and Child Welfare (DMCW), are included in the First Schedule of the IMC Act 1956, the DIH as well as DMCW courses are recognised courses (Annexure-I).

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(b) The DIH and DMCW courses were initially recognised under the affiliation of the Calcutta University. The Government of West Bengal, through the enactment of the West Bengal University of Health Sciences Act, 2002 transferred these courses from the Calcutta University to the West Bengal University of Health Sciences (WBHUS). Later on, the MoH&FW, GOI, by amending the IMC Act, 1956 vide Gazette Notification dated 12th June, 2008 (Annexure-II) restricted the recognition of these courses under WBUHS to the AIH&PH, Kolkata.

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The Gazette Notification dated 12th June, 2008 should be seen in the appropriate context only. The context here is acknowledging the recognition for the existing Health Sciences Courses in AIH&PH which were transferred from the Calcutta University to West Bengal University of Health Sciences. As there has never been any course named as 'Diploma in Industrial Hygiene' in AUH&PH, Kolkata, the question of recognising this course does not arise. In fact the reference here is to the existing course, 'Diploma in Industrial Health' only. It is a case of typographical error.

(c) The PG Medical Education Regulation 2000 deals with the nomenclature of PG Medical Courses, stipend to be paid to the Students admitted to these courses, etc. Although, the DIH as well as DMCW courses does not find a place in the list of PG Medical Courses under the Regulation 2000, the exclusion of the two courses from the list has no legal implication because the two courses are still part of the First Schedule of the IMC Act, 1956, i.e., the parent act.

(d) The above position has also been endorsed by the Law Officer of the MCI who observed on the issue that "both these courses are included in the First Schedule of IMC Act, 1956 i.e. Recognised Medical Qualification granted by the Universities of Medical Institutions in India, then for their removal from the First Schedule the procedure for withdrawal of recognition as contemplated in Section 19 of the IMC Act would be required to be followed. It is settled provision of the law that the provision of Regulation cannot override that of the parent Act. Therefore, in my considered opinion deletion of it from the list of subjects in PG Regulations would have no consequences. Thus the request made by the Institute for recognition inspection against the increased seats would be required to be considered, as it falls within the meaning of section 10A (b) (ii) of the IMC Act, 1956"(Page 2, Para 1, Annexure-III).

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The regulation talks about the stipend to the Courses included therein and not about the stipend of the courses excluded there from and as such it is difficult to agree with the conclusion given here. By the said Act, the MCI has been entrusted with the duty of regulating the recognised Health Science Courses and as such while regulating stipend, as part of the entrusted duty, the MCI, did not even intended to discriminate between the courses standing at the same footing under the Act. If the contention of the audit is accepted then it simply implies that different medical courses have to be assigned different stipend for no valid reasons, violating the fundamental right of equality. The omission of the two courses from the Regulation does not imply that the two sets of courses are unequal. Both the sets of courses are recognised, and students are selected on the basis of common entrance examination and common counseling only.

(e) The stipend paid otherwise also cannot be classified as excess payment because due approval of the Chief Accounting Authority and IFD of the Ministry was taken for enhancement of the stipend (Annexure-IV). Further, it is submitted that the Postgraduate Medical Education Regulation 2000 does not put any restriction on the stipend for the courses not covered in it.

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In the documents supplied, it is clearly mentioned that the higher stipend has been approved after due processing by the IFD as well as the office of the Chief Accounting Authority i.e. the Secretary, MoH&FW.

There, is a need to appreciate the fact that the Regulation 2000 has not put any bar on the system on enhancing the stipend of the courses not included under the Regulation. If two courses are on the same footing, the principle of equality demands equal treatment and hence equal stipend.

The students enrolled in the Institute for the Medical Qualification recognised courses based on common entrance examination and common counselling deserves same stipend and the Chief Accounting Authority was justified in ordering so.

In our proposal for the enhancement of the stipend no specific reference either to the Regulation or to the Act was made. However, as already explained, this has no relevance to the stipend paid.

(f) It is humbly submitted that the audit parties which had visited the Institute earlier to 2012-13 never raised any objection to the continuation of the two courses and the payment of enhanced stipend to the students admitted to these courses acknowledging the fact that the IMC Act, 1956 has supremacy over the PG Medical Regulation 2000.

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It is submitted that as the issue has never been pointed out by Audit during the past 12 years and also considering the fact that IMC Act, 1956 has supremacy over PG Medical Regulation 2000, these courses were conducted till 2012-13."

57. On being asked as to why All India Institute of Hygiene and Public Health, Kolkata (Institute) was not adhering to the regulations prescribed by MCI and what

action has been taken or proposed to be taken against the Institute, the Ministry stated as under:-

" Section 33 of the IMC ACT, 1956 has empowered the MQ to regulate the medical courses prescribed under the IMC Act, 1956 and the said courses, i.e. DIH and DMCW, are recognised courses under the IMC Act, 1956. Further, as stated by the MCI, till date, the withdrawal of recognition of these two courses u/s 19 of the IMC Act, 1956 has not been issued by the MCI. Hence, as these two courses are recognised under IMC Act, 1956, the Institute conducted these courses.

In this regard, it may be noted that it is legally untenable to give supremacy to the Regulation over the Act because the Hon'ble Supreme Court of India has settled that in case of a conflict between an Act and the Regulations made under it, the former prevails and the latter becomes ultra vires (Union of India v. Arun Kumar Roy, AIR 1986 SC 737 (para 15), Page 1997; Shish Ram v. State of H.P, Union of India v. Madras Telephone S.C & S.T Social Welfare Association, etc.). A harmonious reading of the ACT and the Regulation makes it clear that the All India Institute of Hygiene and Public Health has followed the rules and hence it is submitted that no penal action needs to be taken against the Institute.

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There is a difference between an enabling clause and a prohibitory clause. The provision of stipend in the Regulation is just an enabling clause and not a prohibitory clause and as such the regulation of stipend of the courses not included under the Regulation was left to the competent authority. It may please be noted that the provision of a stipend for the students of all the courses in the Institute was made much before the Regulation came into the existence.

If the same is done, it will lead to discriminatory practice for the students enrolled in the Institute for the MD recognised courses based on common entrance examination and common counselling without any express provision for such a

measure either in the Act or in the Regulation, which is against the principles of equality, a fundamental right.

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 In view of this the courses have continued till MCI treated them recognised and assigned some seats to the courses."

58. On being asked the reasons for the concerned courses not being included in the MCI Regulation notified in October 2000, the Ministry replied as under:-

" As informed by MCI, the said courses were included in the Regulations of the Council on Postgraduate Medical Education revised up to 1988. However, the same has not been included in the schedule to the Postgraduate Medical Education Regulations, 2000 notified on 22/08/2000. The Postgraduate Medical Education Regulation, 2000 has been enacted by the Council with the prior approval of the Central Government u/s 33 of the IMC Act, 1956. The reason for not including DIH and DMCW in the existing Regulations is not on record as stated by the MCI.

It is submitted that the said courses, i.e. DIH and DMCW, are recognised courses under the IMC Act, 1956. Further, as stated by the MCI, till date, the withdrawal of recognition of these two courses u/s 19 of the IMC Act, 1956 has not been issued by the MCI.

Further, it is stated that the request for re-inclusion in the Regulations has been received by the Council and the matter is under consideration of the Council. Also the Council has again been requested by Ministry to expedite the matter of re-inclusion of these two courses with retrospective effect i.e. with date of effect of PG Medical Education Regulations, 2000 in order to clear the anomalous situation and to avoid further confusion on the issue in view of these courses still being valid but were missed out mention in the PG Regulations, 2000.

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Further, it is submitted that MQ vide their letter dated 21.07.2017 (Annexure-V) stated that AUH&PH being a Central Government Institution, the issue has been referred to Central Government for final decision in the matter. Now, the matter is under consideration of the Ministry."

59. On being asked as to why the Ministry did not discontinue the two courses despite the MCI Regulation 2000, the Ministry replied as under:-

"As the courses remain recognised under the parent AoT, i.e., IMC Act, 1956, the courses were continued. In order to generate public health work force in the country, it is required to conduct these courses.

It is pertinent to mention here that the National Health Policy (NHP) 2017 framed by the Ministry gave much emphasis on the strengthening and augmentation of the public health cadre in the country. The policy emphasises on the importance of an empowered public health cadre in the country to address social determinants of health effectively. The NHP 2017 further states that "A constant effort, therefore, needs to be made to increase the capacity of the public health systems to absorb and retain the manpower". The policy proposes creation of Public Health Management Cadre in all States based on public health or related disciplines. The policy envisages strengthening the publicly funded health research institutes under the Department of Health Research and the apex public health institutions under the Department of Health & Family Welfare, to enable them to conduct more public health related courses.

All India Institute of Hygiene and Public Health, Kolkata, being one of the apex institutes for public health contributes towards the strengthening and augmentation of public health work force in the country by conducting public health related courses and work towards the human resource development in the field of public health through the continuation of the recognised courses.

It needs to be noted that the Institute has suspended admission in the two courses from the session 2013-15 not because of the recognition issue but because the MCI assigned "0" against the "Annual Intake" for DIH as well as DMCW and

hence the Institute cannot admit students in these courses and in view of the findings in the Audit Para.

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It was beyond the scope of the Regulation to ask for the discontinuation of the courses recognised under the Act because the Act has supremacy over the Regulation. By assigning 0 seats to these two courses, the MCI has in fact abdicated its duty of regulating these two courses. The law officer of the MCI has also concluded that the exclusion of DMCW and DIH from the Regulation has no implication because the exclusion being in conflict with the Act is ultra-vires."

60. On being asked (a) the basis on which MCI have accorded Postgraduate Registration to the students who have completed Diploma in Industrial Health (DIH) and Diploma in Maternity and Child Welfare (DMCW) courses from the All India Institute of Hygiene and Public Health, Kolkata (Institute) without the said courses being prescribed in the MCI regulations notified in October 2000; and (b) was the approval of the Ministry sought in this regard, the Ministry submitted as under:-

"As informed by MCI, till date, withdrawal of recognition u/s 19 of the IMC Act, 1956 has not been issued. Hence, those who have passed out with such qualifications are required to be granted such registration."

61. On being further asked has the Ministry made relevant notification in the MCI regulations for purpose of recognition of said courses by the MCI, the Ministry have furnished the following :-

"As the course have remain recognised and are required in larger public interest, MCI has been requested to address the issue of inclusion of the two courses in the Regulation 2000. MCI has further reported that the proposal for re-inclusion of these courses in the schedule is under consideration of the Council. The Ministry has again requested MCI to expedite the matter of re-inclusion of these two courses with retrospective effect i.e. with date of effect of PG Medical Education Regulations, 2000 in order to clear the anomalous situation and to



avoid further confusion on the issue in view of these courses still being valid but were missed out mention in the PG Regulations, 2000.

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Further, it is submitted that MCI vide their letter dated 21.07.2017 (Annexure-V) stated that AIH&PH being a Central Government Institution, the issue has been referred to Central Government for final decision in the matter. Now, the matter is under consideration of the Ministry.”

62. The relevant portion of AIH&PH- Annexure-III on the subject 'Recognition of DIH & DMCW qualification against increased intake in respect of students being trained at AIH&PH, Kolkata granted by WBUHS, Kolkata' dated 28.8.2015 are reproduced for ready reference:-

“ \*\*\*\*

1. The Institute has been conducting the DMCW and DIH courses since 1933 and 1951 respectively, as per permission of the Ministry of Health and Family Welfare, Govt. Of India. The courses have been affiliated to the West Bengal University of Health Sciences, Kolkata.

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3. Both DMCW and DIH courses conducted by the Institute are already about 80 years and 62 years old respectively.

\*\*\*\*

63. Further the relevant contents that form part of the AIH&PH - Annexure-V on MCI dated 21.07.2017 are as under:-

“ \*\*\*\*

"The Postgraduate Medical Education Committee considered the matter with regard to examination of the subject at All India Institute of Hygiene & Public Health, Kolkata on excess payment of stipend (para 8.3) based on the C&AG Report No. 11 of 2016 along with the letter dated 20/06/2017 received from the Director (Training), Ministry of Health & Family Welfare, New Delhi and noted that the matter regarding recognition of these Diplomas (Diploma in Industrial Health and Diploma in Maternity and Child Welfare) have been brought before the Postgraduate Committee a number of times. It was observed that the Institute neither follows the TEQ Regulations in appointment of faculty nor observes teacher student ratio. This is evident from the reply dated 01.01.2015 received from the Dean of Institute that 13 out of 36 faculty members are non medical and they are admitting 164 students per year against total of 19 faculty members. The matter was also referred to a subcommittee which opined that alternative diplomas included in the schedule of courses are available and the institute should apply for them following the procedure prescribed in Section 10A of the Indian Medical Council Act. The Postgraduate Committee is of the considered opinion that these diplomas should not be re-included in the schedule of recognized courses. However, this is a Central Government institution and PG Committee has already referred the matter to Central Government vide letter No.PG/55(22)/2015-Med./137093, dated 23.09.2015 for final decision in the matter."

### **VIII. All India Institute of Medical Sciences, Jodhpur**

64. As per Audit, Ministry of Finance (Department of Revenue), Government of India exempted certain services provided to an educational institution by way of Auxilliary Educational Services from service tax with effect from 1<sup>st</sup> July 2012 (Notification No. 25/2012, Service Tax dated 20 June 2012). The notification clarified that exempted services, inter alia, includes any services which educational institutions ordinarily carry out themselves but may obtain as outsourced services from any other person. Ministry of Finance further clarified that by virtue of the entry in the negative list, it was clear that

all services relating to education are exempt from service tax (Circular No. 172/7/2013-ST dated 19 September 2013).

65. Audit observed that All India Institute of Medical Sciences Jodhpur (Institute) outsourced manpower services<sup>13</sup>, security services, transportation services<sup>14</sup> and catering services<sup>15</sup> and paid irregularly service tax amounting ₹ 63.13 lakh during the financial year 2012-13 and 2013-14 for the services provided during that period.

66. Ministry intimated (January 2016) that initially the term 'Auxiliary Education Services' was not clear whether various services like manpower outsourcing, security, catering, transportation etc. would be out of the purview of service tax liability or not. Being legal liability, no one has option for non-payment of service tax unless there is a confirmation for exemption of service tax. However, after clarification by the Ministry of Finance the Institute stopped paying service tax to various agencies for providing different services to the Institute.

67. As per Audit, the reply of the Ministry was not tenable because mere clarification on a law/ rules cannot change the very nature of those law/rules. Since, the exemption from service tax on auxiliary education services was available to the Institute since June 2012, the Institute has not claimed refund of ₹ 63.13 lakh from Service Tax Department.

68. The Secretary, Dept. of Health and Family Welfare during the evidence held on 2 June, 2017 stated as under on the issue:-

" \*\*\*\* \* \* \* \* \*

*The AIIMS, Jodhpur did not interpret it correctly and thought there was ambiguity in this. Therefore, it decided to seek clarification from the Ministry of Finance.*

\*\*\*\* \* \* \* \* \*

*From 19th September, 2013, the AIIMS, Jodhpur discontinued payment and has requested the authorities in the revenue to refund the payment that was made*

<sup>13</sup> M/s Intelligence Security of India

<sup>14</sup> M/s Balaji Tours

<sup>15</sup> Kishan Catering & M/s Kissan Catering, Jodhpur

during this period of 2012 and 2013 so that the amount is recouped. The matter is still pending for refund.

\*\*\*\*

As per the report that we have from Jodhpur, actually, they wrote to the revenue authorities for refund, after clarification, a little late. This went in 2016 which has been admitted. Presently, in response to that, the revenue authorities have told AIIMS, Jodhpur that since their request is delayed, they are not in a position to refund. They have again taken it up with them. They are pursuing it with them. It has to be got back from a government agency for which they have made a request. Hopefully, that refund will come to AIIMS, Jodhpur."

69. On being further asked the request for refund made, the Ministry in their written submission have stated as under:-

"The Institute has taken up the matter with the Service Tax Department, CBEC Jodhpur for further process of refund of the same. In its reply service tax department informed that AIIMS, Jodhpur has not deposited Service Tax to the Department, as such refund cannot be granted to AIIMS. Moreover the service tax if any paid by your vendors during 2012-13 and 2013-14 also cannot be refunded as claim refund is time barred."

## IX. Indian Council of Medical Research

70. As per Audit, The Ministry of Finance, Department of Expenditure vide Office Memorandum<sup>16</sup> prescribed (August 2008) the rates of Transport Allowance on the basis of recommendations given by the Sixth Pay Commission. According to this, rate of Transport Allowance to employees drawing grade pay of ₹5400 and above was fixed as ₹3200 plus DA thereon. Further as per para 3 of OM, officers drawing grade pay of ₹10,000 and ₹12,000 and those in the HAG + Scale, who are entitled to the use of

<sup>16</sup> O.M. 21(2)/2008-E.II(B) dated August 29<sup>th</sup> 2008

official car in terms OM No. 20 (5)-E-II (A)/93 dated 28 January 1994 shall be given the option to avail themselves of existing facility or to draw the Transport Allowance at the rate of ₹7,000 per month plus dearness allowance thereon. The OM of January 1994 provided that officers of the level of Joint Secretary and above, who have been provided with the facility of staff car for commuting between office and residence on prescribed payment basis may be given an option either to avail themselves of the existing facility or to switch over to the payment of Transport Allowance, as admissible under these orders. The orders of the 1994 treated only Chief Executives of Statutory/Autonomous Bodies at par with the senior officers of the Government of India/Heads of Departments of the Central Government for the purpose of availing staff car facility.

71. Test check of records of Indian Council of Medical Research (ICMR) revealed that Scientists 'G' drawing grade pay of ₹10,000 and above were being paid Transport Allowance @ ₹7000 per month plus dearness allowance thereon. Audit observed that the Scientists, not being Chief Executives of the Autonomous Body, were not entitled for the staff car facility and as such were entitled to payment of transport allowance at the rate of ₹3200 (plus DA) only. During September 2008 to July 2015, the Scientists 'G' had been paid transport allowance aggregating to ₹107.66 lakh at these rates. The incorrect interpretation of rules led to excess payment of ₹58.44<sup>17</sup> lakh to the Scientists 'G'.

72. After the issue was raised in Audit (May 2015), ICMR discontinued the payment of transport allowance at the rate of ₹7000 per month to the scientists from 1 August 2015. ICMR also stated (January 2016) that it had approached Ministry of Health and Family Welfare for waiver of the recovery of the excess amount of transport allowance already paid to its Scientists. Audit reported the matter to the Ministry (November 2015).

73. The Ministry in their Background Note submitted the action taken on the audit para as under:-

<sup>17</sup> Amount drawn -₹107.66 lakh, Amount due -₹49.22 lakh, Excess payment-₹58.44 lakh.

" In the Action Taken Note dated 19.1.2017 and the information sent to the Lok Sabha Secretariat vide this Department's O.M. No. V-25011/262/2015-HR dated 1.2.2017 in response to the selection of the aforesaid audit Para by the PAC for examination, it was mentioned that "The process of recovery of overpayment of transport allowance of ₹58.44 lakhs has already been initiated."

74. The Ministry also submitted the following updated status of the action taken as under:-

" As per the information received from ICMR, the present status of Action Taken is as follows:

- i. Payment of Transport Allowance at the rate of ₹7000/- p.m. to Scientist-G promoted under Five Yearly Assessment Scheme was discounted w.e.f 1.8.2015.
- ii. ICMR decided to make the recovery of excess payment of Transport Allowance vide their order dated 3.10.2016.
- iii. Recovery of overpayment of Transport Allowance to the Scientists-G has been made for the month of Nov-Dec, 2016.
- iv. As per earlier OM of DoP&t DATED 6.2.2014, the Ministries/Departments were advised to deal with the issue of recovery of wrongful/excess payment as per prescribed procedure. It inter-alia prescribed that recovery should be made in all cases of overpayment barring few exceptions of extreme hardships. No waiver of recovery may be allowed without the approval of D/o Expenditure.
- v. However, Scientists-G have represented for cancellation of the order recovery of transport allowance in the light of subsequent order of DoP&T vide O.M. No. 18/03/2015-Estt.(A-I) dated 2.3.2016 (Annexure-I) wherein the recovery by the employers against payment mistakenly made, would be impermissible in law.
- vi. As per O.M. dated 2.3.2016, the Supreme Court while observing that it is not possible to postulate all situations of hardship, has however summarized a few situations where recovery for payment mistakenly made by the employer would be impermissible in law, inter alia viz. – (1) Recovery from retired employees, or employees who are due to retire within one year, of the order of recovery, (2)

Recovery from employees, when the excess payment has been made for a period in excess of five years, before the order of recovery is issued, etc.

vii. It has, therefore, been decided to review the position in consultation with the Department of Personnel & Training and Department of Expenditure. Action will be taken accordingly."

75. The Secretary, Dept. of Health Research during the course of oral evidence held on 2 June, 2017 on the issue stated as under:-

*"The CAG Report pointed out that this was not correct and, therefore, in 2015 we had immediately stopped the payment of the enhanced rate of Transport Allowance. Then came the issue of the recovery of the payment made. The recovery of payment was started in November 2016, and it was done for two months November and December 2016. Subsequently there is an order in March 2016 which has been brought to our notice by the affected Scientist. This order is from the DoPT. It talks about the conditions of hardship where the recovery of wrong or excess payment needs to be made or need to be made. There are several situations listed where recovery of wrong or excess payment should not be made. It is based on a Supreme Court ruling. In the light of this new office memorandum we are re-examining the case and going back to the Department of Expenditure to ask them for their views on whether we need to recover the payment that has been made. So, to summarise, the higher rate of payment was stopped as soon as the CAG pointed out the error. For the recovery of excess payment, we are going back to the Department of Expenditure because there is a new Memorandum which has been issued. We feel that we meet the conditions which have been laid out in that. So, we will do whatever the Department of Expenditure finally tells us to do. We are just going to make a representation to them.*

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*In this, it was interpretation of the rule which talked about the Grade Pay equivalent to Joint Secretary rank officer. It was interpreted based on that.*

\*\*\*\*                      \*\*\*\*                      \*\*\*\*                      \*\*\*\*

From 2008 onwards until 2015, these 21 officers were given this additional amount. We were writing to the Ministry and the correspondence was going on whether we could get a waiver. This issue was not referred to the Expenditure Department. At the level of Health Ministry (DHR), a decision was taken that we need to recover it. So, we started recovery in November, 2016. For two months, recovery happened but a number of representations were received from the Scientists 'G'. They brought to our attention a circular from DoPT in March 2016 clarifying the position brought out by the Supreme Court order in 2014, saying that there were a number of circumstances though it gave some examples. The DoPT circular clearly points out the situation in which the recovery may not be made because it would cause undue hardship. These include things like if the person has already retired or if he is within one year of retirement or if the payment was made for more than five years, the recovery may not be made. There were five or six conditions. Based on that, the Scientists had appealed because most of them fell in that category of hardship. They appealed that the recovery may not be made. So, we are now taking it to the Department of Expenditure for waiver of recovery. The approval of the Department of Expenditure is needed. It cannot be done at the level of Ministry of Health. If they give us the approval, we will stop the recovery but the further payment has been made at the lower rate. We have been doing this for the last eight years. Many of them have retired and some of them are going to retire. So, based on the decisions of Department of Expenditure we will proceed on the issue of waiver."

76. On being asked why it took only Audit to point out the excess payments being made to Scientists and not the internal departments of ICMR or the Ministry, the Ministry stated as under:-

"ICMR strictly follows the rules and regulations and financial controls in sanctioning and making payments. In the instance case, the problem arose only due to the interpretation of the several Office Memoranda on the subject. There was an Office Memorandum No. 20(5)-E.H(A)-93 dated 28.1.1994 which specified the category of officers namely (i) the rank Joint Secretaries and



Additional Secretaries for recovery of charges for availing facility of use of Staff Car for journeys from residence to office and back and (ii) Secretaries to the Government of India and above for use of Staff Car for private purposes. Provisions of (i) above were mutatis mutandis applicable to the Heads of Departments of the Central Government in their Senior Administrative Grade and those of para (ii) above to the Chief Executives of Statutory/Autonomous Bodies. This OM did not relate to payment of Transport Allowance.

In 2008, after the 6th Central Pay Commission revised the salary structure, Ministry of Finance, Department of Expenditure issued the Office Memorandum No. 21(2)/2008-E.II(B) dated 29th August 2008 which spelt out that officers drawing grade pay of ₹10,000/- & ₹12,000/- and those in the HAG+ scale, may be paid Transport Allowance of ₹7,000/- per month in lieu of staff car usage. So based on that rule, the ICMR internally decided to give all the Scientist "G" the transport allowance at the rate of ₹ 7,000/-. Apart from Scientists-'G', ICMR have Directors (Scientists' G' Grade) of the Institutes who are actually entitled to the use of staff car. Similarly here are a few officers at the ICMR Headquarters who are functioning as Heads of Divisions and are entitled to the use of Staff Car. Besides, through the promotion system, many Scientists were promoted as Scientists 'G' and functionally they were not entitled to the Staff Car. So at that time a distinction could not be made and all Scientists 'G' who were in the Grade Pay of ₹ 10,000/- were paid the Transport Allowance at the rate of ₹ 7,000/- on the assumption that the rule may be applied to them.

Since internal departments of ICMR were aware of the aforesaid payment of transport allowance as it was being paid as per their interpretation of the rules, the question of 'detection of over payment' by the internal mechanism does not arise.

When the issue was pointed by Audit and the matter was also reported to the Department of Health Research, payment was stopped in August, 2015, thus taking the necessary corrective step immediately."

77. On being asked about (a) the extent of losses, fixing of responsibility and subsequent action against concerned officers caused due to lapses in interpretation of rules which resulted in substantial loss to the Government; (b) If not, reasons for, the Ministry stated as under:-

"The amount of overpayment worked out by Audit is ₹ 58.44 lakhs. It is felt that the overpayment has arisen not due to any misdemeanor on the part of any official but simply due to unintentional mistake under a reasonable belief that the officers were entitled to the higher rate of transport allowance as per interpretation of the rules and orders. In this connection, it may also be stated that cases of overpayments to Government Servants does not come under the category of cases relating to "Defalcation and Losses" as per Rule 32 and 33 of the General Financial Rules. Matter will be dealt in accordance with the relevant provision of General Financial Rules and Rule 17 of the Delegation of Financial Powers Rules, or any other relevant rules and regulations relating to remission of disallowances by Audit and over payments to employees by approaching the Department of Expenditure for waiver of recovery."

78. On being further asked about the opinion of the Ministry for fixing of the responsibility on ICMR for wrong interpretation of rules and on the Ministry for lapses in oversight and supervision of the Statutory/Autonomous bodies resulting in financial losses to the Government of India, the Ministry replied as under:-

"As already mentioned in reply above, the matter is not considered to be of any lapse as the overpayment is has not arisen due to any misdemeanor on the part of any official but simply due to unintentional mistake under a reasonable belief that the officers were entitled to the higher rate of transport allowance as per interpretation of the rules and orders. There is no lapse in oversight and supervision of ICMR by the Department of Health Research as being an autonomous body, various day-to-day activities are performed by the ICMR by following the prescribed procedures and delegation of powers.

Since internal departments of ICMR were aware of the aforesaid payment of transport allowance as it was being paid as per their interpretation of the rules,

the question of 'detection of over payment' by the internal mechanism does not arise.

When the issue was pointed by Audit, the matter was also reported to the Department of Health Research and payment was stopped in August, 2015, thus taking the necessary corrective step immediately."

79. Further, on the current status of recovery of Transport Allowance from Scientists, the Ministry replied as under:-

"Recovery of overpayment of Transport Allowance to the Scientists-G has also been made for the month of November- December, 2016. Amount recovered is ₹5,84,468/-."

80. On being asked the further course of action of the Ministry to the extent of recovering losses caused to the Government of India, the Ministry furnished as under:-

" Position in this regard is as follows:

Payment of Transport Allowance at the rate of ₹7000/- p.m. to Scientist-G promoted under Five Yearly Assessment Scheme was discontinued w.e.f. 1.8.2015.

ICMR decided to make the recovery of excess payment of Transport Allowance vide their order dated 3.10.2016.

Recovery of overpayment of Transport Allowance to the Scientists-G has also been made for the month of November- December, 2016.

However, in view of representations from Scientists-G and in the light of subsequent order of DoP&T vide O.M.No.18/03/2015-Estt.(A-I) dated 2.3.2016 Department would like to approach Ministry of Finance, Department of Expenditure for waiver of recovery in the said case. The decision of Department of Expenditure will be implemented by the Department/ICMR."

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**PART II****OBSERVATIONS AND RECOMMENDATIONS****INTRODUCTION**

The Public Accounts Committee (2017-18) examined issue related to the Ministry of Health and Family Welfare from two C&AG Reports viz. Para Nos. 8.1, 8.2, 8.3, 8.4 and 8.5 from C&AG Report No. 11 of 2016 and Para No.11.3 from C&AG Report No.12 of 2017. The paras from C&AG Report No. 11 of 2016 have dealt with issues from Dr. Ram Manohar Lohia Hospital, Safdurjung Hospital, All India Institute of Hygiene and Public Health, Kolkata, All India Institute of Medical Sciences, Jodhpur and Indian Council of Medical Research. The Committee has further examined issue related to Central Government Health Scheme (HQ) from C&AG Report No. 12 of 2017. The Committee's examination of the subjects and their observations/recommendations on the issues raised relating to the Ministry of Health and Family Welfare in both the Audit Reports are detailed in the succeeding paragraphs.

**II. Delay in laying of Audited Accounts of the Autonomous Bodies under the Ministry:**

2. The Committee further note that Audited Accounts of the Autonomous Bodies have to be laid before Parliament within nine months of the closure of the Accounting year i.e. 31st December of the following Financial Year. However, in three Autonomous Institutions under Ministry of Health and Family Welfare viz. All India Institute of Medical Sciences, Jodhpur, Dental Council of India, New Delhi and National Board of Examinations, the Audited Accounts for 2014-15 were submitted after a delay of three months to four months. The Ministry, in their submission before the Committee, stated that they have undertaken a drive for timely laying of audited annual accounts of all the 59 autonomous institutions. The Ministry further stated that they are making efforts to reduce the gap and ensure getting the annual reports of all the autonomous institutions by November

and lay the same before the end of Winter session. The Committee find that despite the above assurance to the Committee, the Ministry has failed to adhere to the timelines as the Annual Reports in respect of 24 Bodies for the financial year 2016-17 were laid on 5 January 2018 and 9 institutions in the Budget session. The Committee desire that in order to prevent any backlog and timely laying of the audited accounts of all the autonomous institutions to the Parliament, the Ministry may issue fresh instructions to the autonomous institutions for taking remedial measures and ensure submission/receipt of the audited annual accounts by the autonomous institutions atleast by November and lay the same before the end of Winter session.

### **III. Central Government Health Scheme (HQ)**

Central Government Health Scheme (CGHS) executed (December 2007) a Memorandum of Understanding (MoU) with Hindustan Latex Limited (HLL) to set up a modern diagnostic centre at CGHS Building (owned) Dispensary, RK Puram, New Delhi. In terms of the MoU, HLL provided diagnostic services to CGHS beneficiaries at CGHS rates and was at liberty to serve private patients (non-CGHS beneficiaries) at charges fixed by HLL. As per Audit, by giving HLL rent-free accommodation in a prime location, CGHS incurred a loss of ₹ 1.72 crore in license fees from 2008-09 till December 2016. However, as per Ministry, from April 2012, HLL provided 10 % discount on CGHS rates to CGHS beneficiaries serving as well as pensioner beneficiaries and the same was formally included in new Memorandum of Agreement (MoA) signed between CGHS and HLL in January 2017.

3. The Committee note that the Diagnostic Services at CGHS Building (own) at RK Puram have been started w.e.f 9.2.2008 as a Public Public Partnership project between HLL and CGHS for undertaking Preventive Health Check-up of CGHS beneficiaries. CGHS provided space for operating the diagnostic laboratories mainly for the CGHS beneficiaries and HLL installed necessary equipment and manpower for this purpose. HLL was allowed to charge at CGHS

rates for sustaining the project for CGHS beneficiaries. HLL was also permitted to provide diagnostic facilities to nearby general public to sustain the facilities. As per Audit, CGHS neither followed the procedure enunciated by the CPWD/Director of Estates nor assessed the fair rent for the premises (in terms of orders of 13 June 1985 and 16 March 1999). Further, as per Ministry, the MoU signed with HLL in December, 2007 did not have provision for rent. The Committee note from the reply of the Ministry that the said premises is not a General Pool Office Accommodation of Directorate of Estates and MoUD has not issued any orders regarding rent to be charged in respect of owned buildings. The Committee are of the view that CGHS cannot justify its stand on the pretext of absence of specific guidelines in a specific case and since the building is the property of Government of India, non-levy of rent should have been done in consultation with the Department of Estates which is responsible for the administration and management of Estates (Residential/Office Accommodation) of Government of India in the metropolitan cities. Further, the Committee feel that since CGHS is functioning for providing medical care to its beneficiaries, income from rent would supplement the funds available for providing services. Moreover, providing an assured clientele and allowing services to non-CGHS customers more than ensures sustainability of the Hind Lab Project. The Committee are of the opinion that since the MoA has now been amended and 10% discount on CGHS rates to be given by the HLL in lieu of the rent liability has been provided for, the amount due for period from February, 2008 to December 2016 should also be recovered. The Committee further desire that the matter be taken up with the Directorate of Estates to ascertain the fair/ market rent to be charged for the said property since February 2008 and the Committee be apprised of the same.

4. Further, the Committee note that the HLL, a public undertaking under the Ministry, is giving 10% discount in lieu of the rent liability. The Committee observe from the reply of the Ministry that the 10% discount agreed to by HLL is more than the purported loss pointed out by the Audit. The Committee are amazed to note that HLL agreed to pay (i) more than what is actually due and (ii) in variable terms when it is well known that rent is a fixed cost and contributes to

the economies of scale. Interestingly, the 10% discount appears to be more in the nature of commission than rent. The Committee while opining that operational efficiency of any project cannot be determined when arbitrary relaxations are given desire that Public Public Partnerships should also be based on sound financial/ accounting premises.

5. The Committee note from the reply of the Ministry to the Audit that HLL was extending 10% discount on CGHS rates since 2012, and the same arrangements of discount in lieu of rent was proposed to be continued in the new MoA which was under consideration. However, the Committee find that as per terms and conditions of empanelment 2010, the empanelled private Hospitals also offered 10% discount on CGHS rates where cash payments were made. The above condition was withdrawn while empanelling private hospitals in 2014. The Committee are of the view that since private hospitals also offered 10% discount on CGHS rates in case of cash payments from 2010 till 2013, the discount offered by HLL in 2012 and 2013 cannot be adjusted against the rent liability of the HLL for those years. The Committee also desire that the Ministry inquire into the reasons for not persuading HLL to give 10% discount in 2010 and 2011 and take necessary action against the officers responsible for such gross negligence.

6. The Committee find that similar Diagnostic lab is being run by HLL on Public Public Partnership mode in Mumbai with 13 collection centres spread all over Mumbai located in Dispensary premises and the Main lab located at Worli Wellness Centre. The Committee desire the Ministry to look into the MoA between CGHS and HLL to ensure that such mistakes are not repeated. The Committee also desire that the Ministry may also look into the terms of agreement between the CGHS and Indraprastha Apollo Hospital for running a Haemodialysis Centre at CGHS Wellness Centre, Sadiq Nagar to ascertain that the same is based on sound financial/ business principles.

7. The Committee further note that CGHS had entered into an MoU with M/s Forsan Axios Technologies Ltd. In 2010 for outsourcing of Dental services for a period of five years at units located in 13 CGHS Wellness Centres in Central Zone

and South Zone of CGHS, Delhi on an upfront payment of ₹1.25 crore and an annual authorization fee of ₹ 5 lakhs (per year). The Committee observe that the agency was permitted to treat private patients between 0130 PM to 0730PM. The Committee are shocked to note that prime locations in Delhi were given out at a nominal rate of less than ₹ 20,000 p.m. and the agency was allowed to treat private patients 6 hours in a day. The Committee are disappointed to note that the CGHS has entered into contracts in gross violation of the established procedures of the Government of India. The Committee are also dismayed to note the absence of monitoring by the Ministry and therefore exhort the Ministry to fix the responsibility of the officers involved in finalizing such contracts and take punitive action against those found guilty. The Committee also desire that the Ministry may issue guidelines for specifying the procedure to be followed while entering into Public Private or Public Public Partnerships. The Committee would also like to be apprised about whether the properties given out to M/s Forsan Axios Technologies Private Ltd have been vacated by the agency after the expiration of the MoU.

#### **IV. Dr. Ram Manohar Lohia Hospital**

The Ministry of Health & Family Welfare on behalf of Dr. Ram Manohar Lohia Hospital entered (May 2010) into a contract with M/s Hosmac Projects for construction of New Emergency Care Centre (NECC) Building. The work was scheduled to be completed by October 2010 and was intended for opening the emergency medical care facilities for Commonwealth Games Sports persons and to cater to the other emergency requirements. However, due to various reasons the work could not be completed within the stipulated timeframe. Further, even though the Delhi Tourism & Transportation Development Corporation Ltd. (DTTDC) (Project Management Consultant) in August 2011 apprised the Ministry about slow progress of work, the Ministry went ahead with notification seeking supply of various medical equipments valuing ₹15.93 crore for NECC at the Hospital.



8. The Committee note that the contract for construction of NECC was awarded by the Ministry of Health and Family Welfare to M/s Hosmac Projects and was scheduled to be completed and made operational by October, 2010 well before starting of Commonwealth Games, 2010. The project was finally completed on 3 February, 2015 with a delay of 1576 days out of which 1384 days were attributed to site constraints and the remaining 192 days to M/s Hosmac for slow progress/wrongful delay. The work could not be completed within the stipulated timeframe due to changes in structural designs, delay in submission and finalization of designs by the contractor etc. The Ministry submitted that building was based on iron structure which had been undertaken for the first time in Central Government Hospitals necessitating consultation with professional institutions and midcourse corrections. Thus as per provisions of Agreement, liquidated damages @10% of contract value have been charged for delay of construction. Accordingly, a show cause notice to the Contractor for recovery of liquidated damage for delay in construction has been issued and Dr. RML Hospital has withheld ₹2.59 crores of M/s Hosmac Projects. The Committee are shocked to find that a building which was planned for providing emergency care to Delhi Commonwealth Games sports persons held in 2010 was completed in 2015 i.e. well after the next Games. The Committee are even more astonished to note that a first of a kind construction project was started as late as in April/ May 2010 to be completed within six months. The Committee would like to be apprised of the efforts made by the Ministry and the DTTDC, the Project Management Consultant, before and after the beginning of the Project to complete it within six months. The Committee opine that the undue delay of more than 4 years is attributed to the unscientific manner in which the Ministry took up the project without proper homework. The Committee desire that the reasons for delay of 1384 days be inquired into and appropriate action taken against those responsible for the same and the Committee be apprised thereof.

9. The Committee observe that the Ministry finalized the contracts for procurement and issued Notification of Award(NoA) in December 2011 to 24 firms for supply of various medical equipment for NECC at the Hospital without giving

any heed to the Project Management Consultant's advice (August 2011) about the slow progress of work. The equipment valued at ₹ 15.93 crore were received during 2012-2013. The Committee are of the view that since the Ministry was aware that out of 11 milestones only 5 milestones were completed till December, 2011, the Ministry could have delayed either the finalization of contracts or the Notification of Awards. The Committee opine that entering into procurement contracts despite the advice of the consultant about the slow progress of work points to the lack of coordinated action within the Ministry. The Committee desire that disciplinary action against the officials responsible for overlooking the advice of the Project Management Consultant and the Committee be apprised thereof.

10. The Committee further note that two of the equipment, valuing ₹ 2.40 crore could not be put to use for a period of more than 36 months, were diverted and not utilised for the intended objective of NECC. Audit also observed that warranty period of seven types of equipment issued to other departments/wings on temporary basis had already expired without being used in NECC. The Ministry submitted that the decision to distribute equipment to other departments was taken due to delay in construction of building which was beyond the control of Dr. RML Hospital and after the building started functioning in August, 2015, all the equipment were installed by November, 2015 and put to the intended. Further the validity of warranty period was two years from the date of final acceptance i.e., date of installation of equipment. The Committee opine that an equipment which is in regular use for two to three years in a Department cannot be taken somewhere else without providing a replacement unless it is lying idle in the Department where it was installed for the time being. The Committee, therefore, opine that warranty period after final acceptance would have expired while the equipment were lying idle in other Departments. The Committee desire that the actual utilization statement of the equipment be called for by the Ministry alongwith the actual dates covered by the warranty certificates and the wear and tear be assessed to determine whether the equipment was put to patient care. The Committee also desire that responsibility in terms of General Financial Rules

(GFR Rules 137 and 160) be fixed against the officers responsible for irregularities in procurement of equipment.

## V. Safdarjung Hospital

The Ministry of Urban Development (MoUD) in December 2009 directed that the Union of India & its departments to pay service charges for the services provided by Municipal Corporations. Audit test check of records of the Safdarjung Hospital revealed that the Hospital made incorrect determination of 'use factor' for calculation of service charges on property tax thereby resulting in excess payment of ₹4.60 crore to New Delhi Municipal Council (NDMC).

11. The Committee note that as per Bye-law 3 of the NDMC Annual Rent Bye-Laws, 2009, the 'use factor' for the land is to be taken into account for the purpose of calculation of Property Tax. In the context of Safdarjung Hospital, payment of service charges in respect of left and right Wings of OPD-III, on the basis of self-assessment during the period 2009-10 to 2012-13 was calculated by adopting the use factor for the hospital land as '2' instead of applicable factor '1'. Thus, incorrect adoption of 'use factor' resulted in excess payment of ₹ 4.60 crore to NDMC during the period. The Ministry in their evidence submitted that since the bills were raised by NDMC, Safdarjung Hospital continued to pay those bills with no back end calculation done on part of the Hospital. However, on being pointed out the matter was raised with NDMC. The NDMC agreed to that the bills with respect to the left and right wing of the OPD were wrongly given to the Hospital and in 2015-16, NDMC adjusted those amounts against the future bills and squared up the accounts. The Committee find that responsibility to prevent any financial impropriety lies with the Financial Advisor of the Hospital. The Committee are of the opinion that there is need for instituting a system whereby errors of omission and commission, especially involving interpretation of the fiscal laws and regulations made there under, application thereof by the Government hospitals and colleges, are avoided. The Committee desire that to avoid recurrence of such instances, the Ministry may further strengthen the

internal auditing mechanism of all the hospitals under its wings and further ask the Financial Advisor in the Ministry to look into the cases of service tax paid by other hospitals in pursuance to the extant rules of the Municipal Corporations.

## **VI. All India Institute of Hygiene and Public Health, Kolkata (AIH&PH, Kolkata)**

The AIH&PH, Kolkata (Institute) dedicated to teaching, training, and research in various disciplines of Public Health and allied sciences has been conducting various Diploma and Degree courses in affiliation with the West Bengal University of Health Sciences, Kolkata (WBUHS). Audit found that the Institute without ensuring that the courses were prescribed in the Medical Council of India (MCI) regulation allowed payment of stipend at higher rate to the students of two PG diploma courses viz. Diploma in Industrial Health (DIH) and Diploma in Maternity and Child Welfare (DMCW), resulting in excess payment of stipend amounting to ₹3.63 crore during the period from June 2005 to July 2014.

12. The Committee note that the students of the AIH&PH, Kolkata including the students of Post Graduate (PG) medical courses were paid a uniform stipend of ₹800 per month. The Post Graduate Medical Regulations, 2000 (Regulation) of Medical Council of India (MCI) stipulated that the PG students of an institution shall be paid remuneration at par with remuneration being paid to the PG students, of the Government Medical Institutions located in the respective State/Union Territory. Since the PG students of Government Medical Colleges in West Bengal were getting a monthly stipend of ₹6340, ₹6840 and ₹7340 for the first, second and third year respectively, the Institute approached (June 2004) the Ministry of Health and Family Welfare to keep parity in stipend as envisaged in the MCI Regulation. On getting approval from the Ministry (June 2005), the Institute enhanced the monthly stipend of their PG medical students from ₹800.00 to ₹6340, ₹6840 and ₹7340 for the first, second and third year respectively. Further, the Institute, from time to time, enhanced the stipend of their PG students commensurate with the increase in the stipend allowed by the West Bengal State Government for their PG medical students. The Committee further

note that when the Institute in May 2011 approached MCI for inspection of their four PG medical courses to facilitate increase in the intake capacity of students. MCI declined to carry out inspection of two PG medical courses viz. DIH and DMCW on the ground that the courses were not prescribed in the MCI Regulation. In May 2013, audit pointed out that since the courses were not prescribed in the MCI Regulation, the PG students of these two courses were entitled to a stipend of ₹800.00 per month only. The Institute, however, continued to pay the stipend at enhanced rate and the total excess stipend paid from June 2005 to July 2014 was ₹3.63 crore. The Committee are dismayed to note that although the irregularity was pointed out by the Audit in May, 2013, the Institute continued to pay stipend at enhanced rate. The Committee are of the considered opinion that before according their approval for higher stipend to the students in 2005, the Ministry could have been more vigilant and sought clarification from MCI regarding the status of the two courses after their exclusion from the Medical Education Regulation, 2000 and also could have taken an appropriate call when the issue was highlighted by the Audit in May, 2013. The Committee are of the view that since stipend has already been paid for the period from June, 2005 to July, 2014, the responsibility of the officers of Ministry for excess payment and the failure to discontinue the payment of stipend at higher rate even after the Audit objection may be fixed and action taken against them and the Committee be apprised thereof.

13. The Committee note that the Institute has been conducting the DMCW and DIH courses since 1933 and 1951 respectively. Further, these courses were included in First Schedule of IMC Act, 1956. The courses were also included in the Regulations of the Council on Postgraduate Medical Education revised up to 1988. However, the same did not find mention in the schedule to the Postgraduate Medical Education Regulation, 2000. As per Audit, these two courses were not included in the MCI Regulation notified in October 2000 which stipulated that such diploma courses instituted prior to the commencement of the Regulation should be discontinued after the students admitted complete the said courses and thus, the recognition to these courses was no longer valid after

October 2000 under the IMC Act 1956, once the students admitted in the year 2000 completed their courses by 2002. The Committee find that the Institute continued the courses only till the MCI assigned zero seats against the Annual Intake for DIH and DMCW from the session 2013-15. The Ministry has further submitted that the Postgraduate Committee of the MCI had opined that these diplomas should not be re-included in the schedule of recognized courses, however, since, the AIH&PH, Kolkata is a Central Government institution, the PG Committee has already referred the matter to Central Government for final decision in the matter. The Committee also note that the Ministry, in order to generate public health force in the country and for successful implementation of National Health Policy, 2017, have stressed upon for relevance of these courses for creation of robust Public Health Management Cadre. The Committee are of the view that the Ministry should have taken up the inclusion of the courses with MCI in 2000 itself if it thought that the courses were relevant for the creation of Public Health Force. The Committee desire that punitive action taken against the officers who nether took up the matter with the MCI nor asked the Institute to discontinue the courses. The Committee also desire that the validity and recognition of the courses over the period (till the Institute discontinued courses from the session 2013-15) be assured. Further, the Ministry may in consultation with MCI, in wake of the relevance of the courses, reintroduce the same with revised syllabus/curriculum catering to current and future requirements of the Health Sector.

14. Further on scrutiny of records made available to the Committee, it has come to the light that the Institute neither followed the Teachers' Eligibility Qualification (TEQ) Regulations in appointment of faculty nor observed teacher student ratio (13 out of 36 faculty members were not from medical background and the Institute admitted 164 students per year against total of 19 faculty members). The Committee desire that the Ministry may also direct the Institute to appoint trained faculty and maintain adequate teacher-students ratio.

## VII. All India Institute of Medical Sciences, Jodhpur

Ministry of Finance (Department of Revenue) exempted certain services provided to an educational institution by way of Auxiliary Educational Services from service tax with effect from 1st July 2012. The exempted services *inter alia* included any services which educational institutions ordinarily carry out themselves but may obtain as outsourced services from any other person. Ministry of Finance (September 2013) further clarified that by virtue of the entry in the negative list, it was clear that all services relating to education are exempt from service tax.

15. The Committee note that All India Institute of Medical Sciences, Jodhpur outsourced certain manpower services like security, catering, transportation, etc. and paid service tax to the extent of ₹63.13 lakh in respect of these exempted categories of services during the Financial Year 2012-13 and 2013-14. Since the Ministry found the term "Auxiliary Services" used in the circular ambiguous, the Institute continued with the payment of Service Tax until the Finance Ministry expressly confirmed the exemption of Education Services from Service Tax. The Committee further note that the Institute took-up the matter with the Service Tax Department, CBEC, Jodhpur for process of refund of the same. However, the Service Tax Department informed that AIIMS, Jodhpur has not deposited Service Tax to the Department, as such refund cannot be granted to the Institute. Moreover, the service tax if any paid during 2012-13 and 2013-14 also cannot be refunded as claim of refund is time barred and the refund application are required to be filed within one year of payment of service tax. The Committee are perturbed to note the contradictory statements of the AIIMS, Jodhpur which has claimed to have paid the service tax amounting to ₹63.13 lakh for the Financial Years 2012-13 and 2013-14 and validated by the Audit and on the other hand the Service Tax Department, CBEC, Jodhpur refusing to have received service tax from the Institute. The Committee would like to be apprised of the efforts made by the Ministry to get the term "Auxiliary Services" clarified from the Ministry of Finance. The Committee desire that the Ministry take up the matter with CBEC

urgently to find out the reasons for their denial of receipt of service tax from AIIMS, Jodhpur and also the status of refund of the same and apprise the Committee thereof. The Committee reiterate the recommendation made in earlier paragraphs that the Financial Advisor in the Ministry to look into the cases of service tax paid by hospitals, proactively.

### VIII. Indian Council of Medical Research

The Ministry of Finance, Department of Expenditure vide Office Memorandum prescribed (August 2008) the rates of Transport Allowance on the basis of recommendations given by the Sixth Pay Commission. According to this, rate of Transport Allowance to employees drawing grade pay of ₹ 5400 and above was fixed as ₹ 3200 plus DA thereon. Further officers drawing grade pay of ₹10,000 and ₹12,000 and those in the HAG + Scale, who are entitled to the use of official car shall be given the option to avail themselves of existing facility or to draw the Transport Allowance at the rate of ₹7,000 per month plus dearness allowance thereon.

16. The Committee note that as per the Ministry of Finance orders of the 1994, only Chief Executives of Statutory/Autonomous Bodies are to be treated at par with the senior officers of the Government of India/Heads of Departments of the Central Government for the purpose of availing staff car facility. Audit test check of records of Indian Council of Medical Research (ICMR) revealed that Scientists 'G' drawing grade pay of ₹10,000 and above were being paid Transport Allowance @ ₹7000 per month plus dearness allowance thereon. Audit observed that the Scientists, not being Chief Executives of the Autonomous Body, were not entitled for the staff car facility and as such were entitled to payment of transport allowance at the rate of ₹3200 (plus DA) only. During September 2008 to July 2015, the Scientists 'G' had been paid transport allowance aggregating to ₹107.66 lakh at these rates as against the due amount of ₹49.22 lakh. The incorrect interpretation of rules led to excess payment of ₹ 58.44 lakh to the Scientists 'G' of ICMR. The submission of the Ministry that '*interpretation of rules*' led to high



rate of payment and the same was rectified after being brought out by C&AG points to the basic fault in internal audit mechanism put-in by the ICMR and the Ministry. The Committee desire to be apprised of the action taken against the officials of the ICMR and the Ministry responsible for having facilitated the excess payment resulting in financial loss to the Government of India, under intimation to the Committee.

17. Further, the Committee while noting that ICMR, made an attempt for recovery of over-payment of TA to the scientists and recovered an amount of ₹5,84,468/- i.e. a meager 10% of the total excess payments made opine that the situation could have been averted had the ICMR's internal audit mechanism been robust and aware of right/correct interpretation of rules. The Committee desire that the Ministry may expedite seeking final opinion from the DoPT and Department of Expenditure for early redressal of the issue in accordance with the Hon'ble Supreme Court's decision that the waiver of recovery in few postulated situations is to be allowed with the express approval of Dept. of Expenditure and apprise the Committee thereof.

18. The Committee opine that the Ministry should put a sound and effective monitoring mechanism in place when change of rules takes place with respect to any pay/emoluments/allowances from time to time. The Committee desire that the Ministry, in addition to improvements to ensure upgradation of knowledge for proper application of rules and regulations, put-in place adequate effective monitoring mechanism for coordination with audit wings of the autonomous institutions. Also, the Audit Departments of the Autonomous Institutions under the Ministry may be, at regular interval, be imparted training to make them conversant with current rules and regulations. Further, the Ministry may also take a proactive step towards creation of a Audit Module for the Autonomous Institutions wherein the payments made by Institutions are visible to the Audit to monitor and timely redressal.

NEW DELHI;  
23 March, 2018  
2 Chaitra, 1940 (Saka)

SHRI MALLIKARJUN KHARGE  
CHAIRPERSON  
PUBLIC ACCOUNTS COMMITTEE

STATUS OF LAYING OF ANNUAL REPORT AND AUDITED ACCOUNTS OF THE  
AUTONOMOUS BODIES UNDER THE ADMINISTRATIVE CONTROL M/o HEALTH AND  
FAMILY WELFARE ON THE TABLE OF LOK SABHA FOR THE F.Y. 2015-16.

S.No	Name of the Institute	Date of Laying
1	Rashtriya Arogya Nidhi , New Delhi.	09.12.2016
2	Indian Red Cross Society, New Delhi.	09.12.2016
3	National Board of Examination.	09.12.2016
4	Pharmacy Council of India, New Delhi.	09.12.2016
5	Indian Nursing Council, New Delhi .	09.12.2016
6	Dental Council of India,New Delhi.	09.12.2016
7	National Academy of Medical Sciences, Delhi.	16.12.2016
8	JIPMER, PUDUCHERRY.	16.12.2016
9	Mahatma Gandhi Institute of Medical Sciences, Sewagram, Wardha (MH).	16.12.2016
10	AIIMS, Bhubeneswar,	16.12.2016
11	AIIMS, Rishikesh.	16.12.2016
12	AIIMS, Raipur.	16.12.2016
13	AIIMS, Patna.	16.12.2016
14	AIIMS, Jodhpur.	16.12.2016
15	AIIMS, Bhopal.	16.12.2016
16	National Institute of Biological, New Delhi.	09.12.2016
17	Indian Pharmacopoeia Commission, Ghaziabad.	09.12.2016
18	North Eastern Indira Gandhi Institute of Health & Medical Sciences. Shillong.	09.12.2016
19	Regional Institute of Medical Sciences, Imphal, Manipur.	09.12.2016
20	Regional Institute of Para-Medical & Nursing Sciences, Aizwal, Mizoram.	09.12.2016
21	Central Medical Services Society, New Delhi.	16.12.2016

STATUS OF LAYING OF ANNUAL REPORT AND AUDITED ACCOUNTS OF THE  
AUTONOMOUS BODIES UNDER THE ADMINISTRATIVE CONTROL M/o HEALTH AND  
FAMILY WELFARE ON THE TABLE OF LOK SABHA FOR THE F.Y. 2016-17.

S.No	Name of the Institute	Date of Laying
1	RashtriyaArogyaNidhi , New Delhi.	05.01.18
2	Indian Red Cross Society, New Delhi.	05.01.18
3	National Population Stabilization Fund, New Delhi.	29.12.17
4	Medical Council of India, New Delhi.	29.12.17
5	National Board of Examination.	22.12.17
6	Pharmacy Council of India, New Delhi.	29.12.17
7	Indian Nursing Council, New Delhi .	22.12.17
8	Dental Council of India, New Delhi.	05.01.18
9	National Academy of Medical Sciences, Delhi.	29.12.17
10	JIPMER, PUDUCHERRY.	29.12.17
11	Post graduate Institute of Medical Education & Research, Chandigarh.	05.01.18
12	Mahatma Gandhi Institute of Medical Sciences, Sewagram, Wardha (MH).	22.12.17
13	AIIMS, Bhubaneswar,	05.01.18
14	AIIMS, Raipur.	05.01.18
15	AIIMS, Jodhpur.	05.01.18
16	AIIMS, Bhopal.	05.01.18
17	National Institute of Biological, New Delhi.	22.12.17
18	Indian Pharmacopoeia Commission, Ghaziabad.	05.01.18
19	Food Safety & Standard Authority of India, New Delhi.	22.12.17

41	Population Research Centre, Sagar, MP.	05.01.18
42	National Health System Resources Centre.	22.12.17

**Note :** As on date, the Annual Reports and Audited Accounts of another 09 Institutions under the administrative control of M/o Health and Family Welfare for the F.Y. 2016-17 have also been laid on the table of the Lok Sabha during the current session.

DELHI TOURISM & TRANSPORTATION  
DEVELOPMENT CORPORATION LTD.

(A GOVERNMENT UNDERTAKING)  
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NEW DELHI - 110065  
TEL / FAX: 011 - 26331607

RML

Annexure-T

No. DTTDC/Engg/SP/DRML/116

Date: 20.02.2016

To:

The Dy. Director (Admn.),  
Dr. Ram Manohar Lohia Hospital,  
New Delhi- 110001

Sub: Construction of Emergency Care Building at Dr. RML Hospital, New Delhi.

Ref: Letter of M/s Hosmac vide no. DRML/Site Dated 08.06.2015 - regarding extension of time.

Dear Sir,

Please refer letter cited above received from M/s Hosmac regarding justification of the delay of the project. As (the project was started on 17.04.2010 and scheduled to be completed on 10.10.2010). The project finally completed on 03.02.2015 with the delay of 1576 days. As per hindrances mentioned in the referred letter the period claimed as a hindrance is 1720 days however as per scrutiny done by this office justified hindrance is 1384 days. #

As per the provision contained in the subjected Agreement vide special condition 24 for the liquidated damages "If Contractor fails to deliver the equipment or materials or perform the work within the time frames specified in the contract for the Contract Milestones listed below, or any extensions evidenced by a duly executed contract Amendment, the Contractor shall pay to Dr. RMLH as fixed, agreed and liquidated damages for each calendar week of delay the sums specified below which amounts shall be independently calculated for each Contract Milestones indicated:

No.	Contract Milestones	Liquidated Damages
	As set forth in SC-8 COMMENCEMENT, PROGRESS AND COMPLETION OF WORK	1.0% per week

(Since the work is delayed by 1576 days where 1384 days has been delayed due to reasons of site constraints. Remaining delay 192 days is attributable to the M/s Hosmac due to slow progress/ wrongful delay because of reasons in the control of M/s Hosmac.

As per provisions of Agreement it is recommended that liquidated damages @10% of contract value amounting Rs. 2,60,95,102/- may be recovered from M/s Hosmac. #

- Encl: 1. Statement of Hindrances analysed by DTTDC.  
2. Statement of extension submitted by M/s Hosmac.  
3. Draft Show Cause Notice  
4. Final compensation levy order.  
5. Hindrance details submitted by M/s Hosmac.

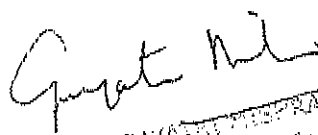
Yours Faithfully.



(A.K. Singh)

Executive Engineer (SP)





(GAYATRI MISHRA)

1. Secretary  
Ministry of Health & Family Welfare  
Govt. of India, New Delhi

63-

### STATEMENT OF HINDRANCE

Name of Work: - Construction of Emergency Care Building at DRML, New Delhi.


Sl. No	Sl. No as per M/s Hosmac	Nature of Hindrance	Date of start of Hindrance	Date of removal of Hindrance	Total Hindrance	Weightage of this hindrance	Effective days of hindrance (A)	Overlapping period if any-(B)	Net Hindrance in days (A-B)	Remarks (if any)
1	A	Initial delay in handing over site for commencement of work	17-04-2010	27-04-2010	11	100%	11	0	11	
2	J	Work stopped due to non finalisation of MGPS scheme.	17-04-2010	28-08-2012	865	36%	311	4	307	Refer (A) 36% of 11 Days 17/04/10 to 27/04/2010 = 3.96 Days Say 4 Days
3	N	Work stopped due to delay in approving order for IV Track and curtains	17-04-2010	20-05-2013	1130	15%	170	2	168	Refer (A) 15% of 11 Days 17/04/10 to 27/04/2010 = 1.65 Days Say 2 Days
4	B	Work stopped due to heavy rains	01-08-2010	30-09-2010	61	35%	21		21	claim of 70% weightage by M/s Hosmac is not resonable in Delhi region. Considered 35% weightage
5	C	Work stopped due to traffic restrictions for Commonwealth Games	20-09-2010	20-10-2010	31	50%	16	4	12	Refer (B) & (J) & (M) 36% of 11 Days (20/09/10 to 30/09/2010) = 3.96 Days Say 4 Days

64

*[Handwritten Signature]*  
 Director  
 Joint Secretary  
 Deptt. of Health & F.W.S.  
 Govt. of NCT of Delhi

Sl. No	Sl. No as per M/s Hosmac	Nature of Hindrance	Date of start of Hindrance	Date of removal of Hindrance	Total Hindrance	Weighlage of this hindrance	Effective days of hindrance (A)	Over lapping period if any-(B)	Net Hindrance in days (A-B)	Remarks (if any)
6	D	Work stopped due to intervention of Client and PMC for proof checking of structure and revising Agreement with introduction of Subsidiary Agreement.	01-10-2010	11-03-2011	162	49%	79	10	69	a) Refer (C) 50% of 20 Days (01/10/10 to 20/10/2010) = 10 Days b) Hindrance could not be more than 100%. M/s Hosmac claimed 90% on this reason but it could not be more than 49%, because 51% already claimed in 2/J & 3/N
7	E	Work stopped due to Change in shear connectors	08-03-2011	02-05-2011	56	49%	27	3	24	a) 49% of 4 Days (08/03/2011 to 11/03/2011) = 2.56 Days Say 3 Days b) Date of removal of hindrance differ as per E-11, Claimed by M/s Hosmac was 26/07/2011 but it is 02/05/2011 as per E-11 c) Hindrance could not be more than 100%. M/s Hosmac claimed 90% on this reason but it could not be more than 49%, because 51% already claimed in 2/J & 3/N
8	K	Work stopped due to Change in lift make	08-03-2011	27-09-2011	204	12%	24	7	17	Refer (E) & (J) & (N) 12% of 56 Days (08/03/11 to 02/05/2011) = 6.72 Days Say 7 Days
8.1	k.1	Finalization of elevator order on Otis	08-03-2011	27-09-2011	204	12%	24	7	17	Refer (E) & (J) & (N) 12% of 56 Days (08/03/11 to 02/05/2011) = 6.72 Days Say 7 Days
9	L	Work stopped due to non availability of drawings of existing services at UG Tank area.	07-05-2011	08-05-2014	1096	20%	220		220	

65

  
 CHARTERED ACCOUNTANTS  
 208-A, SECTOR 29, F-11,  
 SOUTH WEST DISTRICT  
 OF DELHI, INDIA.

Sl. No	Sl. No as per M/s Hosmac	Nature of Hindrance	Date of start of Hindrance	Date of removal of Hindrance	Total Hindrance	Weightage of this hindrance	Effective days of hindrance (A)	Over lapping period if any-(B)	Net Hindrance in days (A-B)	Remarks (if any)
8.2	k.2	Submission of Elevator drawings by Otis and delivery of material from Otis	28-09-2011	03-10-2012	372	12%	45	0	45	
8.3	k.3	Installation and commissioning of all three elevators by Otis	04-10-2012	22-08-2014	688	12%	83	0	83	
8.4	k.4	Commissioning of elevators due to delay in supply of permanent power by DRML	23-08-2014	27-09-2014	36	12%	4	0	4	
10	G)	Work stopped due to Change in window details	03-06-2011	07-09-2011	97	15%	15	3	12	40% of 6 Days (02/09/2011 to 07/09/2011) = 2.4 Days Say 3 Days Refer F
11	O	Work stopped due to finalisation CSSD equipment.	21-06-2011	05-08-2014	1142	5%	57	0	57	
12	F	Work stopped due to implementation of suggestion made by proof checker and PMC to check 100% joints through third party checks	02-09-2011	20-06-2012	293	17%	50	0	50	M/s Hosmac claimed 75% weightage for this particular hindrance but during this period i.e. in 2/J 36%, in 3/N 15%, 9/L 20%, 8/K 12% hindrance already claimed i.e. total = 36% + 15%+20%+12% = 83% hence weightage for this hindrance could not be more than 17% (100%-83%)
13	H	Work stopped due to change in chiller	16-02-2012	17-04-2012	62	15%	9	0	9	
14	I	Work stopped due to delay in sample approval for HVAC duct material	10-04-2012	17-04-2012	8	20%	2	0	2	
15	M	Work stopped due to change in main entry	03-09-2012	03-10-2012	31	10%	3	0	3	


66

*Signature*  
 PROJECT MANAGER  
 M/S. HOSMAC  
 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200

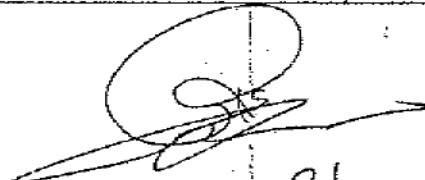


Sl. No	Sl. No as per M/s Hosmac	Nature of Hindrance	Date of start of Hindrance	Date of removal of Hindrance	Total Hindrance	Weightage of this hindrance	Effective days of hindrance (A)	Over lapping period if any-(B)	Net Hindrance in days (A-B)	Remarks (if any)
16	Q	Work stopped due to non availability of footing drawings of Trauma building and changes in design	13-04-2011	28-08-2014	1234	5%	62	0	62	
17	R	Work stopped due to non availability of permanent electrical connection	22-08-2014	27-09-2014	37	18%	7	0	7	
18	S	Work stopped due to delay payment and part payment released for Emergency care main building					0			
19	T	Work stopped due to delayed payment and part payment released for MGPS at Emergency care main building.					0		180	
20	P	Work stopped due to traffic restrictions and national holidays								
		Year 2010 (P-96 & P-97)	01-05-2010	01-05-2010	1	100%	1	0	1	
			12-08-2010	15-08-2010	4	100%	4	0	4	
			02-10-2010	02-10-2010	1	100%	1	0	1	
		Year 2011	23-01-2011	29-01-2011	7	100%	7	0	7	
			01-05-2011	01-05-2011	1	100%	1	0	1	
			12-08-2011	15-08-2011	4	100%	4	0	4	
			02-10-2011	02-10-2011	1	100%	1	0	1	
		Year 2012	23-01-2012	29-01-2012	7	100%	7	0	7	
			01-05-2012	01-05-2012	1	100%	1	0	1	
			12-08-2012	15-08-2012	4	100%	4	0	4	
			02-10-2012	02-10-2012	1	100%	1	0	1	
		Year 2013	23-01-2013	29-01-2013	7	100%	7	0	7	
			01-05-2013	01-05-2013	1	100%	1	0	1	
			12-08-2013	15-08-2013	4	100%	4	0	4	
			02-10-2013	02-10-2013	1	100%	1	0	1	

-67-

  
 J. K. Srinivasan  
 Joint Secretary  
 Ministry of Health & Family Welfare  
 Government of Kerala  
 Thiruvananthapuram

Sl. No	Sl. No as per M/s Hosmac	Nature of Hindrance	Date of start of Hindrance	Date of removal of Hindrance	Total Hindrance	Weightage of this hindrance	Effective days of hindrance (A)	Over lapping period if any-(B)	Net Hindrance in days (A-B)	Remarks (if any)
		Year 2014	23-01-2014	29-01-2014	7	100%	7	0	7	
			01-05-2014	01-05-2014	1	100%	1	0	1	
			12-08-2014	15-08-2014	4	100%	4	0	4	
			02-10-2014	02-10-2014	1	100%	1	0	1	
		Less overlapping period in national holidays Total period between 09/04/2010 to 27/09/2014 = 1633 Days Total hindrance between this period justified = 1025 Days % of overall hindrance = 63% Total Days of hindrance due to national holiday & Restricted traffic movement = 58 Days								
		<b>Total Hindrance</b>						37	-37	
									1384	
		Total time taken in completing the work	17-04-2010	03-02-2015					1754	
		Time for completion	17-04-2010	10-10-2010					177	
		Total delay	18-04-2010	27-09-2014					1576	

  
 AECSPJ

(GAYAN K MISHRA)  
 Joint Secretary  
 Ministry of Health & F.W.



Performa for Extension of time

Name of work:-	Construction of Emergency care building and renovation of VIP rooms at DR.RAM MANOHAR LOHIA HOSPITAL
Name of Agency:-	M/s Hosmac Projects, Division of Hosmac India Private Limited, Unit No. 120, Udyog Bhavan, Sonawala Road, Goregaon (E) Mumbai-400063
Agreement number:-	Z.28015/25/2010-H
Tendered Cost:-	260,951,016
Date of commencement of work as per agreement:-	9 <sup>th</sup> April 2010
Period allowed for completion of work as per agreement:-	170 days
Date of completion stipulated in agreement:-	26 <sup>th</sup> September 2010

69-

RAJNISH BHARTI  
Project Architect  
Hosmac India Private Limited

(GAYATRI MISHRA)  
Joint Secretary  
Ministry of Health & Family Welfare  
India, New Delhi

Serial number	Nature of Hindrance	Date of occurrence	Date of clearance	Overlapping period	Percentage	Net days of hindrance	Remarks
A	Initial delay in handing over site for commencement of work.	9-Apr-10	27-Apr-10	18	100	18	The work was awarded on 9-4-10 and site was handed over on 27-4-10
B	Work stopped due to heavy rains	1-Aug-10	30-Sep-10	61	70	42.7	Heavy rains throughout August and September 2010 affecting welding of structure.
C	Work stopped due to traffic restrictions for Commonwealth Games	20-Sep-10	20-Oct-10	30	50	15	Traffic restrictions due to Commonwealth Games in September and October 2010.
D	Work stopped due to intervention of Client and PMC for proof checking of structure and revising Agreement with introduction of Subsidiary Agreement.	1-Oct-10	11-Mar-11	151	90	144.9	Stoppage of work from Oct 10 to March 11 for Subsidiary Agreement and proof checking of structure by IIT Delhi. Agreement signed on 24-2-11 and part payment released on 4-3-11. First meeting with PMC (DTTDC) was held at DRML on 8-3-11
E	Work stopped due to Change in shear connectors	8-Mar-11	26-Jul-11	140	75	105	Design was submitted to IIT Delhi with full structure design during proof check. Revised Design was given to DTTDC for reference and approval as instructed.
F	Work stopped due to implementation of suggestion made by proof checker and PMC to check 100% joints through third party checks	2-Sep-11	20-Jun-12	292	75	219	M/s. Lloyds supervised testing of structural joints by testing agency. Time taken to test 100% joints delayed casting of floor slabs and further works.
G	Work stopped due to change in window detail	3-Jun-11	7-Sep-11	96	15	14.4	

-10-  
-20-

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(GAYATRI MISHRA)  
Joint Secretary & PM  
Ministry of Health & Family Welfare  
Govt. of Madhya Pradesh  
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H	Work stopped due to change in chiller	16-Feb-12	17-Apr-12	61	15	9.15	Change from air cooled chiller to water cooled chiller resulting in cancellation of order of air cooled chillers and additional work required due to water cooled chillers.
I	Work stopped due to delay in sample approval for HVAC duct material.	10-Apr-12	17-Apr-12	7	20	1.4	
J	Work stopped due to non finalisation of MGPS scheme.	9-Apr-10	28-Aug-12	872	36	313.92	Delay in release of MGPS resulting in hold for work above false ceiling and wall paneling. Work order released on 28-2-12 and the vendor after inspection of materials by DRML agreed to start the work on 28-8-12
K	Work stopped due to change in lift make						Change in elevator make to Otis resulting in delay in placing new order. Finalization of order on Otis delayed, drawings submission by Otis delayed resulting in delayed approval to manufacture. Supply and installation of elevators by Otis delayed. Commissioning of elevators delayed due to non availability of power from DRML.
	Finalization of elevator order on Otis	8-Mar-11	27-Sep-11	203	12	24.36	
	Submission of Elevator drawings by Otis and delivery of material from Otis	27-Sep-11	3-Oct-12	372	12	44.64	
	Installation and commissioning of all three elevators by Otis	3-Oct-12	22-Aug-14	688	12	82.56	
	Commissioning of elevators due to delay in supply of permanent power by DRML	22-Aug-14	27-Sep-14	36	12	4.32	

-17-

*Signature*

(GATEWAY TO SHRA)  
 JEE & Graduate  
 Institute of Health & F.M.  
 17-12, D-Block  
 New Delhi

L	Work stopped due to non availability of drawings of existing services at UG Tank area	7-May-11	8-May-14	1462	20	292.4	UG Tank added. Delay in excavation UG Tank due to delay in shifting existing service bags and cables by DRML/CPWD resulting in revision in drawings, change in contractor. The proposed road on it for fire tender movement was delayed.
M	Work stopped due to change in main entry.	3-Oct-12	3-Nov-12	30	10	3	Main entry at ground floor was revised by increasing the door height resulting in a delay of about 1 month.
N	Work stopped due to delay in approving order for IV Track and curtains.	9-Apr-10	20-May-13	1137	15	170.55	Delay in approving order for IV Track and curtains by DRML resulting in delay in false ceiling work.
O	Work stopped due to finalisation CSSD equipment	21-Jun-11	5-Aug-14	1141	5	57.05	CSSD equipment installation delayed finishing work of CSSD department
P	Work stopped due to traffic restrictions and national holidays.						Traffic restrictions in the area for B to 10 days each during 15 <sup>th</sup> Aug 11, 26 <sup>th</sup> Jan 12, 15 <sup>th</sup> Aug 12, 20 <sup>th</sup> Jan 13, 14 Aug 13, 26 <sup>th</sup> Jan 14 and 15 <sup>th</sup> Aug 14.
	Year 2010	1-May-10	1-May-10	1	100	1	
	Year 2010	8-Aug-10	18-Aug-10	10	100	10	
	Year 2010	2-Oct-10	2-Oct-10	1	100	1	
	Year 2011	1-May-10	1-May-10	1	100	1	
	Year 2011	8-Aug-11	18-Aug-11	10	100	10	
	Year 2011	2-Oct-10	2-Oct-10	1	100	1	
	Year 2012	19-Jan-12	29-Jan-12	10	100	10	
		1-May-12	1-May-12	1	100	1	
		8-Aug-12	18-Aug-12	10	100	10	
		2-Oct-12	2-Oct-12	1	100	1	
	Year 2013	19-Jan-13	29-Jan-13	10	100	10	
		1-May-13	1-May-13	1	100	1	
		8-Aug-13	18-Aug-13	10	100	10	
		2-Oct-13	2-Oct-13	1	100	1	

72

*Chandrasekhar*

(GAVADRI MCHRS)  
 To: Secretary, E.M.  
 Ministry of Road Transport & Highways,  
 Govt. of India.

Year 2014	19-Jan-14	29-Jan-14	10	100	10		
	1-May-14	1-May-14	1	100	1		
	8-Aug-14	18-Aug-14	10	100	10		
	2-Oct-14	2-Oct-14	1	100	1		
Q	Work stopped due to non-availability of footing drawings of Trauma building and changes in design	13-Apr-11	28-Aug-14	1233	5	61.65	Connecting corridor completion was delayed due to requirement of footing drawings of Trauma Building, changes in design and the false ceiling was on hold for installation of AC by DRML. Finally the work was completed as advised by DTTDC without the AC installation which is still pending.
R	Work stopped due to non-availability of permanent electrical connection	22-Aug-14	27-Sep-14	36	18	6.48	Supply of permanent electrical connection for testing and commissioning of all the systems simultaneously.
S	Work stopped due to delayed payment and part payment released for Emergency care main building						Date of invoice raised, bill submission date, amount received, date of received and delay attached for reference.
T	Work stopped due to delayed payment and part payment released for MGPS work at Emergency care main building						Date of invoice raised, bill submission date, amount received, date of received and delay attached for reference.

73

*[Handwritten Signature]*  
 (SUNIL KISHOR)  
 Joint Secretary  
 Ministry of Health & Family Welfare  
 Govt. of India, New Delhi

specifications and shall note thereon that the recording of deviations and annotations is complete and accurate.

**SC-8 COMMENCEMENT, PROGRESS AND COMPLETION OF THE WORK**

CONTRACTOR shall complete the Work under the contract to meet the following Contract Milestone dates:

Contract Milestone No	Contract Mile Stone	* No. of Days
01	Demolition of existing HINI Building & mobilisation	20
02	Work up to plinth	50
03	Fabrication, erection of structural steel work and casting of slabs	120
04	Internal & external finishing including services	160
05	Handing over including commissioning	170

\* No. of days are the continuous calendar days from the date of issuance of Notice of Award/LOI/site possession

CONTRACTOR shall give DRML full information in advance as to its plans for performing each part of the Work. If at any time, CONTRACTOR'S actual progress is inadequate to meet the requirements of this contract, DRML may notify CONTRACTOR to take such steps as may be necessary to improve its progress. If, within a reasonable period as determined by DRML, CONTRACTOR does not improve performance to meet the Contract Milestones set forth above, DRML may require an increase in CONTRACTOR'S labour force, the number of shifts, overtime operations, additional days of work per week, expedited shipment(s) of equipment and materials, and an increase in the amount of construction plant and equipment, all without additional cost to DRML. Neither such notice nor DRML'S failure to issue such notice shall relieve CONTRACTOR of its obligation to achieve the quality of work and rate of progress required by this contract.

Non-compliance with DRML'S instructions shall be grounds for DRML'S determination that CONTRACTOR is not executing the Work with such diligence as will assure completion within the times specified. Upon such determination, DRML may terminate this contract pursuant to the General Condition titled "TERMINATION FOR DEFAULT."

**SC-9 CONTRACT SCHEDULE**

CONTRACTOR shall, within fifteen (15) calendar days of contract award and before the first progress payment is made, submit to DRML for its written approval a Contract Schedule. The schedule shall consist of a precedence network diagram using the critical path method (CPM) to show each individual essential activity in sequence to meet the Contract Milestones of the Special Condition titled "COMMENCEMENT, PROGRESS AND COMPLETION OF THE WORK." The diagram shall show durations and dependencies, including off-Jobsite activities such as design, fabrication of equipment, procurement, delivery of materials, and items to be furnished by DRML. It shall show total float and free-float times. Float shall not be considered to be for the exclusive benefit of either DRML or CONTRACTOR. Extensions of time for performance required under other contract clauses shall be made only to the extent that equitable time adjustments for affected activities exceed the total float available along their paths.

The activity listing shall show the following information for each activity on the diagram:

- Identification by node number;
- Description of the task or event;
- Duration;
- Earliest and latest start and finish dates

In addition CONTRACTOR shall submit a complementary and detailed narrative description of its plan for performing the Work. The narrative description shall summarize equipment and personnel requirements by craft to complete a resource loaded schedule.

*Sharma*

श्री. अशोक पांडेय  
अधीक्षक, निदेशक  
आयुर्वेद विभाग, स्वास्थ्य  
विभाग, भारत सरकार  
नई दिल्ली

*[Signature]*

*[Signature]*  
(GAYATRI PASHRA)  
Joint Secretary  
Ministry of Health & F.W.  
Govt. of India, New Delhi



LIST OF EQUIPMENTS OF ECS BUILDING

S.N.	Name of the Equipment/ Total Cost	Qty.	Date of Receipt	Date of Issue	Installation date
01.	ECG Machine 12 Channel	01 Unit	13.04.12	18.05.12	05.06.12
02.	Operation Table : Steris Surginox	03 Nos.  01 No. 01 No. 01 No.	17.04.12	 14.05.12 24.03.12 16.05.12	 23.06.12 23.06.12 23.06.12
03.	Portable Ultrasound with Color Doppler System.	03 Nos.	10.05.12	11.09.12.	15.09.12
04	500 mA X-Ray Machine	01 No.	10.05.12	20.09.12	1-04-2013
05	Electro Surgical Unit	03 Nos.:	11.05.12	 26.07.12 04.09.12 05.09.12	 26.07.12 06.09.12 06.09.12
06	Bench Top Autoclave	10 Set.:	23.05.12	 13.06.12 03.07.12 13.07.12 23.07.12 09.08.12 24.08.12 17.09.12	 30.07.12 12.07.12 30.07.12 19.09.12 21.08.12 29.08.12 17.04.13
07.	Laposcopic Surgery Set	01 Set	05.06.12	04.01.13	06.11.13

(GAYATRI KISHORA)  
Joint Secretary  
Ministry of Health & F.W.  
Govt. of NCT of Delhi, New Delhi

*Gayatri Kishora*

08	Open Care System for Neonates (ECS 4 <sup>th</sup> Floor)	18 Nos.	14.07.12	20.11.15	12.06.16
09.	Operation Theatre Light	03 Nos.	14.08.12	30.07.14	10.08.14
10.	Ventilator High End ICU:	05 Nos. 05 Nos. 04 Nos. 01 No. 02 Nos. 02 Nos. 02 Nos. 06 Nos. 06 Nos.	21.07.12	02.01.13 01.01.13 12.08.13 31.10.13 02.11.13 14.05.14 11.08.14 23.09.14 23.09.14	09.03.13 03.01.13 14.08.13 02.11.13 08.07.14 16.09.15 16.09.15 16.09.15 28.04.16
11.	Transport Monitor	08 Nos.	01.08.12	02.11.13 07.08.14	02.11.13 07.08.15
12.	Plasma Sterilizer	01 No.	05.08.12	23.01.13	07.10.13
13.	Multi Parameter Monitor	20 Nos.	09.08.12	16.10.12 08.04.12 28.10.13 07.09.14	16.10.12 10.04.13 28.10.13 07.08.15
14	Washer Disinfecter	01 No.	21.08.12	30.07.14	01.07.16

*[Handwritten Signature]*

(SPECIAL AGENT)  
Joint Secretary  
Ministry of Health & Family Welfare  
Govt. of Karnataka, New Delhi

15	Complete Monitoring System for ICU	14 Nos. 15 Nos. 14 Nos. 18 Nos.	06.09.12	08.08.14 23.09.14 23.09.14 04.11.15	30.03.16 29.03.16 05.12.15 05.11.16
16	CR System	01 Unit	19.09.12	01.11.12	26.11.12
17	Emergency Patient Trolley	29 Nos.	09.10.12	05.12.13 09.01.14	05.12.13 09.01.14
18	Haemo Dialysis machine	02 Nos.	11.10.12	10.08.13	20.08.13 22.11.13
19	Portable Ventilator LTV-1000	10 Nos.	16.01.13	14.06.13 07.08.14	14.06.13 07.08.15
20	High Speed Autoclave	02 Sets	20.06.13	30.07.14	20.11.15
21	Defibrillator with ECG Monitor	10 Nos.  05 Sets 02 Sets 01 Set 02 Sets	18.07.13	07.03.14 04.08.14 06.08.14 19.09.14	30.10.14 13.08.15 10.09.15 08.02.16
22	Bidensity form Mattress of ICU Beds	39 Nos.  10 Nos.	27.08.13	30.07.14	30.07.14

*(Signature)*  
 Joint Secretary  
 Ministry of Health & F.W.  
 Govt. of India, New Delhi

		15 Nos.		11.08.14	11.08.14
		14 Nos.		11.08.14	11.08.14
23	ICU Beds	39 Nos.	06.09.13	30.07.14 11.08.14 11.08.14	30.07.14 11.08.14 11.08.14
24.	O.T. Table Steris	02 Nos	03.09.14	09.08.14	10.08.14
25.	General Hospital Beds	220 Nos	04.09.14	12.12.14	12.12.14
26.	Syringe Infusion Pump	25 Nos. 20 Nos. 15 Nos. 15 Nos. 49 Nos. 30 Nos. 05 Nos. 30 Nos. 12 Nos. 10 Nos. 10 Nos.	17.10.14	04.03.15 03.03.15 03.03.15 04.03.15 05.03.15 09.08.15 15.01.15 13.10.15 31.05.17 31.05.17 31.05.17	29.03.16 31.05.17 31.05.17 10.10.16 10.10.16 10.12.16 21.01.16 10.12.15 01.03.16 10.11.15 31.05.17

**Note:**

1. Equipment warranty starts from the date of installation hence no warranty is expired.
2. After warranty is over AMC is maintained.

(GAYATRI MISHRA)  
Joint Secretary  
Ministry of Health & F.W.  
Govt. of India, New Delhi

*Gayatri Mishra*



Annexure III

- 1. Complete Monitoring System ( 1 Unit of Central Station and 18 monitors)** **Rs. 74,62,117/-**

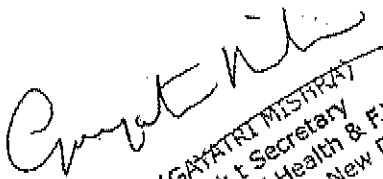
**CONSTRAINTS FOR INSTALLING MONITORS**

**Technical**

- The structure was not capable to bear the weight of monitors
- Alternative arrangement like table stand etc. was thought
- Trial was done
- Then order was placed for such stand for monitors installation
- Proper electrical points arranged
- Then monitors installed

- 2. Open Care System for Neonates with Accessories (18 No.)** **Rs. 1,66,13,100/-**

Complete installation has taken 6 month time due to various electrical gagets preparation ensuring safety process for Neonates.

  
(GAYATRI MISHRA)  
Joint Secretary  
Ministry of Health & F.W.  
Govt. of India, New Delhi

Receipt No : 596263/2017/TRAINING

ANNEXURE - I

Annexure -IIA

## Schedule I - FIRST SCHEDULE

## THE FIRST SCHEDULE

(See section 11)

Recognised Medical Qualifications granted by the Universities or Medical  
Institutions in India.

Recognised Medical Qualification

Abbreviation for Registration

## UNIVERSITY OF ALLAHABAD

Bachelor of Medicine and Bachelor of Surgery

M.B.B.S.

Doctor of Medicine (General Medicine)

M.D. (Genl. Med.)

Doctor of Medicine (Social and Preventive Medicine)

M.D. (Soc. &amp; Prev. Med.)

Master of Surgery (Ophthalmology)

M.S. (Ophth.)

Master of Surgery (General Surgery)

M.S. (Genl. Surg.)

Doctor of Medicine (Pathology)

M.D. (Path.)

Doctor of Medicine (Physiology)

M.D. (Phy.)

Master of Surgery (Anatomy)

M.S. (Anat.)

Doctor of Medicine (Pharmacology)

M.D. (Pharm.)

Doctor of Medicine (Paediatrics)

M.D. (Paed.)

Master of Surgery (Obstetrics and Gynaecology)

M.S. (Obst. &amp; Gynae.)

Doctor of Medicine (General Medicine)

M.D. (Genl. Med.)

Annexure -IIA

(This qualification shall be a recognised medical qualification when granted in or after 1982.)

BHAGALPUR UNIVERSITY

Bachelor of Medicine and Bachelor of Surgery

M.B.B.S.

(This qualification shall be a recognised medical qualification when granted by Bhagalpur University in respect of students being trained at Bhagalpur Medical College, Bhagalpur.)

BURDWAN UNIVERSITY

Bachelor of Medicine and Bachelor of Surgery

M.B.B.S.

BHARATHIDASAN UNIVERSITY

Bachelor of Medicine and Bachelor of Surgery

M.B.B.S.

Diploma in Psychological Medicine

D.P.M.

Doctor of Medicine (Pathology)

M.D. (Path.)

BHARTHAR UNIVERSITY

Bachelor of Medicine and Bachelor of Surgery

M.B.B.S.

UNIVERSITY OF CALCUTTA

Licentiate in Medicine and Surgery

L.M.S.

Bachelor of Medicine

M.B.

Bachelor of Medicine and Bachelor of Surgery

M.B.B.S.

Doctor of Medicine

M.D.

Master of Surgery

M.S.

Master of Obstetrics



183

Annexure-IIA

- M.O.
- Diploma in Ophthalmic Medicine and Surgery
- D.O.M.S.
- Diploma in Gynaecology and Obstetrics
- D.G.O.
- Diploma in Maternity and Child Welfare
- D.M.C.W.
- Diploma in Public Health
- D.P.H.
- Diploma in Tuberculosis Diseases
- D.T.D.
- Diploma in Medical Radiology and Electrolgy
- D.M.R.E.
- Diploma in Basic Medical Sciences (Anatomy)
- Dip. B.M.Sc. (Anat.)
- Diploma in Basic Medical Sciences (Physiology)
- Dip. B.M.Sc. (Phy.)
- Diploma in Basic Medical Sciences (Pharmacology)
- Dip. B.M.Sc. (Pharm.)
- Diploma in Basic Medical Sciences (Pathology)
- Dip. B.M.Sc. (Path.)
- Diploma in Cardiology
- Dip. Card.
- Diploma in Psychological Medicine
- D.P.M.
- Diploma in Child Health
- D.C.H.
- Diploma in Industrial Health
- D.I.H.

1. Substituted by the Notification No. S.O. 3312(E) dated 20.11.1999
2. Inserted by the Notification No. S.O. 1318(E) dated 24.06.2000.
3. Inserted by the Notifications No. S.O. 1261(E) dated 17.06.2000.

Annexure -IA

4. Substituted by the Notification No 11015/12/99-M.E. (UG) dated 20.11.1999.
5. Inserted by the Notifications No. S.O. 1729(E) dated 30.05.2007.
6. Inserted by the Notifications No. 11025/27/94-ME(UG) dated 26.02.2000.
7. Inserted by the Notifications No. S.O. 1429(E) dated 01.07.2000.
8. Inserted by the Notification No. S.O.611(E) dated 27.02.2009.

Notes Added by AIH&PH:

Note 1: The Government of West Bengal, through the enactment of the West Bengal University of Health Sciences Act, 2002 has made the following provisions and accordingly, in the above schedule, after the enactment of the above act, Calcutta University means "West Bengal University of Health Sciences" and accordingly the MCI has replaced Calcutta University by the "West Bengal University of Health Sciences" in the First Schedule.

*"All colleges, institutions and educational centers of Health Sciences in the State of West Bengal previously admitted to the privileges of, or affiliated to, the University of Calcutta, the University of Burdwan, the University of North Bengal, the University of Kalyani, the Vidyasagar University, the Jadavpur University, the Rabindra Bharati University and the Viswa Bharati University or any other Government recognized university, Council or affiliating body, with effect from the date as may be notified under sub-section (2), shall be deemed to be admitted to the privileges of or affiliated to, the University."*

Note 2: The MOH&FW has also taken note of the above fact and accordingly amended IMC Act 1956 vide Gazette Notification dated 12th June, 2008 published in "The Gazette of India: July 19, 2008/ASADHA 28, 1930 which is enclosed as Annexure-IB for ready reference. The relevant portion of the notification is produced below for ready reference.

"S.O. 1846 - In exercise of the power conferred by sub-section (2) of the Section 11 of the Indian Medical Council Act, 1956 (102 of 1956), the Central Government, after consulting the Medical Council of India, hereby makes the following further amendments in the First Schedule to the said Act, namely:-

In the said First Schedule after "Calcutta University" and entries relating thereto "West Bengal University of Health Sciences, Kolkata, West Bengal under the heading 'Recognized Medical Qualification' [hereinafter referred to as column (2), and the heading 'Abbreviation for Registration' [hereinafter referred to as column (3)], the following shall be inserted, namely:-

Recognized Medical Qualification	Abbreviation for Registration
Diploma in Health Education	D.H.Ed.
Diploma in Industrial Hygiene	D. Ind. Hyg.
Diploma in Maternity & Child Welfare	D.M.C.W.
Diploma in Public Health	D.P.H.
Doctor of Medicine (Social & Preventive Medicine/Community Medicine)	M.D. (S.P.M./Comm. Med.)
These shall be recognised medical qualifications when granted by West Bengal University of Health Sciences, Kolkata, West Bengal in respect of students being trained at All India Institute of Hygiene & Public Health, Kolkata, West Bengal.	

Receipt No : 596263/2017/TRAINING

181

ANNEXURE-II

3700- TIDE GAZETTE OF INDIA: JULY 19, 2008/ASADHA 28, 1938 [Part II—Sec. 3(3)]

(2)	(3)
डाक्टरेट/आफ मेडिसिन (पाल ठेग विकित्सा)	एम. डी. (पाल ठेग विकित्सा)
डाक्टरेट/आफ सर्जरी (आर्टो-प्लास्टी-ऑर्थोपेडिक)	एम. एस. (आर्टो-प्लास्टी-ऑर्थोपेडिक)
डाक्टरेट/आफ सर्जरी (सामान्य रक्त्य किना)	एम. एस. (सामान्य रक्त्य किना)
डाक्टरेट/आफ सर्जरी (नेत्र विकित्सा)	एम. एस. (नेत्र विकित्सा)

(ये पाठ्यक्रम/विकित्सा अर्हताएं जोगी यदि ये परिचय मेंगल स्वास्थ्य विकित्सा विद्याविद्यालय, कोलकाता, परिचय मेंगल द्वारा विद्यमान है आयुर्विज्ञान अस्पताल, कोलकाता, व. मेंगल में प्रशिक्षण प्राप्त कर रहे छात्रों के संबंध में प्रदान की गई है।)

(2)	(3)
वेक्टर/आफ मेडिसिन एंड वेक्टर आफ सर्जरी	एम.बी.बी.एस.
प्रसूति पूर्व रती ठेग विकित्सा में डिप्लोमा	डी. जी. जी.
डाक्टरेट/आफ मेडिसिन (शरीर रचना-विकित्सा)	एम. डी. (शरीर रचना-विकित्सा)
डाक्टरेट/आफ मेडिसिन (नेत्र-रसायन)	एम. डी. (नेत्र-रसायन)
डाक्टरेट/आफ मेडिसिन (पाल ठेग विकित्सा)	एम. डी. (पाल ठेग विकित्सा)

(ये पाठ्यक्रम/विकित्सा अर्हताएं जोगी यदि ये परिचय मेंगल स्वास्थ्य विकित्सा विद्याविद्यालय, कोलकाता, परिचय मेंगल द्वारा विद्यमान है आयुर्विज्ञान अस्पताल, व. मेंगल में प्रशिक्षण प्राप्त कर रहे छात्रों के संबंध में प्रदान की गई है।)

(2)	(3)
डाक्टरेट/आफ मेडिसिन एंड वेक्टर/आफ सर्जरी	एम.बी.बी.एस.
डाक्टरेट/आफ मेडिसिन (शरीर रचना-विकित्सा)	एम. डी. (शरीर रचना-विकित्सा)

(ये पाठ्यक्रम/विकित्सा अर्हताएं जोगी यदि ये परिचय मेंगल स्वास्थ्य विकित्सा विद्याविद्यालय, कोलकाता, परिचय मेंगल द्वारा विद्यमान है आयुर्विज्ञान अस्पताल, व. मेंगल में प्रशिक्षण प्राप्त कर रहे छात्रों के संबंध में प्रदान की गई है।)

[सं. 9-12012/478/2007-एम. डी. (पी -II)]  
एन. जॉर्ज, अय्य सचिव

New Delhi, the 12th June, 2008

S.O. 1846.—In exercise of the powers conferred by sub-section (2) of the Section 11 of the Indian Medical Councils Act, 1956 (102 of 1956), the Central Government, after consulting the Medical Council of India, hereby makes the following further amendments in the First Schedule to the said Act, namely:—

In the said First Schedule after "Calcutta University" and entries relating thereto "West Bengal University of Health Sciences, Kolkata, West Bengal" shall be added and against "West Bengal University of Health Sciences, Kolkata, West Bengal" under the heading "Recognized Medical Qualification" [hereinafter referred to as column (2)], and the heading "Abbreviation for Registration" [hereinafter referred to as column (3)], the following shall be inserted, namely:—

Recognized Medical Qualification	Abbreviation for Registration
(2)	(3)
Bachelor of Medicine & Bachelor of Surgery	M.B.B.S.
Diploma in Anaesthesia	D.A.
Diploma in Obstetrics & Gynaecology	D.G.O.
Diploma in Ophthalmology	D.O.
Diploma in Orthopaedics	D. Ortho.
Diploma in Oto-Rhino-Laryngology	D.L.O.
Diploma in Tuberculosis & Chest Diseases	D.T.C.D.
Magister Chirurgiae (Cardio Thoracic Surgery)	M. Ch.(C.T.S.)
Doctor of Medicine (Dermatology)	M.D. (Derm.)
Doctor of Medicine (Forensic Medicine)	M.D. (F.Med.)
Doctor of Medicine (General Medicine)	M.D. (Genl. Med.)
Doctor of Medicine (Obstetrics & Gynaecology)	M.D. (Obst. & Gynae.)

[Part II—खण्ड 3(1)]

भारत का गणराज्य : बुधवार 19, 2008/30 मार्च 28, 1930

3701

(2)	(3)
Doctor of Medicine (Paediatrics)	M.D. (Paed.)
Doctor of Medicine (Tuberculosis & Respiratory Disease)	M.D. (T.B. & Res. Dis.)
Master of Surgery (Oto-Rhino-Laryngology)	M.S. (ENT)
Master of Surgery (General Surgery)	M.S. (Surg.)
Master of Surgery (Obstetrics & Gynaecology)	M.S. (Obst. & Gynae)
Master of Surgery (Ophthalmology)	M.S. (Oph.)
Master of Surgery (Orthopaedics)	M.S. (Ortho.)

(These shall be recognized medical qualifications when granted by West Bengal University of Health Sciences, Kolkata, West Bengal in respect of students being trained at Medical College, Kolkata, West Bengal.)

(2)	(3)
Bachelor of Medicine & Bachelor of Surgery	M.B.B.S.
Diploma in Anaesthesia	D.A.
Doctor of Medicine (General Medicine)	M.D. (Genl. Med.)
Doctor of Medicine (Tuberculosis & Respiratory Disease)	M.D. (T.B. & Res. Dis.)
Master of Surgery (General Surgery)	M.S. (Genl. Surg.)
Master of Surgery (Orthopaedics)	M.S. (Ortho.)

(These shall be recognized medical qualifications when granted by West Bengal University of Health Sciences, Kolkata, West Bengal in respect of students being trained at R.O. Kar Medical College, Kolkata, West Bengal.)

(2)	(3)
Bachelor of Medicine & Bachelor of Surgery	M.B.B.S.
Diploma in Anaesthesia	D.A.
Doctor of Medicine (General Medicine)	M.D. (Genl. Med.)
Doctor of Medicine (Obstetrics & Gynaecology)	M.D. (Obst. & Gynae.)
Doctor of Medicine (Tuberculosis & Respiratory Disease)	M.D. (T.B. & Res. Dis.)
Master of Surgery (General Surgery)	M.S. (Genl. Surg.)

(These shall be recognized medical qualifications when granted by West Bengal University of Health Sciences, Kolkata, West Bengal in respect of students being trained at Calcutta National Medical College, Kolkata, West Bengal.)

(2)	(3)
Bachelor of Medicine & Bachelor of Surgery	M.B.B.S.
Diploma in Anaesthesia	D.A.
Master of Chirurgiae (Paediatric Surgery)	M.S. (Paed. Surg.)
Doctor of Medicine (General Medicine)	M.D. (Genl. Med.)
Doctor of Medicine (Obstetrics & Gynaecology)	M.D. (Obst. & Gynae.)
Doctor of Medicine (Paediatrics)	M.D. (Paed.)
Doctor of Medicine (Tuberculosis & Respiratory Disease)	M.D. (T.B. & Res. Dis.)
Master of Surgery (General Surgery)	M.S. (Genl. Surg.)
Master of Surgery (Orthopaedics)	M.S. (Ortho.)

(These shall be recognized medical qualifications when granted by West Bengal University of Health Sciences, Kolkata, West Bengal in respect of students being trained at Calcutta National Medical College, Kolkata, West Bengal.)

(2)	(3)
Diploma in Anaesthesia	D.A.
Diploma in Basic Medical Sciences (Anatomy)	D.B.M.Sc. (Anat.)
Diploma in Basic Medical Sciences (Pharmacology)	D.B.M.Sc. (Pharm.)
Diploma in Basic Medical Sciences (Physiology)	D.B.M.Sc. (Phy.)
Diploma in Cardiology	D. Card.
Diploma in Clinical Pathology	D. C. P.
Diploma in Dermatology	D. D.

179

(2)	(3)
Diploma in Psychological Medicine	D.P.M.
Diploma in Radio Therapy	D.R.T.
Diploma in Radio-Diagnosis	D.M.R.D.
Doctor of Medicine (Cardiology)	D.M.(Card.)
Doctor of Medicine (Dermatology)	M.D.(Derm.)
Doctor of Medicine (General Medicine)	M.D.(Genl. Med.)
Doctor of Medicine (Microbiology)	M.D.(Mic. Bio.)
Doctor of Medicine (Obstetrics & Gynaecology)	M.D.(Obst. & Gynaec.)
Doctor of Medicine (Psychiatry)	M.D.(Psyc.)
Master of Surgery (Radio Diagnosis)	M.S.(Rad. Diag.)
Doctor of Medicine (Radiotherapy)	M.D.(Rad. Ther.)
Master of Surgery (General Surgery)	M.S.(Genl. Surg.)
Master of Surgery (Obstetrics & Gynaecology)	M.S.(Obst. & Gynaec.)
Master of Surgery (Orthopaedics)	M.S.(Ortha.)

(These shall be recognized medical qualification when granted by West Bengal University of Health Sciences, Kolkata, West Bengal in respect of students being trained at University College of Medicine, Kolkata, West Bengal.)

(2)	(3)
Diploma in Health Education	D.H.Ed.
Diploma in Industrial Hygiene	D. Ind. Hyg.
Diploma in Maternity & Child Welfare	D.M.C.W.
Diploma in Public Health	D.P.H.
Doctor of Medicine (Social & Preventive Medicine/Community Medicine)	M.D.(S.P.M./Comm. Med.)

(These shall be recognized medical qualifications when granted by West Bengal University of Health Sciences, Kolkata, West Bengal in respect of students being trained at All India Institute of Hygiene & Public Health, Kolkata, West Bengal.)

(2)	(3)
Diploma in Child Health	D.C.H.
Doctor of Medicine (Paediatrics)	M.D.(Paed.)

(These shall be recognized medical qualifications when granted by West Bengal University of Health Sciences, Kolkata, West Bengal in respect of students being trained at Institute of Child Health, Kolkata, West Bengal.)

(2)	(3)
Bachelor of Medicine & Bachelor of Surgery.	M.B.B.S.

(This shall be a recognized medical qualification when granted by West Bengal University of Health Sciences, Kolkata, West Bengal in respect of students being trained at Bankura Sammilani Medical College, West Bengal.)

(2)	(3)
Diploma in Anesthesia	D.A.
Diploma in Oto-Rhino-Laryngology	D.L.O.
Doctor of Medicine (Cardiology)	D.M.(Card.)
Doctor of Medicine (Endocrinology)	D.M.(Endoc.)
Doctor of Medicine (Gastroenterology)	D.M.(Med. Gastro.)
Doctor of Medicine (Nephrology)	D.M.(Nephro.)
Doctor of Medicine (Neurology)	D.M.(Neuro.)
Magistrae Chirurgiae (Cardio Thoracic Surgery)	M.Ch.(C.T.S.)
Magistrae Chirurgiae (Neuro Surgery)	M.Ch.(Neuro. Surg.)
Magistrae Chirurgiae (Plastic Surgery)	M.Ch.(Pl. Surg.)
Magistrae Chirurgiae (Urology/Genito-Urinary Surgery)	M.Ch.(Uro./Utri. Surg.)
Doctor of Medicine (Anesthesiology)	M.D.(Anaes.)
Doctor of Medicine (Bio-Chemistry)	M.D.(Bio. Chem.)
Doctor of Medicine (General Medicine)	M.D.(Genl. Med.)
Doctor of Medicine (Obstetrics & Gynaecology)	M.D.(Obst. & Gynaec.)
Doctor of Medicine (Pathology)	M.D.(Path.)

— 65 —

(2)	(3)
Doctor of Medicine (Physical Medicine & Rehabilitation)	M.D.(Phys. Med. & Reh.)
Doctor of Medicine (Infectious & Respiratory Diseases)	M.D.(T.B. & Res. Dis.)
Master of Surgery (Anesthesiology)	M.D.(Anest.)
Master of Surgery (Otorhinolaryngology)	M.S.(ENT)
Master of Surgery (General Surgery)	M.S.(Genl. Surg.)
Master of Surgery (Gynaecology & Obstetrics)	M.S.(Obst. & Gynaec.)
(These shall be recognized medical qualifications when granted by West Bengal University of Health Sciences, Kolkata, West Bengal in respect of students being trained at Institute of Post Graduate Medical Education & Research, Kolkata, West Bengal.)	
(2)	(3)
Doctor of Medicine (Bio-Chemistry)	M.D.(Bio-Chem.)
Doctor of Medicine (Psychology)	M.D.(Psych.)
Doctor of Medicine (Physiology)	M.D.(Physiol.)
Doctor of Medicine (Physiology)	M.D.(Phys.)
Master of Surgery (Anatomy)	M.S.(Anat.)
(These shall be recognized medical qualifications when granted by West Bengal University of Health Sciences, Kolkata, West Bengal in respect of students being trained at Dr. B.C. Roy PG Institute of Health Sciences, Kolkata, West Bengal.)	
(2)	(3)
Diploma in Tropical & Subtropical Medicine	D.T.M.
Doctor of Medicine (Tropical Medicine)	M.D.(Trop. Med.)
(These shall be recognized medical qualifications when granted by West Bengal University of Health Sciences, Kolkata, West Bengal in respect of students being trained at School of Tropical Medicine, Kolkata, West Bengal.)	
(2)	(3)
Diploma in Child Health	DCH
Diploma in Obstetrics & Gynaecology	DGO
Diploma in Ophthalmology	D.O.
Diploma in Otorhinolaryngology	D.L.O.
Doctor of Medicine (Obstetrics & Gynaecology)	M.D.(Obst. & Gynaec.)
Doctor of Medicine (Paediatrics)	M.D.(Paed.)
Master of Surgery (Otorhinolaryngology)	M.S.(ENT)
Master of Surgery (General Surgery)	M.S.(Genl. Surg.)
Master of Surgery (Ophthalmology)	M.S.(Ophth.)
(These shall be recognized medical qualifications when granted by West Bengal University of Health Sciences, Kolkata, West Bengal in respect of students being trained at Bircha Medical Institute of Health Sciences, Kolkata, West Bengal.)	
(2)	(3)
Bachelor of Medicine & Bachelor of Surgery	M.B.B.S.
Diploma in Obstetrics & Gynaecology	DGO
Diploma in Anatomy	M.D.(Anat.)
Doctor of Medicine (Bio-Chemistry)	M.D.(Bio-Chem.)
Doctor of Medicine (Paediatrics)	M.D.(Paed.)
(These shall be recognized medical qualifications when granted by West Bengal University of Health Sciences, Kolkata, West Bengal in respect of students being trained at Burdwan Medical College, Burdwan, West Bengal.)	
(2)	(3)
Bachelor of Medicine & Bachelor of Surgery	M.B.B.S.
Doctor of Medicine (Anatomy)	M.D.(Anat.)
(These shall be recognized medical qualifications when granted by West Bengal University of Health Sciences, Kolkata, West Bengal in respect of students being trained at Burdwan Medical College, Burdwan, West Bengal.)	

(No. U. 420/2010/1007-MGCP-10)  
M.B.B.S. Under-50%

File No. T-17014/05/2015/PH-II(Pt)

Receipt No : 596263/2017/TRAINING

Annexure - III

126

## ANNEXURE-III

POSTGRADUATE COMMITTEE  
Dt. 28.08.2015

ITEM NO. 170

Sub: Recognition of DIH & DMCW qualification against increased intake in respect of students being trained at All India Institute of Hygiene and Public Health, Kolkata granted by West Bengal University of Health Sciences, Kolkata.

It may be stated that the Central Govt. vide its letter no. U.12012/3/2013-ME(P.I) dt. 04.04.2013 forwarded the request of the Registrar, West Bengal University of Health Sciences, Kolkata for purpose of Recognition of following qualifications against increased intake in respect of students being trained at All India Institute of Hygiene and public health, Kolkata u/s 11(2) of the I.M.C. Act, 1956-

1. DIH (Diploma in Industrial Health).
2. DMCW (Diploma in Maternity & Child Welfare)

In this connection, it is stated that these courses are recognized and included in 'A' Schedule to IMC Act, 1956. However, no record is available when these courses were permitted/recognized by the Central Govt./Medical Council of India.

These courses are not included in Postgraduate Medical Education Regulation 2000.

Hence, the matter was discussed in the Board of Governors meeting held on 31.07.2013 and it was decided as under:-

"After discussion, the Board of Governors decided that the matter may first be examined by the Academic Council and their recommendation be placed before the BOCs for further consideration of the matter."

The Dean/Principal, AIIPH, Kolkata vide Council letter dt. 04.01.2014 was also requested to submit the following information:-

1. Date of starting of the course. Whether these course are started with permission of Central Govt./State Govt. University with documentary evidence.
2. When the 1st batch of student admitted in the above course passed out the examination.

In reply, the Director, AIIPH, Kolkata vide letter dt. 20.01.2014 has informed that-

1. The institute has been conducting the DMCW and DIH courses since 1953 and 1951 respectively, as per permission of the Ministry of Health and Family Welfare, Govt. of India. The courses have been affiliated to the West Bengal University of Health Sciences, Kolkata.

Both the courses being very long standing, the institute does not have any documentary evidence in respect of initial permission from Central Government for starting the course. However, after implementation of 27% OBC reservation in admission to various courses in Central Educational Institutes, the Ministry of Health & Family Welfare, Government of India had approved the increase in existing seats through O.M No. T.17012/01/2008- PH-II dated 17<sup>th</sup> June, 2008.

It may also be noted that the Indian Medical Council Act, 1956 (printed by Ministry of Law, Government of India) shows both courses as MCI recognised.

2. Both DMCW and DIH courses conducted by the institute are already about 60 years and 62 years old respectively. As both the courses were of one year duration at that time the first batch for DMCW and DIH passed out in 1954 and 1953 respectively.

PG Committee (Recognition)

- 58 -

As per directions of the Chairman, PG Committee, the legal opinion from the Law Officer was obtained in this regard which reads as under:-

1. A file of All India Institute of Public Health and Hygiene in respect of DPH and qualification against increased intake course has been referred for my opinion.
2. It is mentioned on the noting sheet that this Diploma has been deleted from the list of subjects in PG Regulations and accordingly assessment cannot be done. Legal opinion is sought on the issue as it was a "recognized diploma earlier".
3. In this regard, I have perused letter dated 04/01/2014 of the Council and the reply of the Institute dated 20/01/2014. The Institute has claimed that DMCW and DPH are being conducted from 1933 and 1951 respectively and these are included in the 'Indian Medical Council Act 1956 (printed by Ministry of Law, Govt. of India) show both courses as MCIO recognized.
4. Thus, in case both these courses are included in the First Schedule of the IMC Act, i.e. "Recognized Medical Qualifications granted by the Universities or Medical Institutions in India" then for their removal from the First Schedule the procedure for withdrawal of recognition as contemplated in Section 19 of the IMC Act would be required to be followed. It is settled proposition of law that the provision of a Regulation cannot override that of the parent Act. Therefore, in my considered opinion deletion of it from the list of subjects in PG Regulations would have no consequence. Thus, the request made by the Institute for recognition inspection against the increased would be required to be considered, as it falls within the meaning of section 10A (v) (i) of the IMC Act, 1956.
5. The query is answered accordingly.

In view of above, the matter was placed before the PG Committee was held on 13<sup>th</sup> May 2014 and the matter was decided as under:-

*"The Postgraduate Committee considered the matter with regard to Recognition of DPH & DMCW qualifications against increased intake in respect of students being trained at All India Institute of Hygiene and Public Health, Kolkata granted by West Bengal University of Health Sciences, Kolkata and decided to refer the matter to the President with the request that such matters of Academic Implications should be either referred to a Sub-Committee having representatives from PG Committee, Executive Committee & Academic Committee or the matter may be discussed in a joint meeting of these bodies or any other authority deemed fit by the President".*

The Sub-Committee of this Council at its meeting held on 17th June, 2014 considered the matter with regard to recognition of DPH & DMCW qualification against increased intake in respect of students being trained at All India Institute of Hygiene and Public Health, Kolkata granted by West Bengal University of Health Sciences, Kolkata and it was decided as under:-

*"The Committee considered the matter with regard to recognition of DPH & DMCW qualification against increased intake in respect of students being trained at All India Institute of Hygiene and Public Health, Kolkata granted by West Bengal University of Health Sciences, Kolkata and noted that the nomenclature was not included in the PG Regulations. There are parallel courses like DCO, DPH wherein the syllabus covers a substantial proportion pertaining to these two departments as such it is proposed that the said courses by the current nomenclature may be recognized as one time measure against the increased intake and the Institute be directed to stop further admissions and make a fresh application for starting of the said diplomas. s/10(A) of IMC Act, 1956 by the altered nomenclature which is included in the PG Regulations."*

The matter was placed before the Postgraduate Committee at its meeting held on 15/07/2014 and the Committee decided to defer the consideration of the matter.

PG Committee (Recognition)



184

In view of above, the matter along with the minutes of the Sub-Committee meeting held on 17/06/2014 is once again placed before the Post Graduate Committee for its consideration.

The minutes of the Sub-Committee meeting held on 17/06/2014 along with the matter with regard to Recognition of DIH & DMCW qualifications against increased intake course at All India Institute of Hygiene and Public Health, Kolkata under West Bengal University of Health Sciences, Kolkata u/s 10A of the IMC Act, 1956 was again placed before the PG Committee at its meeting held on 13.10.2014 and the Committee decided as under:-

"The Postgraduate Medical Education Committee considered the minutes of the Sub-Committee meeting held on 17/06/2014 along with the matter with regard to Recognition of DIH & DMCW qualifications against increased intake course at All India Institute of Hygiene and Public Health, Kolkata under West Bengal University of Health Sciences, Kolkata u/s 10A of the IMC Act, 1956 and decided to defer the matter to seek information from the Dean about the Letter of Permission and Letter of Recognition specifying the number of seats with proof. The Council also be informed about the total number of medical faculty and out of that how many are qualified to be teaching faculty by giving their teaching experience at various designations. The Institute should also provide data whether increase of seats in various Diplomas was ever granted by the MCI or Govt. of India."

As per direction, the above decision was communicated to the college authorities vide this office letter dated 31.10.2014.

In reference to above letter, the Additional Director, All India Institute of Hygiene and Public Health, Kolkata vide letter dated 01.01.2015 has informed as under:-

1. Regarding letter of permission & recognition:

This Institute is the premier Institute established in 1932 before the establishment of the Medical Council of India. The courses like Diploma in Public Health (DPH) was started from 1932 with 60 seats/DMCW was started in 1933 with 30 seats/DIH was started in 1951 with 10 seats. All these courses started before the constitution of MCI in the year 1956. The MD(Community Medicine) course was started in 1973 with 7 seats. The Institute cannot trace the permission letters for these aforesaid courses. Therefore no letter of permission can be provided from this side.  
However, a letter of permission was received by the Institute in 2008 for increase in seats due to 27% reservation in OBC quota from the number of seats mentioned above for MD(Community Medicine) (From 7 to 11)/DMCW (From 30 to 46)/DIH (From 10 to 15) and DPH (from 60 to 92) from the Under Secretary to the Govt. of India, D.K. Sengupta by O.M.No T77012/01/2008-PH-II, dated 17.06.2008 Nirman Bhawan, New Delhi (Copy enclosed for ready reference under Annexure-1).

2. Information regarding Faculty

There are 56 faculty in this Institute out of which total number of teaching faculty is 36. List of teaching faculty is enclosed herewith.

3. Information regarding data whether increase in seats by various diplomas and MD was ever granted by the MCI or by Govt. of India:

A letter of grant of permission for increase of seats of MD(Community Medicine) (From 7 to 11)/DMCW (From 30 to 46)/DIH (From 10 to 15) and DPH (From 60 to 92) was issued by Under Secretary to the Govt. of India, D.K. Sengupta by O.M.No. T77012/01/2008-PH-II, dt. 17.06.2008 Nirman Bhawan, New Delhi (Copy enclosed for ready reference under Annexure-1).

PG Committee (Recognition)

This is as per approval of the Director.

The matter alongwith the compliance received from the College authorities was considered by the "Postgraduate Medical Education Sub-Committee" at its meeting held on 09.02.2015 and the Sub-Committee decided as under:-

"Out of 36 Teaching faculty 23 are registered Teachers, these need to be verified by way of Assessment."

The matter along with compliance submitted by the college authorities vide letter dated 01.03.2015 was again placed before the PG Committee at its meeting held on 22.07.2015 and the Committee decided as under:-

"The Postgraduate Medical Education Committee perused the whole case and found that there are 23 qualified Medical Teachers in different ranks and 164 students in different diplomas are admitted every year. This is a Central Government Institute and some of the courses are running prior to Medical Council of India come into existence. The office may prepare a Faculty Table giving details of their experience and calculate that how many seats can be permitted against the existing faculty and a final decision in the matter be taken in the next meeting."

The matter along with Faculty Table is placed before the PG Committee for its consideration & decision, please.

  
(Bonny Harrison)  
Section Officer

PG Committee (Recognition)

Receipt No : 596263/2017/TRAINING

File No. T-17014/05/2015/PH-II(P4)

ANNEXURE ~~II~~~~ANNEXURE II~~Nirman Bhavan, New Delhi  
Dated the 30<sup>th</sup> June, 2005

To,

Director,  
All India Institute of Hygiene & Public Health  
110, Chittaranjan Avenue,  
Kolkata-700073.

(FAX: 033 22412539)

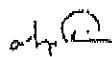
Subject: Enhancement of stipend to the Post Graduate Students of  
AIH&PH, Kolkata.

Sir,

I am directed to refer to your letter No. Dir/05/3350/50(Part) dated 17<sup>th</sup> March, 2005 addressed to Director, General of Health Services on the subject mentioned above and to convey the sanction of competent authority for enhancing the rates of stipend to Post Graduate students of the Institute from Rs. 800/- p.m. to Rs. 6340/- p.m. for the first year, Rs. 6840/- p.m. for the second year and Rs. 7340/- p.m. for the third year, prospectively with immediate effect.

This issues with the IFO's concurrence Dury No. C-696, dated 30.6.2005.

Yours faithfully,

  
(A.K. PATHY)  
UNDER SECRETARY TO THE GOVT. OF INDIA  
TEL : 2306 1342

20/6/05

Phone : 25367033, 25367035, 25367036  
 दूरभाष : 25367033, 25367035, 25367036  
 Telegrams : MEDCONCIND, New Delhi  
 तार : मेडकोन्सिन्ड नई दिल्ली  
 Fax : 0091-11-25367024  
 E-mail : [mci@bpl.net.in](mailto:mci@bpl.net.in)  
 Website : [www.mciindia.org](http://www.mciindia.org)



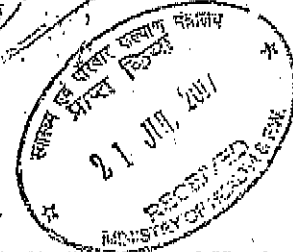
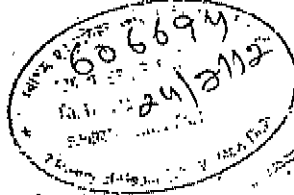
पॉकेट - 14, सेक्टर - 8,  
 द्वारका फेज - 1  
 नई दिल्ली-110 077  
 Pocket- 14, Sector- 8,  
 Dwarka Phase - I  
 Delhi-110077

भारतीय आयुर्विज्ञान परिषद्  
 MEDICAL COUNCIL OF INDIA

No.MCI-23(1)/2017/Med/ 126199

Dated 21/7/17

Sh. B.S. Murthy  
 Director (Training),  
 Government of India,  
 Ministry of Health & Family Welfare,  
 Training Division,  
 Nirman Bhawan,  
 New Delhi-110 011.



Subject: Examination of the subject - All India Institute of Hygiene & Public Health, Kolkata - excess payment of stipend (para 8.3) based on the C&AG Report No. 11 of 2016 - reg.

Sir,

Please refer to your letter No. T-17014/05/2015-PH-II (Pt-I)/Trg. dated 20.06.2017, on the subject cited above.

I am directed to inform you that the matter with regard to excess payment of stipend (para 8.3) based on the C&AG Report No. 11 of 2016 was considered by the Postgraduate Committee at its meeting held on 30.06.2017 and it was decided as under:-

"The Postgraduate Medical Education Committee considered the matter with regard to examination of the subject at All India Institute of Hygiene & Public Health, Kolkata on excess payment of stipend (para 8.3) based on the C&AG Report No. 11 of 2016 along with the letter dated 20/06/2017 received from the Director (Training), Ministry of Health & Family Welfare, New Delhi and noted that the matter regarding recognition of these Diplomas (Diploma in Industrial Health and Diploma in Maternity and Child Welfare) have been brought before the Postgraduate Committee a number of times. It was observed that the Institute neither follows the TEQ Regulations in appointment of faculty nor observes teacher student ratio. This is evident from the reply dated 01.01.2015 received from the Dean of Institute that 13 out of 36 faculty members are non medical and they are admitting 164 students per year against total of 19 faculty members. The matter was also referred to a subcommittee which opined that alternative diplomas included in the schedule of courses are available and the institute should apply for them following the procedure prescribed in Section 10A of the Indian Medical Council Act. The Postgraduate Committee is of the considered opinion that these diplomas should not be re-included in the schedule of recognized courses. However, this is a Central Government institution and PG Committee has already referred the matter to Central Government vide letter No.PG/55(22)/2015-Med./137093, dated 23.09.2015 for final decision in the matter."

Yours faithfully

(Dr. Arti Sharma)  
 Deputy Secretary

F.No.18/03/2015-Estt. (Pay-I)  
Government of India  
Ministry of Personnel, Public Grievances & Pensions  
Department of Personnel & Training

New Delhi, the 2<sup>nd</sup> March, 2016

OFFICE MEMORANDUM

**Sub: Recovery of wrongful / excess payments made to Government servants.**

The undersigned is directed to refer to this Department's OM No.18/26/2011-Estt (Pay-I) dated 6<sup>th</sup> February, 2014 wherein certain instructions have been issued to deal with the issue of recovery of wrongful / excess payments made to Government servants in view of the law declared by Courts, particularly, in the case of *Chandi Prasad Uniyal And Ors. vs. State of Uttarakhand And Ors., 2012 AIR SCW 4742, (2012) 8 SCC 417*. Para 3(iv) of the OM *inter-alia* provides that recovery should be made in all cases of overpayment barring few exceptions of extreme hardships.

2. The issue has subsequently come up for consideration before the Hon'ble Supreme Court in the case of *State of Punjab & Ors vs Rafiq Masih (White Washer) etc in CA No.11527 of 2014 (Arising out of SLP(C) No.11684 of 2012)* wherein Hon'ble Court on 18.12.2014 decided a bunch of cases in which monetary benefits were given to employees in excess of their entitlement due to unintentional mistakes committed by the concerned competent authorities, in determining the emoluments payable to them, and the employees were not guilty of furnishing any incorrect information / misrepresentation / fraud, which had led the concerned competent authorities to commit the mistake of making the higher payment to the employees. The employees were as innocent as their employers in the wrongful determination of their inflated emoluments. The Hon'ble Supreme Court in its judgment dated 18<sup>th</sup> December, 2014 *ibid* has, *inter-alia*, observed as under:

*"7. Having examined a number of judgments rendered by this Court, we are of the view, that orders passed by the employer seeking recovery of monetary benefits wrongly extended to employees, can only be interfered with, in cases where such recovery would result in a hardship of a nature, which would far outweigh, the equitable balance of the employer's right to recover. In other words, interference would be called for, only in such cases where, it would be iniquitous to recover the payment made. In order to ascertain the parameters of the above consideration, and the test to be applied, reference needs to be made to situations when this Court exempted employees from such recovery, even in exercise of its jurisdiction under Article 142 of the Constitution of India. Repeated exercise of such power, "for doing complete justice in any cause" would establish that the recovery being effected was iniquitous, and therefore, arbitrary. And accordingly, the interference at the hands of this Court."*

*"10. In view of the afore-stated constitutional mandate, equity and good conscience, in the matter of livelihood of the people of this country, has to be the*

Contd. on pg.2

*basis of all governmental actions. An action of the State, ordering a recovery from an employee, would be in order, so long as it is not rendered iniquitous to the extent, that the action of recovery would be more unfair, more wrongful, more improper, and more unwarranted, than the corresponding right of the employer, to recover the amount. Or in other words, till such time as the recovery would have a harsh and arbitrary effect on the employee, it would be permissible in law. Orders passed in given situations repeatedly, even in exercise of the power vested in this Court under Article 142 of the Constitution of India, will disclose the parameters of the realm of an action of recovery (of an excess amount paid to an employee) which would breach the obligations of the State, to citizens of this country, and render the action arbitrary, and therefore, violative of the mandate contained in Article 14 of the Constitution of India."*

3. The issue that was required to be adjudicated by the Hon'ble Supreme Court was whether all the private respondents, against whom an order of recovery (of the excess amount) has been made, should be exempted in law, from the reimbursement of the same to the employer. For the applicability of the instant order, and the conclusions recorded by them thereafter, the ingredients depicted in paras 2&3 of the judgment are essentially indispensable.

4. The Hon'ble Supreme Court while observing that it is not possible to postulate all situations of hardship which would govern employees on the issue of recovery, where payments have mistakenly been made by the employer, in excess of their entitlement has summarized the following few situations, wherein recoveries by the employers would be impermissible in law:-

- (i) *Recovery from employees belonging to Class-III and Class-IV service (or Group 'C' and Group 'D' service).*
- (ii) *Recovery from retired employees, or employees who are due to retire within one year, of the order of recovery.*
- (iii) *Recovery from employees, when the excess payment has been made for a period in excess of five years, before the order of recovery is issued.*
- (iv) *Recovery in cases where an employee has wrongfully been required to discharge duties of a higher post, and has been paid accordingly, even though he should have rightfully been required to work against an inferior post.*
- (v) *In any other case, where the Court arrives at the conclusion, that recovery if made from the employee, would be iniquitous or harsh or arbitrary to such an extent, as would far outweigh the equitable balance of the employer's right to recover.*

5. The matter has, consequently, been examined in consultation with the Department of Expenditure and the Department of Legal Affairs. The Ministries / Departments are advised to deal with the issue of wrongful / excess payments made to Government servants in accordance with above decision of the Hon'ble Supreme Court in *CA No.11527 of 2014 (arising out of SLP (C) No.11684 of 2012) in State of Punjab and others etc vs Rafiq Masih (White Washer) etc.* However, wherever the waiver of recovery in the above-mentioned situations is considered, the same may be allowed with the



express approval of Department of Expenditure in terms of this Department's OM No.18/26/2011-Estt (Pay-I) dated 6<sup>th</sup> February, 2014.

6. In so far as persons serving in the Indian Audit and Accounts Department are concerned, these orders are issued with the concurrence of the Comptroller and Auditor General of India.

7. Hindi version will follow.



(A.K. Jain)

Deputy Secretary to the Government of India

1. All Ministries / Departments of Government of India
2. NIC, DOP&T - with a request to upload this OM on the Department's website under OMs & Orders (Establishment → Pay Rules) and also under "What is New".

Copy also forwarded to:

1. The Comptroller & Auditor General of India.
2. Secretary General, Supreme Court of India.
3. Controller General of Accounts / Controller of Accounts, Ministry of Finance.
4. Union Public Service Commission / Lok Sabha Sectt. / Rajya Sabha Sectt. / Cabinet Sectt. / Central Vigilance Commission / President's Sectt. / Vice-President's Sectt. / Prime Minister's Office / Niti Aayog.
5. Governments of all States and Union Territories.
6. Department of Personnel and Training (AIS Division) / JCA / Admn. Section.
7. Secretary, National Council of JCM (Staff Side), 13-C, Feroz Shah Road, New Delhi.
8. All Members of Staff Side of the National Council of JCM / Departmental Council.
9. All Officers / Sections of Department of Personnel and Training / Department of Administrative Reforms & Public Grievances / Department of Pensions & Pensioners' Welfare / PESB.
10. Joint Secretary (Pers), Department of Expenditure, Ministry of Finance.
11. Additional Secretary (Union Territories), Ministry of Home Affairs.



**MINUTES OF THE FOURTH SITTING OF THE PUBLIC ACCOUNTS COMMITTEE  
(2017-18) HELD ON 02 JUNE, 2017.**

The Committee sat on Friday, the 02 June, 2017 from 1100 hrs to 1250 hrs in Room No. 53, Parliament House, New Delhi.

**PRESENT**

**Shri Mallikarjun Kharge** - **Chairperson**

**MEMBERS**

**LOK SABHA**

2. Shri Subhash Chandra Baheria
3. Shri Prem Singh Chandumajra
4. Shri Nishikant Dubey
5. Shri Abhishek Singh
6. Dr. Kirit Somaiya
7. Shri Anurag Singh Thakur
8. Shri Shivkumar C. Udasi
9. Dr. P. Venugopal

**RAJYA SABHA**

10. Shri Satyavrat Chaturvedi
11. Shri Bhubaneswar Kalita
12. Shri Shantaram Naik
13. Shri Sukhendu Sekhar Roy
14. Shri Ajay Sancheti

**LOK SABHA SECRETARIAT**

1. Shri T. Jayakumar - Director
2. Shri A.K. Yadav - Deputy Secretary

**REPRESENTATIVES OF THE OFFICE OF THE C&AG OF INDIA**

1. Shri Rakesh Jain - Deputy C&AG (RC/LB)
2. Shri Mukesh P. Singh - Director-General (O/oDGACE)
3. Shri Manoj Sahay - Principal Director (AB)
4. Shri Manish Kumar - Principal Director (PAC)

REPRESENTATIVES OF THE MINISTRY OF CIVIL AVIATION

1. Shri C.K. Mishra - Secretary (H&FW)
2. Dr. Soumya Swaminathan - Secretary (Health Research)
3. Ms. Vijaya Srivastava - Addl. Secretary
4. Shri Sanjeeva Kumar - Addl. Secretary
5. Smt. Ritu Dhillon - Sr. Financial Adviser, ICMR
6. Dr. A.K. Gadpayle - MS RML Hospital
7. Dr. Neeraj Gupta - CMO SJ Hospital

2. At the outset Hon'ble Chairperson welcomed the Members and the representatives of the Office of the C&AG of India to the sitting of the Committee. The Chairperson then apprised the Members that the meeting has been convened to take oral evidence of the representatives of the Ministry of Health and Family Welfare (Department of Health and Family Welfare and Department of Health Research) on the subjects based on the C&AG Report No. 11 of 2016 (a) "Dr. Ram Manohar Lohia Hospital - Blocking of funds and non-utilisation of equipment" (Para 8.1); (b) "Safdarjung Hospital - Excess Payment of Service Charges" (Para 8.2); (c) "All India Institute of Hygiene and Public Health, Kolkata - Excess Payment of stipend" (Para 8.3); (d) "All India Institute of Medical Sciences, Jodhpur - Non-recovery of refund of irregular payment of Service Tax" (Para 8.4); and (e) "Indian Council of Medical Research - Over payment of Transport Allowance" (Para 8.5).

3. Thereafter, the representatives of the Ministry of Health and Family Welfare were called in. The Chairperson welcomed them to the sitting of the Committee convened to take oral evidence on the above mentioned subjects. The Chairperson observed that large number of audit paras relating to the year 2014 are pending with the Ministry for want of ATNs for a long time. He also pointed that a unique and flagrant irregularity in procurement of costly equipment without ensuring readiness of infrastructure for emergency care centre in Dr. RML Hospital, New Delhi leading to non utilisation of costly equipments for a long period. Safdarjung hospital paid an excess amount of Rs.4.6 crore in its payment of service charges to NDMC which was recovered after the audit pointed out the same as it is a case of wrong interpretation of clauses by the accounts department of the Safdarjung hospital. He further highlighted that in the case of All India Institute of Hygiene and Public Health, Kolkata, payment of stipend at higher rate was given to the students of two PG diploma courses resulting in excess payment of stipend amounting to Rs.3.63 crore during June 2005 to July 2014.

4. Hon'ble Chairperson pointed out that All India Institute of Medical Sciences, Jodhpur made payment of service tax on the outsources services, although these services were exempted from payment of such tax. It reflects the negligence on part of accounts department which paid tax irregularly and audit had to point out the negligence. He further stated that in the Indian Council of Medical Research, the Scientists 'G' were incorrectly paid Transport Allowance that led to overpayment of Rs.58.44 lakh.

5. Thereafter, both the Secretaries of the MH&FW (D/oH&FW and D/oHR) and their officers introduced themselves and gave the background of the subjects and also attended to the queries raised by the Members on various issues including action taken to make improvement in the internal audit and monitoring within the departments. The Chairperson directed the representatives of the Ministry to reply to the queries of the Members which could not be answered during the meeting, within fifteen days.

7. The Chairperson, therefore, thanked the representatives of the Ministry for appearing before the Committee and furnishing updated information on the subject.

A copy of the verbatim proceedings has been kept on record.

**The Committee, then, adjourned.**

**MINUTES OF THE EIGHTH SITTING OF THE PUBLIC ACCOUNTS COMMITTEE  
(2017-18) HELD ON 23<sup>rd</sup> AUGUST, 2017.**

The Committee sat from 1115 hrs. to 1345 hrs. on Wednesday, the 23<sup>rd</sup> August, 2017 in Room No. "53", Parliament House, New Delhi.

**PRESENT**

**Shri Mallikarjun Kharge** - **Chairperson**

**MEMBERS**

**LOK SABHA**

2. Shri Subhash Chandra Baheria
3. Shri Prem Singh Chandumajra
4. Shri Bhartruhari Mahtab
5. Shri Abhishek Singh
6. Dr. Kirit Somaiya
7. Shri Anurag Singh Thakur
8. Shri Shivkumar Udasi
9. Dr. P. Venugopal

**RAJYA SABHA**

10. Shri Naresh Agrawal
11. Shri Satyavrat Chaturvedi
12. Shri Bhubaneswar Kalita

**LOK SABHA SECRETARIAT**

1. Shri A.K. Singh - Additional Secretary
2. Shri T. Jayakumar - Director
3. Smt. Bharti S. Tuteja - Deputy Secretary

**REPRESENTATIVES FROM THE OFFICE OF THE COMPTROLLER AND AUDITOR GENERAL OF INDIA**

- |    |                      |                         |
|----|----------------------|-------------------------|
| 1. | Shri Rakesh Jain     | Dy. CAG (RC)            |
| 2. | Shri Mukesh P. Singh | DGA (CE)                |
| 3. | Shri Deepak Anurag   | Director General (RC)   |
| 4. | Shri Manish Kumar    | Principal Director (PC) |
| 5. | Shri Manoj Sahay     | Principal Director (AB) |

**REPRESENTATIVES OF THE MINISTRY OF HEALTH & FAMILY WELFARE (DEPARTMENT OF HEALTH & FAMILY WELFARE )**

- |    |                        |                                    |
|----|------------------------|------------------------------------|
| 1. | Shri C.K. Mishra       | Secretary, Health & Family Welfare |
| 2. | Shri Vijaya Srivastava | Special Secretary & FA             |
| 3. | Dr. R.K. Vats          | Addl. Secretary & DGC (CGHS)       |
| 4. | Shri R.P. Khandelwal   | CMD, HLL                           |

**REPRESENTATIVES OF THE MINISTRY OF HUMAN RESOURCE DEVELOPMENT (DEPARTMENT OF SCHOOL EDUCATION & LITERACY)**

- |    |                        |                         |
|----|------------------------|-------------------------|
| 1. | Ms. Rina Ray           | Special Secretary       |
| 2. | Shri Sanjay Kumar      | Joint Secretary         |
| 3. | Dr. Santosh Kumar Mail | Commissioner, KVS       |
| 4. | Shri G.K. Srivastava   | Addl. Commissioner, KVS |

2. At the outset, Hon'ble Chairperson welcomed the Members and officials of the C&AG and stated that the sitting of the Committee has been convened to examine the subject "Central Government Health Scheme: rent free accommodation in violation of rules" based on Para No. 11.3 of the C&AG Report No. 12 of 2017 on the Ministry of Health & Family Welfare (Department of Health & Family Welfare) and in this context, the representatives of Ministry of Health & Family Welfare (Department of Health & Family Welfare) have been called to depose before PAC. Hon'ble Chairperson further

drew attention of the witnesses to the confidentiality of the evidence tendered before the Committee.

3. Hon'ble Chairperson, made following important observations in his Introductory Remarks: -

- i. Pendency of Audit Paras, 15 paras pending on part of Ministry of Health & Family Welfare (Department of Health & Family Welfare).
- ii. Delay in laying Audited Accounts by AIIMS, Jodhpur, Dental Council of India, New Delhi and National Board of Examination.
- iii. Rectification of deficiencies and fixing of the responsibility for the lapses in the Annual Accounts of AIIMS, Rishikesh, AIIMS, Jodhpur and AIIMS, Delhi.
- iv. Non-levying of market rates for the premises occupied by HLL resulting in loss of Rs. 1.72 crore in licence fee for the period 2008-09 till December, 2016.
- v. Rationale of giving rent-free accomodation to HLL which also provided diagnostic services to private persons on commercial basis.
- vi. Whether the decision to provide rent-free accomodation had the approval of government and the present status?
- vii. Latest status of the follow-up remedial action taken on the Audit finding and the improvement effected thereupon.

4. Thereafter, the representatives of the Ministry of Health & Family Welfare introduced themselves. Secretary, Ministry of Health & Family Welfare apprised the Committee about the latest status of the rent-free accomodation and the action being taken by the Ministry of Health & Family Welfare on the audit findings. Subsequently, Members raised the following important observations and desired clarifications from the representatives of Ministry of Health & Family Welfare (Department of Health & Family Welfare):-

- i. Whether any similar concession given to the private service provider/any other public service provider?

- ii. Comparative analysis of the diagnostic centre provided by the HLL viz-a-viz other empanelled labs in the area.
- iii. Rationale for adjusting 10% discount to CGHS clients towards the rent liability.
- iv. Non-adherence to procedures prescribed by the Ministry of Urban Development for letting out a property.
- v. All-India inventory of the assets, details of properties and rented properties. Rules/guidelines for protection, maintenance, housing, and renting the properties. Details of the idle properties and the properties which are being utilised by the CGHS and that have been let out by the CGHS.
- vi. Details of the policy decision taken in 2007 regarding opening of diagnostic centre by HLL and the rationale for the decision to provide diagnostic facility to general public as well and details of the financials of the decision.
- vii. Rental agreements for the dental clinics operating from the CGHS dispensary premises.
- viii. Medical facilities/CGHS dispensary for government employees in the Parliament House Complex.
- ix. Delay in providing land for AIIMS in Himachal Pradesh.
- x. Rationale for entering into a new agreement with HLL in January, 2017.
- xi. Reason for HLL entering into a contract and paying an amount to CGHS more than the market rent.
- xii. Whether permission from Ministry of Urban Development taken before entering in MoU with HLL? Whether this was a case of sub-letting where leased land was given to HLL?
- xiii. Frequent power failures in CGHS dispensaries, poor quality of drugs, non-availability of doctors, whether the big private hospitals who have received land from Government following the rules in this regard, mushrooming of new nursing homes, need for setting up of big hospital like AIIMS in Delhi, non-prescription of Generic Medicines etc.

Secretary, Ministry of Health and Family Welfare replied to many of the queries raised by the members.

5. The Hon'ble Chairperson then thanked the representatives of the Ministry for the free and frank discussion and asked them to furnish remaining replies to the questions raised during the sitting by the Members in writing.

*The witnesses then withdrew.*

6.	****	****	****
7.	****	****	****
8.	****	****	****

A copy of the verbatim proceedings of the Sitting has been kept on record.

**The Committee then adjourned.**

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