

TO BE HELD ON : WEDNESDAY, 22ND JUNE 2016
TIME : 4:00 P.M.
PLACE : CONFERENCE ROOM OF THE
HON'BLE HFMS OFFICE, 3RD
FLOOR, NIRMAN BHAWAN,
NEW DELHI

GOVERNING BODY

FOR THE 153RD MEETING OF

AGENDA PART-II

ALL INDIA INSTITUTE OF MEDICAL SCIENCES



**AGENDA FOR THE 153RD GOVERNING BODY MEETING TO BE HELD
ON 22.06.2016 AT 4:00 P.M. IN THE CONFERENCE ROOM OF THE
HON'BLE HFMS OFFICE IN NIRMAN BHAWAN, NEW DELHI.**

PART-II

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NOTE FOR THE GOVERNING BODY

ITEM NO. GB-153/6

Ratification of the minutes of Extra-Ordinary SFC-210

Details for approved items of Extra-Ordinary SFC-210

MINUTES OF THE 210TH EXTRA ORDINARY MEETING OF THE STANDING FINANCE COMMITTEE OF AIIMS, NEW DELHI HELD ON 7TH JANUARY, 2016 AT 3:00 P.M. IN THE COMMITTEE ROOM 1ST FLOOR, MINISTRY OF HEALTH AND FAMILY WELFARE, NIRMAN BHAWAN, NEW DELHI.

The 210th meeting of the Standing Finance Committee was held on 7th January, 2016 at 3:00 P.M. in the Ministry of Health & Family Welfare, in Committee Room (First Floor), Nirman Bhawan, New Delhi. The following were present:

1. Sh. Bhanu Pratap Sharma,
Secretary to the Govt. of India
Ministry of Health & Family Welfare
Nirman Bhawan, New Delhi-110011
Chairman

2. Dr. Jagdish Prasad
Director General of Health Services
Government of India
Member

3. Smt. Vijaya Srivastava
Additional Secretary & Financial Advisor
Ministry of Health & Family Welfare
Nirman Bhawan, New Delhi.
Member

4. Prof. M.C. Misra
Director,
A.I.M.S., New Delhi.
Member-Secretary

Sh. Ali R Rizvi, Joint Secretary, MoH&FW, Prof. Balram Airan, Dean Academic, Dr. D.K. Sharma, Medical Superintendent, Shri V. Srinivas, Dy. Director (Admn.) & Sh. Raj Kumar, Sr. Financial Advisor of AIIMS, New Delhi were also present as Special Invitees. Shri Perverz Sahib Singh Verma Member of Parliament and Shri V.S. Oberoi, Secretary, Department of Higher Education could not attend the meeting and were given leave of absence by the Chairman. The quorum for the meeting was fulfilled. At the outset, Director, AIIMS & Member

Secretary of the SFC welcomed the Chairman & Secretary (Health), the eminent Members and the Special Invitees to the 210th meeting of the Standing Finance Committee. Chairman requested Member Secretary to introduce the agenda and initiated discussions on the agenda items.

The decisions taken on the agenda items are the following:

ITEM NO. SFC-210/1

CONFIRMATION OF THE MINUTES OF 209TH MEETING OF THE STANDING FINANCE COMMITTEE OF AIMS HELD ON 29.10.2015 IN MINISTRY OF HEALTH AND FAMILY WELFARE, NIRMAN BHAWAN, NEW DELHI.

The Minutes of 209th Meeting of the SFC of AIMS, New Delhi, circulated vide F.No.4-4-2015 Genl. Dated 12TH November 2015 were considered and confirmed.

ITEM NO. SFC-210/2

THE PROPOSAL FOR RECOMMENDATION OF REVISED PAY SCALES IN RESPECT OF CADRE OF LABORATORY TECHNICIANS OF AIMS

The SFC recommended that the pay scales of Laboratory Technicians in AIMS may be revised in accordance with the Ministry of Health & Family Welfare Office Memorandum No: 28020/1/2008-PMS (Part-I) dated 17th July 2015 regarding the cadre review proposal for the cadre of Laboratory Technicians for the 4 Central Government Hospitals/ Institutions of Delhi under the Ministry of Health and Family Welfare Government of India.



TO CONSIDER THE PROPOSAL FOR RESTRUCTURING THE CADRE OF RADIOLOGY AT PAR WITH RADIO THERAPY CADRE AND REVISION OF PAY OF CADRE OF RADIOLOGY AT AIIMS, NEW DELHI

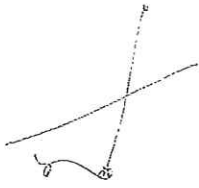
ITEM NO. SFC-210/3

The SFC considered the proposal for a) Restructuring of the cadre and (b) for revision of the pay scales of the radiology cadre. The SFC recommended that the restructuring of the Radiology Cadre may be done as contained in the agenda. As regards the revision of pay of the radiology cadre, the SFC was of the view that it should be dealt with as part of the 7th Pay Commission Proposals.

ITEM NO. SFC-210/4

APPROVAL OF RIS PACS TENDER WHICH HAS EXCEEDED RS. 5 CRORES AFTER ADDING CUSTOMS DUTY

The SFC heard the presentation made by Prof Arun Kumar Gupta, HOD, Department of Radio-diagnosis (main) regarding the costs and the necessity of procurement. The SFC noted that the RIS PACS for the department of Radio-diagnosis has been tendered twice in 2014, cleared by all the committees including a Sub-committee under the Chairmanship of Dean (Academic) and price bid opened and negotiated twice by main negotiation committee. Only by adding custom duty the total cost had crossed Rs. 5.0 crore beyond the delegated powers of Director AIIMS and hence necessitated SFC consideration. The SFC approved procurement of RIS PACS at a cost of Rs. 5.35 crores. The SFC also agreed with the views of Additional Secretary and Financial Advisor that in future custom duty expenses should be included in the price calculations while deciding on financial approvals.



Academic Committee.

The SFC considered the proposal and recommended that the post of Senior Scientific Officer in Pay Band 3 of Rs. 15600-39100 + GP of Rs. 6600/- may be converted to that of Assistant Professor of Radiochemistry (Non Medical) in the Pay Band 3 of Rs. 15600-39100 with academic grade pay of Rs. 8000/- with the provision to move to PB 4 after 3 years (Rs. 37400-67000) with a grade pay of Rs. 8700/- as per the recruitment rules duly approved by the

TO CONSIDER THE PROPOSAL FOR CONVERSION OF THE POST OF SENIOR SCIENTIFIC OFFICER TO THAT OF ASSISTANT PROFESSOR OF RADIOCHEMISTRY (NON MEDICAL) AT AIIMS NEW DELHI.

ITEM NO. SFC-210/7

The SFC accepted the views of the Additional Secretary & FA that consideration of posts in a piece meal manner was avoidable as the Sub-Committee of the SFC had done a comprehensive job in formulating an integrated proposal for the decadal expansion of AIIMS. Accordingly the proposal was not considered further.

TO CONSIDER THE PROPOSAL FOR CREATION OF 02 POSTS OF ASSISTANT PROFESSORS IN THE DEPARTMENT OF NEURO RADIOLOGY AT AIIMS NEW DELHI

ITEM NO. SFC-210/6

The proposal could not be discussed due to paucity of time.

TO CONSIDER THE PROPOSAL FOR CREATION OF A NEW GRADE OF UDC (mfs) AND STENOGRAPHER GRADE D (NMSG) IN CSCS AND CSSS RESPECTIVELY AT AIIMS.

ITEM NO. SFC-210/5

ITEM NO. SFC-210/8

POST FACTO REIMBURSEMENT OF THE TREATMENT OF SMT. JYOTI SHARMA EHS BENEFICIARY FOR BONE MARROW TRANSPLANTATION AT APOLLO HOSPITAL

The proposal could not be discussed due to paucity of time.

ITEM NO. SFC-210/9

TO CONSIDER THE PROPOSAL FOR CREATION OF 10 POSTS OF ASSISTANT PROFESSOR IN DEPARTMENT OF HAEMATOLOGY

Decision as at agenda item 210/6.

ITEM NO. SFC-210/10

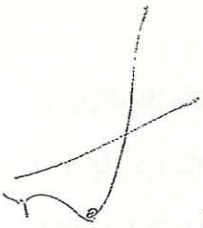
PURCHASE OF ROBOTIC SURGERY SYSTEM

The SFC considered the proposal and recommended that AIIMS may initiate the process of procurement of the robotic surgery system in accordance with the provisions of the General Financial Rules 2005.

ITEM NO. SFC-210/11

PROPOSAL FOR APPOINTMENT OF PROJECT CONSULTANT IN NATIONAL CARDIOVASCULAR INSTITUTE AT AIIMS JHAJJAR CAMPUS

The SFC considered the proposal and recommended that AIIMS may call for open tenders open to all for transparent price determination of the PMC charges.



The SFC noted that the Ministry of Health and Family Welfare had approved the establishment of a National Centre For Geriatric Medicine at AIIMS. The SFC deliberated on the components of the Geriatric centre and decided that AIIMS may

TO CONSIDER THE PROPOSAL FOR NATIONAL CENTRE FOR AGEING AT AIIMS BY THE DEPARTMENT OF GERIATRIC MEDICINE

ITEM NO. SFC-210/15

The SFC discussed the matter at length and recommended purchase of High End CT Scanner in the Department of Cardiac Radiology at a cost of Rs. 14.85 crores. In reaching this decision the SFC also noted that the tender was recalled 5 times and the price was negotiated from Rs. 21.38 crores to Rs. 14.85 crores.

TO CONSIDER THE PURCHASE OF HIGH END CT SCANNER DEPARTMENT OF CARDIAC RADIOLOGY CT CENTRE AT THE AIIMS, NEW DELHI.

ITEM NO. SFC-209/14

The proposal could not be discussed due to paucity of time.

CURRENT STATUS OF IMPLEMENTATION OF SMT VIJAYA SRIVASTAVA SUB-COMMITTEE RECOMMENDATIONS.

ITEM NO. SFC-210/13

The proposal could not be discussed due to paucity of time.

THE PROPOSAL OF RECOMMENDATION OF CO-ORDINATION COMMITTEE IN RESPECT OF THE CADRE OF LABORATORY AT AIIMS IN ANTICIPATION OF APPROVAL OF GOVT. OF INDIA, MINISTRY OF HEALTH AND FAMILY WELFARE, NEW DELHI

ITEM NO. SFC-210/12

proceed with the establishment of the National Centre for Ageing. The creation of posts would be taken up subsequently.

The meeting ended with a vote of thanks to all those present.

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(Prof M.C.Misra)
Member Secretary
Standing Finance Committee
AIIMS, New Delhi

(B.P.Sharma)
Chairman
Standing Finance Committee,
AIIMS, New Delhi

~~Chairman SFC (Gen)~~
~~Dr. Rima Dada~~
In Attny
19/2/16

Dr. Rima Dada

Dr. Rima Dada

19.2.16
M

This needs amendment in the minutes. This can be worked out in the next SFC meeting for proposal in the next SFC meeting for proposal by the SFC if approved by the SFC.

Dr. Rima Dada

19/2/16

19/2/16

consideration and orders please.

In view of the request of Dr. Rima Dada, Professor of Anatomy to amend the minutes of 209th SFC vide item No.209/19 is submitted for

A copy of the agenda item placed before the SFC and its minutes are enclosed herewith at Slip A & B. It may be seen from the proposal of SFC that she had requested in the agenda under the Head of Addl. Infrastructure /manpower to provide 2 Scientists and a laboratory technician, but inadvertently this has not been mentioned in the para of approval sought.

"The proposal for introduction of charges was approved".

In the above context, it is submitted that a proposal for charges of Tests - Yq AZF1 deletion analysis, ROS estimation and DNA damage assessment alongwith manpower of 2 Scientists Gr.II and one Lab. Technician was placed before the SFC in its 209th meeting held on 29th October, 2015 vide item No.SFC-209/19 and the SFC approved the proposal as under:-

Dr. Rima Dada, Professor, Deptt. of Anatomy has informed that she had proposed for introduction of charges for specialized tests and for additional manpower (two Scientists Grade-II and a Lab. Technician). The proposal for charges and additional manpower was approved by the Secretary Shri Bhannu Pratap Sharma, DGHS-Dr. Jagdish Prasad and Director AllMS Dr. M.C. Misra. However, by mistake the proposal for manpower was not documented in the minutes. She has requested that the minutes of 209th SFC agenda No.209/19 may be amended to include two Scientists Gr.II and one Lab. Technician. Her request has been strongly recommended and forwarded by Dr. T.S. Roy, HOD, Deptt. of Anatomy.

Subject:- Proposal for charges of Tests-Yq AZF1 deletion analysis, ROS estimation and DNA damage assessment for the Deptt. of Anatomy.

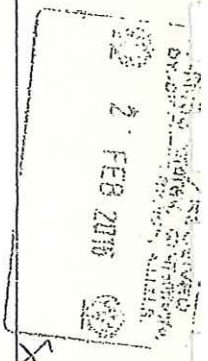
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RECRUITMENT CELL, AIIMS

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No.F.12-3/2016-RCT

Annexure-A



File of Secretary (Gen) No. 2503/2016



To
The DDA,
AIIMS.

Subject: Amendment of minutes of SFC 209 - item No.209/19

Sir,

I had proposed for introduction of charges for specialized genetic tests and for additional manpower (two scientists Grade II and a lab Technician). The proposal for charges and additional manpower was approved by the Secretary Sh. Bhannu Pratap Sharma, DGHS- Dr Jagdish Prasad and Director AIIMS Dr MC Misra.

However by mistake the proposal for manpower was not documented in the minutes. I humbly request that the minutes of 209th SFC agenda No. 209/19 may be amended to include two Scientists Grade II and one lab technician.

Thanking you

Rima Dada
Rima Dada

Dr. RIMA DADA, MD, PHD
Professor
Laboratory for Molecular Research, Nutrition & Genomics
Department of Biotechnology
All India Institute of Medical Sciences
Ansar Nagar, New Delhi-110029



Strongly Recommended
S. Srinivasan
19/12/16

Dr. T. S. ROY, MD, PhD
Professor & Head
Department of Anatomy
All India Institute of Medical Sciences, New Delhi, India



19/2/2016

Srinivasan
15-2-16
19/12/16
(221)

The proposal of recommendation of Revision of
pay scale in respect of cadre of Laboratory
Technicians at AIIMS at par with Central
Government Hospitals

ITEM NO. SFC-210/2

NOTE FOR THE STANDING FINANCE COMMITTEE

TO CONSIDER THE PROPOSAL OF RECOMMENDATION OF CO-ORDINATION OF COMMITTEE IN RESPECT OF THE CADRE OF LABORATORY AT AIMS IN ANTICIPATION OF APPROVAL OF GOVT. OF INDIA, MINISTRY OF HEALTH AND FAMILY WELFARE, NEW DELHI.

1. INTRODUCTION

1.1 The General Secretary, Karamchari Union vide his letter dated 15th May, 2015 has demanded for revision of pay scale of the post of Laboratory Technician from Rs. 5200-20200 + GP Rs. 2800/- to Rs. 9300-34800 + GP Rs. 4200/- stating that presently all the Technicians in various departments (OTs, Radio diagnosis & Radiotherapy) are getting Grade Pay of Rs. 4200/- as per recommendation of VI pay Commission. Unfortunately, the Laboratory Technicians working in various Labs of the Institute have been left the qualification for all the categories of Technicians is same. It is thus, most unfair to put Laboratory Technicians at lower grade pay when the Technicians in other departments, as mentioned above are getting higher scale of pay. It is thus imperative and also natural justice warrants this disparity is removed in the name of justice and requested that the matter may be placed before the Standing Finance Committee for consideration.

1.2 The Association of Qualified & Trained Technologies at AIMS have represented that with the approval of the Department of Expenditure Ministry of Finance, the Ministry of Health & Family Welfare revised the pay scale of Laboratory Technician from Rs. 5200-20200 + Grade Pay of Rs. 2800 to Rs. 9300-34800 + Grade Pay of Rs. 4200 in Central Government Hospital vide Order No. A-28020/11/2008-PMS (Part-1). The Ministry of Health & Family Welfare filed affidavit in the matter of Association of Qualified & Trained Technologists vs AIMS & others in TA 09/09 in CAT tribunal and informed the court that institute should revise and upgrade the Recruitment Rules and thereafter give parity. The amendment in recruitment rules have to be done by AIMS for which the process is on. That the process for amendment of Recruitment Rules by institute will to take some more time.

Meantime Ministry of Health & Family Welfare constituted the co-ordination committee for bringing uniformity in the R/R's for various Non-Faculty posts, their nomenclature Qualification, Pay Scales & years of services etc. in AIMS New Delhi, PGIMER Chandigarh and JPMER, Punduchery & the qualification for Recruitment Rules of laboratory Technician recommended by coordination committee for parity is accepted by AIMS Institute and after approval of Director the report has been sent to Ministry of Health & Family Welfare on 25/11/05 vide Institute reference letter No. F-9-42/2012-Estt.(RCT)(P). The institute agrees with the recommendations of co-ordination Committee in respect of Lab Technician AIMS and PGI Chandigarh has been established. (Copy of recommendations of Co-ordination Committee and its approval of Director AIMS enclosed.) But Ministry of Health & Family Welfare did not send separate proposal for revision of pay scale accordingly as stated in affidavit and in Tribunal directions and matter is pending in CAT Tribunal. The Association requested to AIMS

Item No. RC-210/2

NOTE FOR THE STANDING FINANCE COMMITTEE

No. F-9-34/2008.Estt.(RCT)

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administration to grant the pay scale Rs. 5000-8000 to the Lab. Technician at AIIMS if concurrence of Department of expenditure Ministry of finance is necessary the institute may send separate proposal to the Department of expenditure Ministry of finance for concurrence at the earliest so that Ministry of Health may sanctioned the pay scale Rs. 5000-8000. Now Ministry of Health can not deny because Ministry of Health already granted the pay scale to the Laboratory Technician in Central Government Hospitals.

2. PROPOSAL

2.1

The Ministry of Health and Family Welfare has constituted a Coordination Committee for bringing parity in the pay scale, Recruitment Rules etc. in AIIMS, New Delhi, PGI, Chandigarh & JIPMER, Puducherry and the recommendations of the Coordination Committee in respect of Group 'A' (Non-faculty), 'B', 'C' and erstwhile Group 'D' posts at AIIMS has been sent to the Ministry of Health & Family Welfare with the approval of the Competent Authority including the cadre of Laboratory (copy enclosed as Annexure-1) and the same is under consideration of the Ministry of Health & Family Welfare. The Coordination Committee recommended the Recruitment Rules and pay scale for the 03 Institute viz. AIIMS, New Delhi, PGIMER Chandigarh & JIPMER is as under. In view of the demand of Karamchari Union and Association of Qualified Trained Technologists at AIIMS, it is proposed that the recommendation of Co-ordination Committee in respect of the cadre of Laboratory may be implemented at this Institute in anticipation of approval of Govt. of India, Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi:-

Name of the post	: Technician (Laboratory)
No. of posts	: 544
Pay Band	: Rs. 9300-34800 + Grade Pay of Rs. 4200
Educational Qualification	: i. B.Sc. (Medical Lab. Technology) from recognized Institution [or] B.Sc. (Physics/Chemistry/Mathematics/Biology) + Diploma (Medical Lab. Technology) from recognized Institution [or] B.Tech. (Bio-Technology) + Diploma (Medical Lab. Technology) from recognized Institution

Name of the post	: Sr. Technician (Lab.)
No. of posts	: 118
Pay Band	: Rs. 9300-34800 + Grade Pay of Rs. 4600
Educational Qualification	: i. 5 years of regular service in the grade. ii. Must have, in the feeder post, undergone once in every two years a short-term training course/orientation programme, at any recognized academy/institute, or attended CME for upgrading their skills for the post to which they are being considered for promotion (or) should have published once in every two years a research paper in journal of national standing and repute.

Name of the post	: Technical Officer (Lab.)
No. of posts	: 60
Pay Band	: Rs. 9300-34800 + Grade Pay of Rs. 4800
Educational Qualification	: i. 2 years of regular service in the grade. ii. Must have, in the feeder post, undergone once in every two years a short-term training course/orientation programme 'in-service' or at

any recognized agency/institute, attended CME for upgrading their skills for the post to which they are being considered for promotion [or] should have published once in every two years a research paper in a journal of national standing and repute.	
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Name of the post	: Sr. Technical Officer (Lab.)
No. of posts	: 15
Pay Band	: Rs. 15600-39100 + Grade Pay of Rs. 5400
Educational	: i. 2 years of regular service in the grade. ii. Must have, in the feeder post, undergone once in every two years a short-term training course/orientation programme 'in-service' or at any recognized academy/institute, attended CME for upgrading their skills for the post to which they are being considered for promotion [or] should have published once in every two years a research paper in a journal of national standing and repute.

3. ADMINISTRATIVE COMMENTS

3.1

The Ministry of Health & Family Welfare vide Office Memorandum No. A-28020/11/2008-FMS (Part-I) dated 17th July, 2015 (copy enclosed as Annexure-II) has conveyed the approval of the Department of Expenditure, Ministry of Finance for the Cadre Review proposal in respect of the Cadre of Laboratory four Central Government Hospitals/Institutions of Delhi under the Ministry of Health & Family Welfare, Govt. of India i.e. Safdarjung Hospital & VMMC, Dr. RML Hospital, LHMIC & SSK Hospital and Kalawati Saran Children Hospital as under :-

S. No.	Name of Post & pay scale	Mode of recruitment	Recruitment rules	Approved by the DoE, Ministry Of Finance
1	Junior Medical Lab. (Group C) 2400,2800) PB-1, GP (2000, (Pre-revised Laboratory Assistant PB-1, GP (2000, Technology Pay Scale PB-1,GP-2800 Group-C	100% Direct	10+2 with Science Subjects and DMLT from any Govt. Recognised Institution with 1 year relevant experience Desirable Bachelor Degree in Medical Laboratory Science	108 Posts Approved by MOHFW same as Proposed by
2	Medical Lab. Technology PB-2, GP-4200 Group-B (Pre-revised Lab. Technician/Blood Bank Technician PB-1, GP 2800 Group-C)	Promotional (50 % and 50% Direct)	Bachelor Degree in Medical laboratory science with 2 Year relevant experience	All 324 Posts proposed at Level -2 & 3 are merged in a single grade and designated as Medical Laboratory Technologist in PB-2
3	Senior Medical Technologist (MLT) PB-2 GP-4600 Group-B (Pre-revised Technical Assistant/Sr. Laboratory Technician/Museum Curator/	100% Promotional	As per proposed RRs (as proposed in JFMTI proposal 18.9.2012)	Grade Pay of 4200/-

	Senior Blood Bank Technician PB-1, GP 2800 Group-C)				
4	Technical Officer (MLT) PB-2, GP-4800 Group-B (Pre-revised) Senior Technical Assistant (Lab.)/ Technical Supervisor (Lab.) PB-2, GP-4200 Group-B)	100% Promotional	As per proposed RR (as proposed in JFMTI proposal 18.9.2012)	Total revised strength of 32 SJH & VMHC=9 RMLH =8 LHMC,SKH=9 KSCCH =6	Approved as Technical Officer (MLT) PB-2, GP-4600 Group-B with 4600 Group-B with
5	Senior Technical Officer (MLT) PB-3, GP 5400, (Pre-revised Junior Technical officer/ Technical Supervisor (Lab) PB-2, GP-4600 Group-B)	100% Promotional	As per proposed RR	Approved as Senior Technical Officer (MLT) PB-2, GP 4800	
6	Chief Technical Officer (MLT) PB-3 GP 6600 Group A (Gazetted) (1. New Post Proposed for each hospital) (New Grade) eligible criteria as per proposed RRs in JFMTI proposal	100% Promotional	Subject to fulfilling of eligibility criteria as per proposed RRs in JFMTI proposal	Approved as Chief Technical Officer (MLT) PB-3, GP-5400 Group-A (Gazetted) (1 Post for each hospital)	

3.2

It is also stated that the Ministry of Health & Family Welfare was requested to constitute a Cadre Review Committee at AIIMS in respect of Group 'A' (Non Faculty), B, C and erstwhile Group- D posts at AIIMS vide this Institute letter No. 1-33/93- Estt.(PH) dated 01.09.2015 and the same is also under consideration of the Ministry of Health & Family Welfare. The existing sanction strength of the Cadre of laboratory and proposed revised pay scale recommended by the Co-ordination Committee which is under consideration in the Ministry of Health and Family Welfare, Govt. of India is as under:-

3.3

Existing Cadre of Laboratory at AIIMS		Proposed Cadre of laboratory and revised pay scale as per Co-Ordination Committee	
S.No.	Name Of Post	Sanction Pay Scale	Name Of Post
1	Lab Technician	Rs. 5200-20200 + GP 2800	Technician (Laboratory)
		544	
		Sanction Strength	544
2	Tech. Asstt. (Lab.)	Rs. 9300-34800 + GP 4200/-	Sr. Technician (Lab.)
		118	
		Sanction Strength	118
			Rs. 9300-34800 + GP Rs. 4600/-

	Total				
3	Technical Officer (Lab.)	Rs. 9300-34800 + GP Rs. 4800/-	60	737	
4	Senior Technical Officer (Lab.)	Rs. 15600-39100 + GP Rs. 5400/-	15	737	
					737

FINANCIAL IMPLICATION

The financial implication for implementation of the recommendation of Co-ordination Committee in respect of the Cadre of Laboratory under the revised pay scales will be to the tune of Rs. 362.46 lakhs per annum (approximately)

COMMENTS OF FINANCE DIVISION/SR. F.A.

The finance division has no objection for the proposal of recommendation of Co-ordination Committee in respect of the cadre of laboratory at the AIIMS. The proposal of revised pay scale of laboratory cadre, the financial implication involved is Rs. 362.46 lakhs (approx.) per annum. The financial implication will be reflected/ asked to the Ministry of Health & family Welfare after approval of the Competent bodies.

APPROVAL OF DIRECTOR

The proposal has the approval of Director, AIIMS.

APPROVAL SOUGHT

The above proposal for implementation of the recommendation of the Co-ordination Committee in respect of the Cadre of Laboratory at para 2.1 above is placed before the Standing Finance Committee for their consideration in anticipation of approval of Ministry of Health & Family Welfare.

To consider the proposal for restructuring the
cadre of Radiology at par with radio therapy
cadre and revision of pay scale of cadre of
radiology and radiotherapy at the AIIMS, New
Delhi!

ITEM NO. SFC-210/3

NOTE FOR THE STANDING FINANCE COMMITTEE

TO CONSIDER THE PROPOSAL FOR RESTRUCTURING THE CADRE OF RADIOLOGY AT PAR WITH RADIO THERAPY CADRE AND REVISION OF PAY SCALE OF CADRE OF RADIOLOGY AND RADIO THERAPY AT THE AIMS, NEW DELHI.

NOTE FOR THE STANDING FINANCE COMMITTEE

No.F.12-20/2014-Estt. (RGT)

Item No. F/C ~~10/13~~ 2 | 10 | 3

INTRODUCTION

The Prof. & Head, Department of Radiodiagnosis has informed that the Radiographer/Radiographic Technician in the hospital are broadly into two groups with respect to promotions :-

- a. Those in Radiotherapy department including at IRCH
- b. All others taken together in main department of Radio-diagnosis, IRCH (Radio-diagnosis Section), Trauma Centre (Radio-diagnosis section), RPC (Radio-diagnosis section), Cardiac Radiology, Neuro-Radiology, NMR.

For promotion to the next higher post, all the radiographers of the entire hospital (except Radio-therapy) are considered together. He has further informed that the gross difference in these two groups with respect to promotion avenues available. Following table shows radiographers strength at various levels in these two groups :-

Name of the Posts & Pay Band	Department of Radiotherapy (% of total strength)	Rest of Radiodiagnosis (% of total strength)
Chief Technical Officer (Radiology), Rs. 15600-39100 + Grade Pay of Rs. 5400/-	06 (12.5 %)	03 (1.58 %)
Senior Technical Officer (Radiology) Rs. 9300-34800 + Grade Pay of Rs. 4600/-	06 (12.5 %)	12 (6.3 %)
Technical Officer (Radiology) Rs. 9300-34800 + Grade Pay of Rs. 4600/-	12 (25 %)	23 (12.1 %)
Technician (Radiology) Grade-I Rs. 9300-34800 + Grade Pay of Rs. 4200/-	11 (23 %)	41 (21.6 %)
Technician (Radiology) Grade-II Rs. 9300-34800 + Grade Pay of Rs. 4200/-	13 (27 %)	110 (58 %)
Total	48	189

As is evident from this table, the number of posts at mid & higher levels are much lower for Rest of the hospital. If one takes top three posts (CTO, STO & TO) in Radiotherapy then it comprises 50% of total posts while for the Rest of the Radiodiagnosis (Hospital) it is only about 20%. The impact of this is that there is hardly any promotional avenue for most radiographers. This has generated intense frustration, especially when they compare themselves with their counter parts in Radiotherapy.

His has also informed that Radiology has expanded tremendously in all the centers and in the main department with not only more equipment/procedures being added but also these equipment are highly complex with advance technology requiring operation by competent staff & supervision by senior staff. This requires regular promotion avenues which at present are severely lacking for Rest of the Hospital. He has further recommended that posts for senior staff should be immediately increased.

PROPOSAL

It is accordingly proposed that the proposed cadre structure for the Cadre of Radiology may be created by reducing equal number of posts at lower level as proposed cadre :-

CADRE RESTRUCTURING :-

Name of the post & Pay Band	Existing vacancy position of Radiodiagnosists Present	Proposed by the committee constituted for the purpose
Chief Technical Officer (Radiology), Rs. 15600-39100 + Grade Pay of Rs. 5400/-	06 (12.5%)	06 (12.5%)
Senior Technical Officer (Radiology), Rs. 9300-34800 + Grade Pay of Rs. 4600/-	06 (12.5%)	12 (6.3%)
Technical Officer (Radiology), Rs. 9300-34800 + Grade Pay of Rs. 4600/-	12 (25%)	23 (12.1%)
Technical Officer (Radiology), Rs. 9300-34800 + Grade Pay of Rs. 4600/-	11 (23%)	41 (21.6%)
Grade-I Technician (Radiology) Rs. 9300-34800 + Grade Pay of Rs. 4200/-	13 (27%)	110 (58%)
Grade-II Technician (Radiology) Rs. 9300-34800 + Grade Pay of Rs. 4200/-	13 (27%)	110 (58%)
Total	48	189

PAY RESTRUCTURING :-

Sr. No.	Name of post	Existing pay scale	Proposed pay scale (grade pay)
1	Technician (Radiology) or Radiographer	PB-II 4200	PB-II 4800
2	Technical Officer (TO)	PB-4600	PB-II 5400

4	Chief Technical Officer (CTO)	PB-5400	PB-II 7600
3	Senior Technical Officer (STO)	PB-4600	PB-II 6600

ADMINISTRATIVE COMMENTS

In the above context it is stated that the Director has constituted a Committee under the Chairmanship of Prof. & Head, Department of Radiodiagnosis consisting the following to look into the issue of cadre re-structuring and pay structure of the cadre of Radiology, AIIMS :-

- 1 : Dr. Arun Kumar Gupta, Prof. & Head, Department of Radiodiagnosis
- 2 : Dr. Shivamand Gannagatti, Representative from JPNATrauma Centre
- 3 : Dr. Ajay Garg, Representative from Neuroradiology
- 4 : Dr. Gupreet Singh Gulati, Representative from Cardiac Radiology
- 5 : Dr. S. Senthil Kumaran, Representative from NMR
- 6 : Dr. Sanjay Sharma, Representative from Dr. R.P. Centre
- 7 : Dr. Chandrashekara SH, Representative from Dr. BRAIRCH
- 8 : Mr. Swinder, Representative from Finance
- 9 : Sh. K.K. Ghidhari, Senior Administrative Officer

The above committee met on 22nd July, 2015 and the two main issues of the Cadre of Radiology (i) Cadre Restructuring (ii) Pay Restructure were discussed and the recommendations of Committee point wise as under :-

i. Cadre Restructuring :-

It was unanimously agreed upon that creation of new posts will take very long time. Therefore the best course would be to upgrade the existing posts to higher posts so that the problem of immediate stagnation is solved. Decision agreed upon for this are shown in the following table :-

Name of the post & Pay Band	Chief Technical Officer (Radiology), Rs. 15600-39100 + Grade	06 (12.5%)	03 (1.58%)	12 (6.3%)
Existing vacancy position of Radiodiagnosis	Present	Proposed by the committee constituted for the purpose		
Radiotherapy				

Sr. No.	Name of post	Existing pay scale	Proposed pay scale (grade pay)
1	Technician (Radiology)/(Radiotherapy)	PB-II 4200	PB-II 4800
2	Technical Officer (TO) (Radiology)/(Radiotherapy)	PB-4600	PB-II 5400

The Committee also looked into the requirement of pay restructuring. For this the committee members were unanimous that the pay structure recommended by an internal committee of AIIMS headed by Prof. Dey, should be implemented. The proposal in table given below :-

ii. Pay structure for Radiographers:

It was also made clear that 'Technician Radiology' is same as 'Radiographer' and pay structure should be same for both.

It was also unanimously agreed that in place of existing two cadres at the lower end i.e. Grade-I and Grade-II radiographers, there should be only one entry level cadre called "Technician Radiology" or 'Radiographer'.

The Committee recommended that the change from lower category to higher category may be implemented with immediate effect if as per rules and approved by Finance/competent authority.

Thus even after up-gradation of the posts in the proposed plan the percentage distribution of strength of radiographers in the field of Radiodiagnosis for the entire hospital will still be less or at par with the radiographers in Radiotherapy. Also even after upgradation the number of radiographers in the lower three categories will still be much more i.e. 80.3% (normal pyramid distribution) than in higher two categories (around 19%). In contrast to this the strength of radiographer in radiotherapy is more in the top three categories (50%).

Pay of Rs. 5400/-			
Senior Technical Officer (Radiology), Rs. 9300-34800 + Grade Pay of Rs. 4600/-	06 (12.5%)	12 (6.3%)	24 (12.6%)
Technical Officer (Radiology), Rs. 9300-34800 + Grade Pay of Rs. 4600/-	12 (25%)	23 (12.1%)	48 (25.3%)
Technical (Radiology) Grade-I, Rs. 9300-34800 + Grade Pay of Rs. 4200/-	71 (23%)	41 (21.6%)	} 105 (55%)
Technical (Radiology) Grade-II, Rs. 9300-34800 + Grade Pay of Rs. 4200/-	13 (27%)	110 (58%)	

3	Senior Technical Officer (STO)(Radiology)/(Radiotherapy)	PB-4600	PB-II 6600
4	Chief Technical Officer (CTO) (Radiology)/(Radiotherapy)	PB-5400	PB-II 7600

Members agreed that this pay proposal should be submitted by AIMS directly to any committee looking into the 7th pay commission so that this could be incorporated into it. AIMS administration may take both the above two issues i.e. cadre restructuring to the next meeting of SFC for its approval so that these decision could be implemented at the earliest.

A copy of the minutes of the meeting is enclosed at Annexure-I. It is stated that the recommendations of the Coordination Committee is under consideration of pay scales for the cadre of Radiology including the other cadre is under upgrade of the Ministry of Health & Family Welfare.

It is also stated that the Ministry of Health & Family Welfare was requested to constitute a Cadre Review Committee at AIMS in respect of Group- A (non-faculty), B, C and D posts at AIMS, New Delhi.

FINANCIAL IMPLICATION

The financial implication for restructuring the cadre of Radiology with pay scale 84.71 lakhs (approx.) per annum.

COMMENTS OF FINANCE DIVISION/SR. F.A.

Finance Division has no objection to restructuring the cadre of Radiology at par with Radio Therapy Cadre and revision of pay scale of Cadre of Radiology and Radiotherapy at AIMS. The financial implication involved in Rs. 84.71 lakhs (approx.) per annum. The financial implication will be reflected/asked to the Ministry of Health & Family Welfare after approval of the Competent Bodies.

APPROVAL OF DIRECTOR

The proposal has the approval of Director, AIMS.

APPROVAL SOUGHT

The above proposal for restructuring the cadre of Radiology, AIMS is placed before the Standing Finance Committee for their consideration and approval.

Minutes of the meeting
 Subject: Meeting regarding the issue of cadre restructuring of the cadre of
 Radiology at the AIIMS, New Delhi

In response to a letter from the office of Senior Administrative Officer, AIIMS, reference number F.12-20/2014-Estt.(RCT), dated 11th May 2015, a committee was constituted to look into the above subject. A meeting of this committee took place on 22nd July 2015 at 10.30 am the room of HOD, Radiodiagnosis. (also Chairman of the committee). Following members attended the meeting:

- 1) Dr Arun Kumar Gupta -- HOD Radiodiagnosis & Chairman
- 2) Dr Shivnand Gamanagati -- Representative from Trauma Centre
- 3) Dr Ajay Garg -- Representative from Neuro Radiology
- 4) Dr Gurpreet Singh Gulati -- Representative from Cardiac Radiology
- 5) Dr S Senthil Kumaran -- Representative from NMR
- 6) Dr Sanjay Sharma -- Representative from R.P Centre
- 7) Dr Chandrashekhara SH --- Representative from IRCH
- 8) Mr Surinder -- Finance
- 9) Mr K.K. Giridhari -- Sr Admin officer and Member Secretary

Chairman explained the reason and history of formation of this committee. He emphasized that there are two main issues for discussion in this meeting: (1) Cadre restructuring & (2) Pay restructuring.

Detailed discussion took place on both the issues. Unanimous decisions were taken and are given below:

Cadre Restructuring:
 It was unanimously agreed upon that creation of new posts will take very long time. Therefore the best course would be to upgrade the existing posts to higher posts so that the problem of immediate stagnation is solved. Decisions agreed upon for this are shown in the following table.

Post	Radiotherapy	Radiodiagnosis	Proposed
Chief Technical officer (CTO)	06(12.5%)	03(1.58%)	12(6.3%)
Senior Technical officer (STO)	06(12.5%)	12(6.3%)	24(12.6%)
Technical officer (TO)	12(25%)	23(12.1%)	48(25.3%)
Grade I Radiographer	11(23%)	41(21.6%)	105(55%)
Grade II Radiographer	13(27%)	110(58%)	

Thus even after up-gradation of the posts in the proposed plan the percentage distribution of strength of radiographers in the field of Radiodiagnosis for the entire hospital will still be less or at par with the radiographers in Radiotherapy. Also even after upgradation the number of radiographers in Radiodiagnosis in the lower three categories will still be much more i.e 80.3% (normal pyramid distribution) than in higher two categories (around 19%). In contrast to this the strength of radiographers in radiotherapy is more in the top three categories (50%).

The committee recommended that the change from lower category to higher category may be implemented with immediate effect if as per rules and approved by Finance/competent authority.

It was also unanimously agreed that in place of existing two cadres at the lower end i.e Grade I and Grade II radiographers, there should be only one entry level cadre called 'Technician Radiology or Radiographer'.

It was also made clear that 'Technician Radiology' is same as 'Radiographer' and pay structure should be same for both.

Pay restructure for Radiographers:

The committee also looked into the requirement of pay restructuring. For this the committee members were unanimous that the pay structure recommended by an internal committee of AIMS headed by Prof. Dey, should be implemented. The proposal is shown in table given below:

Name of Post	Existing pay scale	Proposed pay scale (Grade pay)
1 Technician (Radiology) or Radiographer	PB-II-4200	PB-II-4800
2 Technical officer (TO)	PB-4600	PB-II-5400
3 Senior Technical officer (STO)	PB-4600	PB-II-6600
4 Chief Technical officer (CTO)	PB-5400	PB-II-7600

Members agreed that this pay proposal should be submitted by AIMS directly to any committee looking into the 7th pay commission so that this could be incorporated into it.

AIMS administration may take both the above two issues i.e cadre restructuring as well as pay restructuring to the next meeting of SFC for its approval so that these decisions could be implemented at the earliest.

(Dr Chandrashekhar SH) (Mr Surinder - Finance)
 (Dr Gurpreet Singh Gulati)
 (Dr Arun Kumar Gupta)
 (Dr Shivanaand Gannagatti)
 (Dr Senthil Kumaran)
 (Mr KK Giridhari)

Approval of RIS PACS tender which has exceeded Rs.5.0 crore after adding custom duty
(To be placed on the table)

ITEM NO. SFC-210/4

NOTE FOR THE STANDING FINANCE COMMITTEE

DEPARTMENT OF RADIO-DIAGNOSIS (main)

AIIMS, NEW DELHI

Proposal for approval of extra cost of Tender for RIS PACS
No: 27-35/R.D (Main)/2014-15/FSC-I

Item No SFC/210/4

INTRODUCTION

Department of Radio-diagnosis at AIIMS is a very crucial service department providing world class service to the patients in the main hospital.

Department has 55 equipment for providing imaging services to the patients of main hospital. These include Digital flat panel radiography machines, CT scanners, MRI scanners, Digital Subtraction Angiography (DSA) units, many ultrasound machines besides other equipment.

Every imaging machine produces images of patient's body parts. These need to be viewed by treating doctor after reporting by residents and counter-signature by radiology faculty in the department of Radio-diagnosis. Also these images and reports have to be stored for many years and must be available during follow up visits of the patients for comparison.

To achieve these goals a very good and advanced RIS PACS system is required.

Department of Radiodiagnosis has world renowned Siemens RIS PACS for the last many years. But due to the shortage of money only very few equipment could be linked in the RIS PACS network. However all the remaining machines in the department must be connected to RIS PACS for the full benefit of digitization. This will also potentially lead to a film less department. Advantages are numerous and well known.

In order to enhance the existing infrastructure of RIS PACS in the department, tender was floated twice in the financial year 2014-15. It was cleared by all the committees including SPC. After that price negotiation was also done twice by the main price negotiation committee of the hospital and the final price was negotiated for Rs 4.7 crore.

However, AIIMS administration decided to send this case to the new SPC constituted in April 2015. The new SPC constituted a sub committee chaired by Dean (Academics) of AIIMS, Prof Balram Airan, and included many other senior faculty of AIIMS. This Dean's sub committee also cleared the proposal. Then it was discussed few times in the SPC and ultimately this new SPC also cleared the file.

Now during a routine file movement to FA for financial concurrence, a new point was raised by FA that custom duty should be added to the cost. For the record, till now the practice in AIIMS stores purchase has been that custom duty is not added in the price

of any equipment because AllMS has a separate budget for the whole hospital for this purpose. However, administration of AllMS decided that we should add custom duty in this particular case.

If the custom duty is added then price is shown below:

Total cost	= Rs 5,26,40,000	5,26,40,000
Custom duty (presumed) @12%	= Rs 564,000	42,91,636.5
Price without custom duty (negotiated price) = Rs 4,70,00,000 (4.7 crore)		4,92,80,000

Done by [Signature]
Stores

Since the total cost has now crossed Rs 5.0 crore, it was decided by the administration to bring it to SFC for approval.

[Please note: The exact custom duty has still not been calculated by stores in consultation with custom clearing agent since it is variable from item to item. Above calculation has been done based on presumed standard 12% rate].

PROPOSAL

To request SFC to kindly approve the enhanced cost of RIS PACS for the Department of Radiodiagnosis. As stated above this enhanced cost has resulted only due to the addition of custom duty. Approval may kindly be given for whatever the exact custom duty will be at the time of final clearance.

The money sanctioned to the department of Radiodiagnosis for 2015-16 is adequate to pay for this extra cost. No additional funds will be asked for from AllMS finance division for this.

JUSTIFICATION: is based on the following reasons:

- 1) Computerization of the entire Department of Radiodiagnosis is mandatory in the present day and time. We have already achieved partial computerization over the last 10 years. For full networking and a fully functional RIS PACS requires present tender approval.
- 2) Hospital computerization and department computerization (in the current tender) are complimentary and not competitive. Dr Deepak Agarwal, Chairman of Computerization in AllMS has already made a similar comment in the file and has also written supporting the current tender and requesting for it to be cleared by the authorities. Hospital PACS will not be fully effective till Department of Radio-diagnosis tender is approved and implemented.
- 3) Right from giving appointment to patients for any radiological investigation to reporting by radiology residents, countersignature by faculty after due corrections if required, and printing of reports needs a fully functional RIS PACS in the department. At present this is available only for very limited number of machines.
- 4) Department PACS can only be connected to the hospital PACS through a license which is part of this tender. Once connected it will be possible to get electronic

request for investigations from the clinicians and to send all the images and reports to the clinical units.

- 5) Storage for more images in the current server cannot be increased. It needs to be upgraded to a higher platform which is available in the current tender.
- 6) Implementation of the current tender will also : a) make work flow faster; b) make patient data entry error free; c) cut down on patient movement for taking appointment; d) missing/lost films or reports by patients (frequent issue) will not be a problem since duplicate film/report can be made from PACS memory; e) images and report will reach clinician immediately anywhere in the hospital including O.T's; f) in long run cost of running and operating RIS PACS will be much less.

7) One of the ambitious aim of the hospital to digitize records in all the departments especially of radiology services which generates huge amount of images, can only be fulfilled with this tender since it will allow all the machines in the department to be linked to departmental RIS PACS thereby digitizing the images automatically and present tender will also permit to enhance the storage capacity for the huge amount of data which will be handled by the network.

8) In the Dean sub-committee we have submitted data comparing number of equipment and work load (both of which will determine the magnitude of RIS PACS required and thus cost) of main department of Radio-diagnosis with the combined Cardiac and Neuroradiology departments in the C N Centre. The number of machines and the connected workstations, faculty members, residents and patient load of the main radiology department are much more than the cardiac and neuroradiology centers -- thereby confirming that the need of magnitude of RIS PACS for main department is much greater. However, the projected cost comparison of our tender in comparison with CN center is much less, once again justifying the reasonableness of the cost of current tender.

9) Recently in PGI Chandigarh a tender for RIS PACS for the whole hospital has been approved by SFC for approximately Rs 70 crore. Of this amount about Rs 20-25 crore worth of cost is only for Department of Radiodiagnosis, as per the information of HOD Radio-diagnosis, PGI. Our total cost (including current tender) till now is much less than that -- once again justifying the price.

Thus -- implementation of current tender will result in connecting EVERY equipment in the Department of Radio-diagnosis at AIIMS, New Delhi i.e it will be a FULLY FUNCTIONAL RIS PACS OF THE HIGHEST QUALITY -- at a very low cost when compared to either C N Centre at AIIMS or PGI Chandigarh.

Financial implication:

Maximum possible custom duty @ 12% will be Rs 56,40000/- excess beyond the negotiated price.
Total cost then would be : Rs 5,26,40000/-

To consider the proposal for conversion of the
post of Senior Scientific Officer to that of
Assistant Professor of Radiochemistry (Non-
Medical) at the AIIMS, New Delhi!

ITEM NO. SFC-210/7

NOTE FOR THE STANDING FINANCE COMMITTEE

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NOTE FOR STANDING FINANCE COMMITTEE

Item No. SFC/210/7

TO CONSIDER THE PROPOSAL FOR CONVERSION OF THE POST OF SENIOR SCIENTIFIC OFFICER TO THAT OF ASSISTANT PROFESSOR OF RADIOCHEMISTRY (NON-MEDICAL) AT THE AIIMS, NEW DELHI.

INTRODUCTION

1.1 Based on the detailed justifications submitted by the Head, Department of Nuclear Medicine, a proposal for conversion of the post of Senior Scientific Officer to that of Assistant Professor of Radiochemistry (Non-Medical) at the AIIMS, New Delhi was placed before the Academic Committee vide Item No. AC/111/25 in its meeting held on 13.05.2014.

1.2 The Academic Committee approved the proposal. A copy of the agenda item and extract from the minutes of the Academic Committee meeting are enclosed at Annexure-I & Annexure-II.

ADMINISTRATIVE COMMENTS

2.1 It is stated that one post of Senior Scientific Officer in the Pay Band-3 of Rs. 15600-39100 + GP Rs. 6600/- is sanctioned for the C.N. Centre. However, this post is being utilized by the Department of Nuclear Medicine for the last several years. The incumbent to the said post superannuated from the service of the Institute on 30.06.2012 and since then the said post is lying vacant.

2.2 The Department of Nuclear Medicine has, however, no sanctioned post at faculty level with non-medical qualifications on its own.

2.3 It would be relevant to mention here that the above proposal was earlier placed before the Standing Finance Committee vide Agenda Item SFC-105/46 in its meeting held on 22.10.2014. The Standing Finance Committee constituted under the Chairpersonship AS&FA, MoHFW to look into the issue of creation of various posts, though the matter merely pertained for conversion of a scientific post to that of faculty post at the level of Assistant Professor with minimal financial implications. Now, the competent authority has decided to place the proposal before the Standing Finance Committee again for its reconsideration.

2.4 In view of the above, it is proposed that the post of Senior Scientific Officer in the Pay Band-3 of Rs. 15600-39100 + GP of Rs. 6600/- may be converted to that of Assistant Professor of Radiochemistry (Non-Medical) in the Pay Band-3 of Rs. 15600-39100 with Academic Grade Pay of Rs. 8000/- with provision to move to PB-4 after three years (Rs. 37400-67000) with Grade Pay of Rs. 8700/- with Recruitment Rules as enumerated at 1.4 in the enclosed agenda of Academic Committee.

FINANCIAL IMPLICATIONS

3.1 There shall be a very minimal additional financial implication for conversion of the post of Senior Scientific Officer to that of Assistant Professor of Radiochemistry (Non-Medical) which could be met out of the sanctioned budget of the Institute.

APPROVAL SOUGHT

4.1 The proposal at para 2.4 of the Administrative comments above is placed before the Standing Finance Committee for consideration and approval.

To consider the proposal for creation of 10 posts
of Assistant Professor in various specialities in
the Department of Haematology at AIIMS, New
Delhi

ITEM NO. SFC-210/9

NOTE FOR THE STANDING FINANCE COMMITTEE



NOTE FOR STANDING FINANCE COMMITTEE

Item No. SFC/210/2014

TO CONSIDER THE PROPOSAL FOR CREATION OF 10 POSTS OF ASSISTANT PROFESSOR IN VARIOUS SPECIALTIES IN THE DEPARTMENT OF HAEMATOLOGY AT AIMS, NEW DELHI.

INTRODUCTION

1.

1.1 Based on the detailed justifications submitted by Prof. Renu Saxena, Head, Department of Haematology, a proposal for creation of 10 posts of Assistant Professor in the following specialties along-with Recruitment Rules as suggested by the HOD, Haematology was placed before the Academic Committee vide Item No. AC/111/22 in its meeting held on 13.05.2014:

- i) Assistant Professor of Clinical Haematology : 06
- ii) Assistant Professor of Hematopathology : 04

1.2 The Academic Committee, after detailed discussion, approved the proposal. Dr. Renu Saxena was, however, requested to submit a comprehensive document enlisting the workload of the Department in detail so that justifications for increase of faculty posts could be taken up in Standing Finance Committee.

1.3 In response to the above decision of the Academic Committee, Dr. Renu Saxena vide her letter dated 29th August, 2014 submitted detailed justifications for creation of faculty posts in the Department which was placed vide Item No. SFC-205/48 in its meeting held on 22.10.2014. The Standing Finance Committee referred the proposal, along-with various other proposals, to the Sub-Committee for examination.

1.4 Dr. Renu Saxena has again requested to place the proposal afresh in the Standing Finance Committee in order to cope with increased work-load over the years in the Department.

A copy of the instant request submitted by Dr. Renu Saxena, along-with copies of Agenda items placed before the Standing Finance Committee and minutes of Standing Finance Committee meetings are enclosed at Annexure-I, Annexure-II, & Annexure-III respectively.

ADMINISTRATIVE COMMENTS

2.1 In this connection, it may be stated that present sanctioned strength of the Department of Haematology at AIIMS, New Delhi is as under:

Name of the post	Sanctioned strength
Professor	03
Additional Professor	--
Associate Professor	02
Assistant Professor	02
Haematology Cl. Haematology (Adult)	01

2.2 It would be relevant to mention here that the above proposal was earlier placed before the Standing Finance Committee vide Agenda Item SFC-205/48 in its meeting held on 22.10.2014. The Standing Finance Committee, however, referred the proposal for consideration by the Sub-Committee constituted under the Chairpersonship AS&FA, MoHFW to look into the issue of creation of various posts.

2.3 Since, most of the proposals (including the above proposal) for creation of posts in various disciplines/specialties have not been considered and sent for approval of the Government, except a few ones where immediate requirement of man-power has been felt, the competent authority has decided to place the proposal before the Standing Finance Committee again for its reconsideration.

2.4 In view of the above, it is proposed that 06 (Six) posts of Assistant Professor in Clinical Haematology & 04 (Four) posts of Assistant Professor in Hematopathology specialties in the Department of Haematology with the recruitment rules as recommended by the Academic Committee in its meeting held on 13.05.2014 in the Pay Band-3: Rs. 15600-39100 with Academic Grade Pay of Rs. 8000/- + NPA with provision to move to PB-4 after three years (Rs. 37400-67000) with Grade Pay of Rs. 8700/- may be created.

3. FINANCIAL IMPLICATIONS

3.1 An expenditure of Rs. 162.44 lakhs (approx.) per annum will be involved on account of creation of total 10 posts of Assistant Professor in the aforesaid specialties of the Department of Haematology.

4. VIEWS OF THE FINANCE DIVISION

4.1 The Finance Division has concurred to the proposal by stating that the financial implications will be reflected/asked to the Ministry of Health & Family Welfare after approval of the competent bodies.

5. APPROVAL SOUGHT

5.1 The proposal at para 2.4 of the Administrative comments above is placed before the Finance Committee for consideration and approval.

NOTE FOR THE STANDING FINANCE COMMITTEE

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ITEM NO. SFC-210/10

Purchase of Robotic Surgery System



DEPARTMENT OF SURGICAL DISCIPLINES

AGENDA ITEM NO. 5FC/216/18

SUBJECT: PURCHASE OF ROBOTIC SURGERY SYSTEM

1. INTRODUCTION:

Robotic surgery systems have been introduced in modern surgery to improve the efficiency of the surgeons for very complex surgical procedures. Robots offer a unique opportunity to the surgeon of 3D visions & 360 degree rotation of the instruments which is helpful in performing complex operations particularly deep in pelvis, around the hiatus & in thorax. Robotic based surgery is being performed routinely in Urology, Gynecology, ENT, Thoracic Surgery, Colorectal Surgery & is also being increasingly used for many other indications in General & Oncological Surgery.

2. PROPOSAL:

We propose the procurement of robotic surgery system with the teaching simulator for the department of Surgical Disciplines, AIIMS.

3. JUSTIFICATION:

To improve the efficiency of the surgeons & thus improve patient care. Teaching & Research.

Robotic surgery is a computer-assisted technology to enhance the interaction between a surgeon and a patient during a surgical

operation. Most commonly Da Vinci robots have been used to perform hysterectomies and prostate removals but its use is expanding to include general surgical, oncological, thoracic, ENT, bariatric and other surgeries, with an estimated 200,000 surgeries conducted in 2012. With increasing use of robotic surgery in different specialties, the robotic installations are increasing worldwide. As of June 30, 2014, there was an installed base of 3,102 units worldwide including United States, Europe, Japan, and India.

Robotic or computer assisted technology is a minimally invasive technique developed to overcome the limitations of previously existing minimally invasive surgery. It allows the surgery to be done with precision, miniaturization, smaller incisions; decreased blood loss, less pain, and quicker healing time. The 3-dimensional view with depth perception and articulation beyond normal manipulation helps in improved ergonomics. Compared with other minimally invasive surgery approaches, robot-assisted surgery gives the surgeon better hand eye co-ordination, improved control over the surgical instruments and a better view of the surgical site. In addition, surgeons no longer have to stand throughout the surgery and do not tire as quickly. Naturally occurring hand tremors are filtered out by the robot's computer software to allow more precise and fine movements. There is

increased freedom of movement and dexterity with the robotic arm, comparable to the seven degrees of human wrist movement. In addition, these systems can scale movements so that large movements of the control grips can be transformed into micromotions inside the patient.

Robot has been extensively used in various urological and gynecological procedures and its role is well established in procedures like radical robotic prostatectomy, pyeloplasty and radical cystectomy, and radical hysterectomy. It offers the additional advantages of providing an improved vision and virtual working space in narrow regions like the pelvis.

Apart from urology and gynecology, robot assisted surgeries have been done in neurosurgery, transoral surgeries for jaw and throat, cardiothoracic for coronary bypass grafting and recently for donor nephrectomy.

General surgeries done by robotic assistance include Heller myotomy, paraesophageal hernia repair, gastric bypass, gastric resection for neoplasm, biliary reconstructive surgery, transhiatal esophagectomy, transthoracic esophageal surgery, distal pancreatectomy with splenic preservation. Upcoming ones are pancreatic head resection and hepatectomy, but experience to date is limited. In resections for neoplasm, robotic surgery may

Robotic surgery has been now increasingly used in colorectal disease treatment especially malignancies. It has been shown to be technical feasible and safe in both colon and rectal surgery. Robotic total mesorectal excision may allow for better preservation of urinary and sexual functions, and robotic surgery may attenuate the learning curve for laparoscopic rectal resection. Various studies have evaluated the robotic surgery in different general surgical and other procedures and established its feasibility and safety. Trials are underway to establish its superiority over conventional open and laparoscopic surgery.

As reflected above, robotic assisted surgery is the latest upcoming technology in the field of minimally invasive surgery. Hence its procurement in an apex teaching institute will help in providing to improve the efficiency of surgeons, teaching and training of residents and young surgeons improved patient care, and provide basis of new scientific research specially in terms of advantages/disadvantages of this technology so that it is used maximally in fields where it is most cost effective and safe.

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5. Baek SK, Carmichael JC, Pignazi A. Robotic surgery: colon and rectum. Cancer J. 2013 Mar-Apr;19(2):140-6; doi: 10.1097/PP0.0b013e31828ba0fd.

6. Cadere GB, Himpens J et al. Feasibility of robotic laparoscopic surgery: 146 cases. World J Surg. 2001 Nov;25(11):1467-77.

4. REFERENCE: Yes robotic system is held in place in the Department of Cardio Vascular Surgery, AIIMS and Department of Urology, AIIMS.

5. INTERDEPARTMENTAL CONSULTATIONS:

The Senior Surgeons using robotic system in the department of Urology have been consulted in preparing this document.

6. FINANCIAL IMPLICATIONS: 25 Crores (Approximately)

7. APPROVAL OF FA: Approval of the FA is attached.

8. APPROVAL SOUGHT: Kind approval of the Hon'ble members of the SFC is sought to

allow the procurement of the robotic system.

9. APPROVAL OF DIRECTOR: Approval of Director is attached.

Anurag Srivastava

(Signature of Head of Centre/Unit/Deptt.)

(Name and Designation with contact No.)

डॉ. अनुराग श्रीवास्तव
D. ANURAG SRIVASTAVA
सर्जन व प्रमुख / Professor & Head
शल्य चिकित्सा विभाग / Deptt. of Surgical Disciplines
एन.ए.आई.एम.एस. / Ansari Nagar, New Delhi-29

Proposal for appointment of Project Consultant
in National Cardiovascular Institute at Jhajjar
Campus

ITEM NO. SFC-210/11

NOTE FOR THE STANDING FINANCE COMMITTEE

NOTE FOR STANDING FINANCE COMMITTEE

Item No ~~SFC/2015~~ 210/11

Subject :- National Cardiovascular Institute at Jhajjar Campus - Appointment of Project Consultant.

1. INTRODUCTION

1.1 AIMS has been in possession of 300 Acres of Land at Badsha, Distt Jhajjar, which had been allotted to AIMS on free of cost basis by the Haryana Government.

1.2 Already a proposal of 710 bedded National Cancer Institute has been mooted in the

said Campus and the process for award of works related to the same is underway.

1.3 A committee under the Chairmanship of Secretary, Ministry of H & FW had decided

the Centres and facilities to be developed in the Badsha Campus. National

Cardiovascular Institute is one of the said identified health care super speciality.

1.4 It is proposed to create a tertiary patient care cum research facility National

Cardiovascular Institute, (NCVI) at the AIMS 2nd campus at Jhajjar, NCVI will have

800-bed hospital, 20 operation rooms, 10 cath labs, 200 ICU bids, an OPD block, a

research block, an academic block, administrative block, residential block, and

patient relative accommodation.

1.6 For the said project a project management consultant for the Design, tendering,

supervision of engineering components and for equipment procurement and allied

infrastructure works is required.

1.7 A meeting was taken by the Director on 21.10.15 wherein Chief of GTVS, Dy.

Director, HODs /faculty etc were present. A presentation was made by officials of

HLL on the concepts they plan to adopt for the said Centre. During the said meeting it

was felt that wider consultations and references need to be made for finalisation.

1.8 It was decided to consider engaging HITES, as the Project Management Consultant

for the said project.

2. PROPOSAL

2.1 HLL Infrastructure technology Services Ltd. (HITES) is fully Government owned PSB

2.2 HLL shall undertake the PMC on "Deposit work" basis for the project, on behalf of AIMS, and shall be paid the actual cost of work plus the agency charges of 5% (Five percent only) thereon for Project Management, Supervision, Services including Architectural Services for planning, designing, and Consultancy Services for all works other than Hospital equipments, for which the HLL charges shall be 2% (Two percent only) for planning, purchase, installation & commissioning of Hospital Equipments. The service tax as applicable on implementation of works & PMC Fees shall be extra payable & charged to Project cost. The terms of reference and the definition of cost of work is elaborated in the MOU document proposed to be signed with them.

2.3 It was perceived to entrust the upcoming proposal National Cardiovascular Institute, (NCVI) to HLL Infrastructure technology Services Ltd. (HTTS) which is fully Government owned PSE under Ministry of Health & Family Welfare, under GFR 2005 Rule 176- Consultancy by nomination, to undertake deposit works as PMC for preparing Concept report to DPR and for project implementation. It is proposed to sign a Memorandum of Understanding between AIMS and HTTS to undertake the proposal of NCVI at AIMS 2nd campus at Jhajjar.

3. JUSTIFICATION

3.1 The objectives of setting up the said Centre is to provide tertiary level advanced care to the patients suffering from complex cardiovascular problems and who fail to receive optimum care at optimum times because of mismatch between existing infrastructure and patient load, it will have capacity to treat 7500. ne w patients /year, capacity for 40,000 in patients /year, capacity for 50 cardiac surgeries/ day& capacity for 100 doctors in super-speciality area per year (Cardiology, CTVS, Cardiac anaesthesia, Paediatric cardiology and Cardiac radiology) specialized training course for Post-DM and Post-MCH specialist & to conduct train BSc & MSc courses for paramedics. For research NCVI will conduct basic, molecular genetics, epidemiological, clinical and translation research in the field of cardiovascular diseases to identify the cause, find the treatment and prevention and prevent disease related deaths and disability. Hence the need for establishing the said Centre is emphasised.

3.2 HITES is a 100 % owned subsidiary of HLL which is a Govt of India PSE under Ministry of Health & FW.

3.3 National Cancer Institute is already being established in the said Badsha Campus and the Project management consultant for the same is Hospital Services Consultancy Corporation (HSCC), which is also entrusted with other projects being undertaken at Masjid Moth/Rajnagar Campuses. HSCC is handling projects more than 3000 crore in different Campuses of AIIMS, Delhi and have of late facing problems of Capacity Constraints.

3.4 HLL has a vast experience in healthcare facility management a few of their completed works are-

S. No.	Project Name	Beds	Project Cost (Rs in Cr.)
1	JPMER Pondicherry Ph I & II	760	518
2	Salem Medical College	441	100
3	Trivandrum Medical College	253	100
4	Bangalore Medical College	203	100
5	Parippally Medical College for ESIC	500	500

3.5 HLL has the unique service package wherein they provide services viz. Design, Build, Procure, Install, Commission and thereafter maintain for next 20 years.

3.6 HLL Infrastructure technology Services Ltd. (HITES) which is fully Government owned PSE under Ministry of Health & Family Welfare, it is proposed to entrust the PMC under GFR 2005 Rule 176- Consultancy by nomination, to undertake the Proposal as an deposit works as PMC for National Cardiovascular Institute, (NCVI) at the AIIMS 2nd campus at Jhajjar

4. REFERENCE OF ANY SIMILAR APPROVED PROPOSAL

This is a National Institute proposed which would be first of its kind in North India.

5. INTERDEPARTMENTAL CONSULTATIONS

5.1 Proposal for the EFC/CCBA consideration will be prepared and approvals sought after due interdepartmental circulation.

6. FINANCIAL IMPLICATION

For infrastructure development/construction/equipment cost of proposed 800 bed facility may be approx Rs 2000 crore. The estimated consultancy cost may work out to Rs 70 crore.

7. COMMENTS / OBSERVATION OF FINANCE DIVISION WITH DUE APPROVAL OF SR. F.A.

The SFC proposal for appointment and signing of MoU with project consultant HLL Infrastructure Technology Services Ltd. (HTTS) for National Cardiovascular Institute, Thajjar on nomination basis has been examined. In view of justification provided by ESD, AIMS at para 3.2 to 3.6 of the SFC proposal under Rule 176 of GFR, Finance Division concur to the proposal of appointment of HTTS as project consultant on the nomination basis.

8. APPROVAL SOUGHT

8.1 To sign the Memorandum of Understanding between AIMS and HLL/HTTS to take-up the above PMC of the National Cardiovascular Institute. The format would be as per the draft MOU proposed to be drawn between AIMS and NBCC for JPN Trauma Expansion.

8.2 The individual project will be brought again before the SFC once the Master Plan and DPR is finalised by HLL.

9. This has the approval of Director.

Sign. of HOD/S.E.



NOTE FOR THE STANDING FINANCE COMMITTEE

ITEM NO. SFC-210/14

To consider the purchase of High End CT
Scanner, Department of Cardiac Radiology, CT
Centre

(To be placed on the table)

SFC agenda no. 210/17

Proposal for procurement of high end CT Scanner capable of advanced cardiovascular applications by Department of Cardiac radiology.
Tender no. 23/CNC/CR/14-15/ST dated 12.1.2015

Details of proposal for New State-Of-Art Latest Ct Scanner System With Buy Back Of Old Ct Scanner

Sl. No	Name Of the Equipm ent	Quantity require d	Appro ximate Cost of the equip ment	Is this First time Require ment or Upgradatio n Of existing equipment	Quantity Of the Equipme nt	How Many Of these are Function al In the departm ent	Justification for purchase Of the equipment	Availability Of man Power and Space for use of the Equipment	Whether The equipment is used for Clinical Work or Research work	If for Research, can this Equipment be procured from Project fund	Name & Designation of The requesting Faculty
1.	New State-Of-Art Latest Ct. Scanner System	one	Rs. 14.85 crore_ CAMC	New purchase to replace the old equipment	Old generati on CT equipme nt	one	enclosed	The existing manpower and space would be utilized for operation	Clinical and research work	No	All faculty

Total for Machine & Equipment= Rs. 14.85 crore + CAMC

Justification for procurement of Advanced High End CT scanner system-for cardiovascular applications by Department of Cardiac Radiology

The existing CT was purchased in year 2002. This equipment is now unable to perform high end cardiovascular imaging and has frequent breakdowns. Also existing CT scanner has limitations as below--

A. Technical-Clinical-

i. Increased radiation exposure- The existing CT scanner delivers 10-18 mSv

radiation to the patient during each examination (equivalent to many years of maximum permissible dose to a non-radiation worker for each examination). This becomes a major issue in patients who need periodic multiple

examinations during follow up, especially pertinent in children. Even though the existing CT was state-of-the-art technology when it was procured, major developments have happened in this field and the current day technologies deliver substantially less radiation, usually of the order of 2-4 mSv.

Since many pediatric patients with congenital heart diseases require multiple CTs during hospital stay and in the course of follow up after cardiac surgeries, this has become a serious issue requiring a priority treatment. In situations where dual energy examinations need to be conducted, the radiation dose becomes too excessive limiting its clinical usage at the present time, despite its clinical potential. Procurement of the new technology will help eliminate this limitation.

ii.

Increased Contrast material usage- At this time, each CTA requires up to 80-100 ml of iodinated contrast material, posing a risk to those with borderline or compromised renal functions. Unfortunately, the patients with diabetes and coronary heart diseases frequently have these concerns. The new technologies can help obtain CTA examinations with <50% of the above dose. **Long acquisition time** leading to issues related to ectopics, irregular heart rate and respiratory artifacts- The acquisition time for CTA in the existing system is of the order of 12-14 sec. or more. This poses serious challenges with respect to variable heart rates and ectopics (a common finding in patients with heart diseases) both of which can alter the cardiac hemodynamics and by inference the information obtained as well as degrade the image quality. The inability of the patients to hold breath for long durations (not uncommon in patients with heart disease and reduced pulmonary reserve due to abnormal PA arterial and venous pressures) further degrades the image quality due to

iii.

respiratory motion, eventually making the examinations sub-optimal and not uncommonly uninterpretable. The new technologies can obtain the desired information in 1-3 heart beats, virtually eliminating the above limitations.

B. Post processing- At this time, this is done manually, consuming 30-45 minutes per examination. This adversely affects the workflow and patient throughput and also delays the reporting. The new technologies provide for an automatic post-processing and availability of reconstructed images within 5 minutes of acquisition, thus have the potential of changing the workflow dramatically. This will also allow for improved clinical decision making and may make a difference in emergent clinical settings, such as in aortic dissection, impending rupture of aortic aneurysms, and unstable angina, among others.

C. Performance- The prolonged wear and tear of the existing equipment has led to frequent breakdowns at this time. This generation of equipment is now not manufactured any more; hence, spare parts are not easily available and a take long time for procurement. Inventories for the spares are hard to maintain for the same reasons. As an example, the downtime of this equipment was > 15 working days in last 4 months alone. This disrupts the delivery of clinical care and builds up unnecessary and avoidable long waiting periods for examinations. The existing CT equipment is also the designated site for VIP examinations but has become unreliable in performance and hence is no longer suitable for such purposes.

D. Administrative- For the above reasons, approval for replacement of existing equipment was obtained from the **Competent Authority** (the Director) through proper channel prior to starting the tender process. Financial concurrence had also been obtained earlier for this purchase from the SFC.

Space and manpower requirement-

As it is a replacement of existing CT scanner, no extra space and manpower are required.

Cost implication

The approximate cost of procurement of CT scanner would be around Rs 14.85 crore

The existing CT was purchased in year 2002. This equipment is now unable to perform high end cardiovascular imaging and has frequent breakdowns. The competent authority approved replacement of this equipment. The matter was placed before SFC in August, 2012 and was approved for procurement. A sum of Rs. 12 crore was sanctioned for this purpose. The CT machine was first tendered in August, 2012 and subsequently retendered. The summary of tender process is enclosed.

This item was retendered for fifth time in Jan 2015 and the specifications were designed to ensure that at least three high end 3 CT machines met the specifications. The same was also certified by the technical committee and was verbally confirmed in prebid meeting. However the tender has again received a single bid.

This process of retendering for 5 times had consumed lot of time (3 yrs) and considerable expenses in terms of travel, hosting of external experts and tendering process. Each time the purchase process was as per the institute's rules but the purchase has not come through.

The current specifications laid down by technical committee in fifth tender were satisfied by three high end CT machines.

Following approval of the competent authority, the price bid of the single vendor found technically suitable was opened on 5.11.2015.

A negotiation committee as approved by Chief, CNC was constituted and following negotiations, the total cost was negotiated from Rs.21.38 crores + CAMC to 14.85 crores + CAMC. The matter was placed before the competent authority for administrative approval. Following this concurrence, this matter is placed before SFC for approval please.

NOTE FOR THE STANDING FINANCE COMMITTEE

ITEM NO. SFC-210/15

**National centre of Ageing at AIIMS proposal for
Standing Finance Committee Department of
Geriatric Medicine**

(To be placed on the table)

**This item was deferred from SFC-207/23, 208/4 &
209/22**

1. INTRODUCTION

With advances in medicine helping more people to live longer lives, the number of people over the age of 60 is expected to double by 2050. With more than hundred million people above the 60 years, India faces the serious challenges of population ageing. Older persons, particularly the very old (80+ age group), belong to the fastest growing segment in the population of India. While the Indian population would rise by 60% between 2000 and 2050, the number of 60+ people would rise by 360% as per a UNFPA and Help Age International report. The number of older people would rise to 323 millions in 2050 accounting for more than 20% of the population.

The Government of India appreciating the challenges of a large ageing population adopted the National Policy on Older Persons 1999, enacted the Maintenance and Welfare of Parents and Senior Citizens Act in 2007 and launched the National Program for Health Care of the Elderly (NPHCE) in 2010-11. NPHCE has provision for service for senior citizens all levels of health care system; and establishment of two National Centers of Ageing, one each at AIIMS, New Delhi and Madras Medical College Chennai. Announcement to this effect was made by the Honorable Finance Minister in his budget speech of 2014-2015. Preparatory work to this effect has been undertaken by the Ministry of Health & Family Welfare. The Director AIIMS was informed about the proposal by a communication dated 13.5.2015 (No. T-22011/01/2-15-NCID).

The Standing Finance Committee deliberated on the proposal in its 208th meeting on 7th August 2015 and decided that AIIMS may assess budgetary allocation for the next three years and detailed cost estimates may be presented in the next meeting. The present proposal is in line with directive of Standing Finance Committee meeting of minutes.

2. PROPOSAL

The Standing Finance Committee may kindly peruse the details of costing of National Center of Aging at AIIMS and approve the following:

1. Establishment of National Centre of Aging at AIIMS as announced by the Honorable Union Finance Minister in 2014-2015 Union Budget

2. Immediate creation of posts to oversee the establishment of National Centre for Ageing from administrative and technical point of view (out of posts projected in Annexure-1).

a. Assistant Professor (Geriatric Medicine) -- 2

b. Assistant Professor (Hospital Administration) - 1

c. Senior Resident (Geriatric Medicine) -- 2

d. Senior Resident (Hospital Administration) - 1

e. Assistant Engineer (Civil) -- 1

The proposal for National Institute of Aging could not be completed during 11th Five Year Plan. In 12th Five Year Plan it is proposed to support development of two National Centers of Aging in Chennai attached to Madras Medical College and in New Delhi attached to AIIMS.

Objectives of the programme:

The objectives of the National Center of Aging, New Delhi are:

- To build health service manpower in old age health care by initiating postgraduate courses in Geriatric Medicine, Geriatric Surgery, Geriatric Anesthesiology, Geriatric Psychiatry, Geriatric Nursing, Geriatric Rehabilitation etc.
- To build research manpower in old age health care by initiating doctoral and post-doctoral courses in Biological and Social Gerontology.

- To provide short-term and medium-term in-service training to health professionals for their skill up-gradation.

- To develop evidence based clinical service for older patients through out-patient and in-patient services managed by trained health professionals.

- To carry out 'state of the art' research in fundamental, clinical, policy and planning; and operational aspects of old age care.

- To develop outreach program to provide care to un-reached/ immobile/ bed-ridden older patients in the community.

- To create public awareness regarding carrying health and well being into late life through life course approach of active ageing.

Strategies:

Training and Education

Training program of formal and informal care-givers in old age care is virtually non-existent. The National Center of Aging will conceive, formulate and carry out programs for training and education in old age health care at following levels:

- Post-graduate program (MD) in Geriatric Medicine
- Post-graduate program (DM) in Geriatric Psychiatry
- Post-graduate program (DM) in Geriatric Anesthesiology
- Post-doctoral program (MS/MCh) in Geriatric Surgery
- Post-graduate program (MSc) in Geriatric Nursing
- Post-graduate program (MPT and MOT) in Geriatric Rehabilitation

Description of the proposal: National Center of Aging at AIIMS

g. Accounts Officer-1

f. Administrative Officer - 1

- Post-graduate program (M Sc) in Medical Gerontology
- Doctoral program and post-doctoral program in Biological and Social Gerontology
- Short and medium term in-service training in Geriatric Medicine
- Short and medium term in-service training in Geriatric Nursing
- Short and medium term orientation courses in Biological and Social Gerontology
- Short and medium term training in management of old age services in community and institutions: day care, nursing home, old age home etc.

Clinical service:

The National Center of Ageing will provide clinical service of tertiary nature. These clinical services apart from providing clinical foundation for research and education; will also be useful for developing Indian standards of management and practice guide lines for old age health care. The clinical services will include:

- Daily outpatient services in various clinical disciplines
- Special clinics: memory clinic, psycho-geriatric clinic, fall and syncope clinic, frail elderly clinic, aids and appliances clinic, implants and cosmetics clinic
- Day care center for: investigation, rehabilitation, respite care, dementia care, continence care.
- In-patient care for: intensive care, acute care, post-acute rehabilitation, diagnostic and therapeutic service, long term rehabilitation service.
- Total general ward bed strength will be 200 beds, which will include medical 20 ICU beds. In addition there will be pre-operative and post-operative beds (10 each) and 15 post-operative ICU beds. There will be 20 private or paying ward beds.
- The clinical services will be of multidisciplinary nature involving medical and surgical disciplines.

Services from Indian System of Medicine in collaboration with the Department of AYUSH of Government of India to provide a holistic approach of health care

- Clinical support to long term care institutions supported by Ministry of Social Justice and Empowerment of Government of India and Department of Social Welfare of State Governments and those in private sector.

Research:

Research in biological gerontology, clinical geriatrics, social gerontology and psycho-geriatrics has not reached the height commensurate with general scientific development in the country and the magnitude of population ageing in India. The department of Geriatric Medicine is involved in basic, clinical and operational research in field of geriatrics and gerontology for which it has awarded the "Vayoshrestha Samman" best institution in the field of ageing research from the Ministry of Social Justice and Empowerment in 2014.

The National Center of Ageing will place special attention to fundamental and applied research in gerontology and geriatrics and will conduct cutting age research in:

- Clinical research in health and disease in old age.
- Mechanism of diseases of old age with special focus on dementia, cataract, arthritis and metabolic syndromes.
- Epidemiological research in to functionality, disability and healthy ageing.
- Pharmaco-genomics, drug development and adverse drug reaction.
- Social and behavioral research related to care giving, geriatric nursing, elder abuse, and working etc.
- Mechanism of ageing at the level of species, system, organ, cells, sub-cellular organelles and molecules.
- Development of effective anti-ageing interventions at cellular and sub-cellular level and their transformation to drugs and molecules for clinical use.
- Research in economics of ageing and health care; and cost effectiveness of health system.
- Policy development.

The National Center of Ageing will have strong basic/ fundamental science research laboratories with research focus on genetics of ageing, mechanism ageing, anti-ageing interventions etc. It will also promote research in social gerontology through a team of social scientists.

Information, Education and Communication (IEC) activities:

Dissemination of awareness is the single most important step for any strategy for development for old age health care. Health and quality of life in old age is adversely affected by myths, stereotyping, social attitudes and beliefs. It is therefore, important that information based on scientific evidence should be passed on the older people and their carers. Following activities will be initiated:

- Preparation and distribution of pamphlet/booklet on healthy life style
- Preparation and distribution of pamphlet/booklet on various common diseases.
- Utilization Information Technology for dissemination of knowledge through internet.

The above material will be available in English, Hindi and regional languages which will be distributed to the users of geriatric services. The information will also be provided to the general population through print and audio-visual media.

The above project has been approved by the Ministry of Health & Family Welfare with the following budgetary allocation.

In Crores

Item/Component	Non recurring	Recurring (for the 12 th Plan period)
i. Civil works	78.00	-
ii. Machinery & Equipment	19.50	-
iii. Ambulance	00.25	-
iv. Research, REC, Home based care	-	02.40
v. Human Resource	-	18.70
vi. Training and Development of Training manuals	-	03.30
vii. Machinery and equipment maintenance	-	02.166
viii. Drugs and consumables	-	02.50
ix. Establishment of Library	-	00.05

The Ministry of Health & Family Welfare also advised AAIMS to make provisions for any difference in cost estimates in civil work from its own resources. It also indicated that the manpower should be hired on contractual basis.

Project development

The National Center of Ageing will be located in the Masjid Moth expansion of AAIMS. Hospital Services Consultancy Corporation (HSCC) is involved in architectural design, costing and implementation of the project. Till date HSCC has obtained all clearance related to the construction of the Center has been obtained.

The Center will be constructed as a "9+3" floor tower with space for all activities namely; outpatient and in-patient service, day care service and rehabilitation service, paying ward, operation theatre, pre and post-operative ward medical and surgical ICU, radiology service, research laboratories, class rooms, office area etc. The Center will share sterilization (CSSD), kitchen, laundry, and security service with AAIMS.

3. JUSTIFICATION

The concept of proposed National Center for Ageing has evolved over last few years. In 2008-2009, a Center for Geriatrics was visualized in the AAIMS expansion plan in Jhajjar Campus. However with announcement of NPICHE and establishment of National Institute (since renamed as Center) of Ageing, it was considered to have only one Center located at Masjid Moth campus. After several rounds of consultation in the Ministry of Health & Family Welfare the present proposal has been finalized.

The National Center for Ageing should be performing at par with other Centers of AAIMS and would thus require similar workforce and work culture. It will also be a centre of excellence in health and health care of older persons in India providing state of the art clinical services and education in the field of Geriatrics and Gerontology. World class



academic centers evolve after years of hard work. Contractual staff with no guarantee of future employment will not be in a position to provide commitment for developing academic courses and clinical service. In addition the skills of geriatric care which is generally not imparted in current curriculum at graduate and postgraduate level have to be learnt by working on the job. This is true for all types of health professionals including medical doctors, nurses and paramedical staff. It is, therefore proposed that the staff of National Center for Ageing will be permanent staff as in all other centres in the Institute.

- Appointment of contractual faculty and staff is not permitted by IB/GB in a recent decision.

4. REFERENCE OF ANY SIMILAR APPROVED PROPOSALS:

None.

5. INTERDEPARTMENTAL CONSULTATIONS

A meeting was held under the chairmanship of Director, AIIMS to discuss all issues related to the project. The meeting was attended by Deputy Director (Admn), Senior Financial Advisor, Medical Superintendent, Head, Department of Geriatric Medicine, Superintendent Engineer, Faculty of Hospital Administration and project officer, Senior Administrative Officer, Assistant Administrative Officer (Faculty cell), representatives of HSCC and other Officers from Engineering Division. After detailed discussion, it was decided to submit the proposal to SFC for provision of financial sanction, to constitute a project monitoring committee and to submit a proposal to SFC for sanctioning certain posts from the posts to be created for Center for management of the project in short and medium term.

6. FINANCIAL IMPLICATIONS (BREAK UP WISE DETAILS) ALONGWITH AVAILABILITY OF BUDGET (PLAN / NON-PLAN).

Financial implications of the project are presented in the following annexure:
 Annexure I: Manpower Requirement in National Center of Ageing at AIIMS
 Annexure II: Machinery and Equipment
 Annexure III: Cost of construction of National Center of Ageing at AIIMS

Financial Implications at a glance

Head	Financial implication	Commitment from NPHE
Manpower per annum:	47.17 Crores	18.70 Crore
Machinery and Equipment:	33.52 Crores	19.50 Crore
Construction cost:	250.00 Crores	78.00 Crore

Funds from NPHE are expected to be released within the remaining period of 12th Five Year Plan period. The SFC may provide permission to utilize the funds beyond 31st March 2017 till the project is completed.

Year wise break up of expenditure;

Lead 2015-2016 2016-2017 2017-2018 2018-2019

Construction cost	100Cr	100Cr	115Cr	25Cr
Machinery & Equipment	-	2.52Cr	20Cr	11Cr
Man Power	-	4Cr	15Cr	48Cr

7. COMMENTS/ OBSERVATIONS OF FINANCE DIVISION WITH DUE APPROVAL OF SR. F.A.

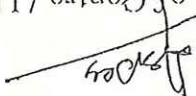
8. APPROVAL SOUGHT

1. Establishment of National Centre for Ageing at AIIMS

2. Immediate creation of the following posts to oversee the establishment of National Centre for Ageing from administrative and technical point of view (out of posts projected in Annexure-I).

- a. Assistant Professor (Geriatric Medicine) - 2
- b. Assistant Professor (Hospital Administration)- 1
- c. Senior Resident (Geriatric Medicine) - 1
- d. Senior Resident (Hospital Administration)- 1
- e. Assistant Engineer (Civil) - 1
- f. Administrative Officer - 1
- g. Accounts Officer-1

9. This has the approval of Director.



(Signature of Head of Centre / Unit / Deptt.)
(Name and Designation with contact No.)

Ratification of the minutes of SFC-211
Details for approved items of SFC-211

ITEM NO. GB-153/7

NOTE FOR THE GOVERNING BODY

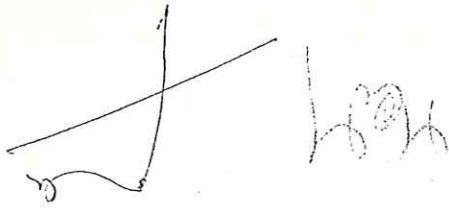
MINUTES OF THE 21st MEETING OF THE STANDING FINANCE COMMITTEE OF AIMS HELD ON 7th AND 19th APRIL, 2016 AT 4:30 P.M. UNDER THE CHAIRMANSHIP OF SHRI B.P.SHARMA, UNION HEALTH SECRETARY IN THE COMMITTEE ROOM 1ST FLOOR, MINISTRY OF HEALTH AND FAMILY WELFARE, NIRMAN BHAWAN, NEW DELHI.

The 21st meeting of the Standing Finance Committee of AIMS was held on 7th and 19th April, 2016 at 4:30 P.M. in the Ministry of Health & Family Welfare, in Committee Room (First Floor), Nirman Bhawan, New Delhi under the chairmanship of Shri B.P.Sharma Health Secretary and Chairman of the Standing Finance Committee. The list of members attending the meeting is as follows:

- (i) Shri Bhanu Pratap Sharma, Health Secretary... Chairman
- (ii) Dr. Jagdish Prasad, Director General Health Services
- (iii) Prof Yogesh Kumar Tyagi, Vice Chancellor Delhi University
- (iv) Smt. Vijaya Srivastava, Additional Secretary and FA, MOHFW
- (v) Prof.M.C.Misra, Director AIMS and Member Secretary

Shri Pervez Sahib Singh Verma Member of Parliament (Lok Sabha) and Shri V.S.Oberoi, Secretary, Department of Higher Education, could not attend the meeting and were given leave of absence by the Chairman. Shri Ali R. Rizvi, Joint Secretary MOHFW, Prof Balram Airan, Dean Academic, AIMS, Shri V.Srinivas, Deputy Director Administration AIMS, Dr. D.K.Sharma Medical Superintendent AIMS, Shri Raj Kumar Senior Financial Advisor AIMS attended the meeting as Special Invitees. The quorum for the meeting was fulfilled.

1



The SFC noted that in the year 2015-16 against the Revised Estimates of Rs. 700 crores of Plan Funds, AIIMS had incurred an expenditure of Rs. 690.14 crores. The SFC noted that a BE allocation of Rs. 1000 crores was made to AIIMS for Financial Year 2016-17. The SFC also noted that AIIMS had projected a requirement of Rs. 2000 crores for 2016-17 keeping in view the scheduled implementation of the 7th Pay Commission recommendations, spill over payments under GIA General Plan and the additional requirement for creation of capital assets. The SFC advised that the pace of expenditure in the first quarter must be

EXPENDITURE PLAN 2016-17

ITEM NO: SFC - 211/2

With this one amendment the minutes of the 210th Meeting of Standing Finance Committee were confirmed.

“The proposal for introduction of charges was approved and additional infrastructure/ manpower to provide 2 scientists Grade II and a Laboratory Technician are recommended for consideration of Governing Body”.

The Standing Finance Committee considered the amendment proposal in the minutes of the agenda item SFC 209/19 titled Proposal for Charges of Tests – Yq AZF micro-deletion analysis, ROS estimation and DNA damage assessment for the department of Anatomy and amended the minutes as the following:

CONFIRMATION OF THE MINUTES OF THE 210TH EXTRAORDINARY MEETING OF THE STANDING FINANCE COMMITTEE OF AIIMS HELD ON 7/1/2016 IN MOHFW, NEW DELHI

ITEM NO. SFC - 211/1

The decisions taken on the agenda items are the following:

The SFC recommended the award of work of construction of residential block of National Cancer Institute at Jhajjar at a cost of Rs. 312.99 crores to M/s Ahluwalia Contracts (India) Limited the L-1 bidder.

**ALLOCATION OF WORK FOR RESIDENTIAL BLOCK OF NATIONAL
CANCER INSTITUTE AT AIMS JHAJJAR CAMPUS**

ITEM NO: SFC - 211/4

The SFC reviewed the progress of civil works. The 3 major on going projects namely, National Cancer Institute, Mother & Child Block and OPD Block were progressing as per prescribed timelines. The SFC was also appraised of the progress of other on-going works. The SFC also asked the Project Management Consultant HSCC to ensure quality of works, adequate safety norms and play an effective supervisory role in implementation of civil works. The SFC was further apprised about the slow pace of work and finally discontinuation of civil works by the construction company engaged for construction of New Paid Ward under construction at East Ansari Nagar between Ladies Hostel and Nurses Hostel, AIMS Campus. HSCC inform that the tendering process was going on for the award of civil works.

STATUS OF CIVIL WORKS

ITEM NO: SFC - 211/3

maintained at high levels to ensure timely utilization of funds for a case to be made for higher allocations at RE stage.

ITEM NO. SFC - 211/5
**ALLOCATION OF WORK FOR SETTING UP OF BURNS AND PLASTIC
 SURGERY UNIT AT AIIMS**

The SFC recommended that the work of the Burns and Plastic Surgery Unit at AIIMS may be awarded to M/s Swadeshi Civil Infrastructure Pvt Ltd, the lowest L-1 bidder, on their quoted cost of Rs. 82.88 crores.

ITEM NO: SFC - 211/6

**PROPOSAL FOR CONSTRUCTION OF NEW EMERGENCY AND
 DIAGNOSTIC BLOCK AT MASJID MOTH CAMPUS OF AIIMS**

The SFC heard the presentation made by Prof Renu Saxena and Prof Praveen Agarwal on the proposal. The matter was discussed at length. The SFC accepted the proposal in-principle. The SFC opined that AIIMS should work out a financial model for raising the budgets for this center. It was decided that a detailed financial proposal would be presented by AIIMS in the next SFC meeting for consideration alongwith justification for each of the specialties proposed to be housed in the block.

ITEM NO. SFC - 211/7

APPROVAL OF COST ESTIMATES OF TRAUMA CENTER EXPANSION

The SFC heard the presentation made by NBCC on the subject. The SFC was of the view that NBCC shall only raise moneys for civil works and the machinery and equipment from borrowing from a banking consortium based on open bidding. Manpower costs would be borne from plan funds. The cost estimates would come down to Rs.2100 Crores approximately instead Rs.2700 Crores. With these

The SFC considered the proposals of the Work Study Unit and granted approval for implementation of the recommendations of the Staff Inspection Unit for creation of 132 posts of administration, finance and stores and the staff found surplus by the SIU i.e 173 posts may be utilized in 56 departments and 5 centers where there is shortage of manpower. The recommendations of the SFC may be

ITEM NO: SFC-211/9
TO CONSIDER THE REPORT OF THE STAFF INSPECTION UNIT ON
THE WORK MEASUREMENT STUDY FOR ADMINISTRATIVE,
FINANCE AND STORE WINGS AT AIIMS NEW DELHI

The SFC heard the presentation made by Shri Rajesh Gupta Chief Procurement Officer AIIMS. The SFC also noted that the amendments proposed by the CVC, the Ministry of Health & Family Welfare have been duly incorporated into the Purchase Manual. SFC also advised that the Purchase Manual must be in conformity with the GFR provisions. The SFC recommended that the AIIMS Purchase Manual be placed for consideration and approval of the Governing Body. The SFC commended all officials who have worked on the finalization of the AIIMS Purchase Manual.

The SFC meeting was adjourned on 7th April 2016 and was reconvened on April 19th 2016 at 4.30 pm at the same venue.

APPROVAL OF AIIMS PURCHASE MANUAL

ITEM NO: SFC - 211/8

observations the SFC decided that the Proposal For Expansion of Trauma Center be placed for consideration of the Governing Body.

The SFC noted that the original EFC had approved a cost estimate of Rs. 750.14 crores. The revised estimates with some changes in the scope of work have been

**REVISION OF EFC MEMO FOR AUGMENTATION OF EXISTING
FACILITIES OF AIMS NEW DELHI FOR IMPLEMENTATION OF
RECOMMENDATIONS OF OVERSIGHT COMMITTEE - REG
ITEM NO SFC - 211/12**

The SFC appraised and recommended the project for establishment of grid sub-station 33/11 KV to meet out load requirement of 27 MVA at AIMS, Masjid Moth, New Delhi at an estimated cost of Rs. 20.25 crores given by BPRL (BSES). The SFC also approved the deposit of Rs. 20.025 crores in the form of demand draft/ pay order in favor of BSES Rajdhani Power Limited.

33 KVA SUB-STATION AT MASJID MOTH

ITEM NO: SFC - 211/11

The SFC was appraised and recommended the project for construction of the Sewage Treatment Plant (STP) 2000 KLD and Effluent Treatment Plant (ETP) 200*7 l * KLD at an estimated cost of Rs. 15.36 crores. The SFC also approved the delegation of powers to Director AIMS for giving all clearances for call of tenders, for approving pre-qualification of bidders and opening of price bid thereafter through the PMC HSCC. Final bid will be placed before the SFC for approval.

CONSTRUCTION OF STP AT MASJID MOTH

ITEM NO: SFC - 211/10

submitted for consideration of MOHFW in pursuance of letter no: V-16020/17/2013-ME - I dated 26th November 2015.

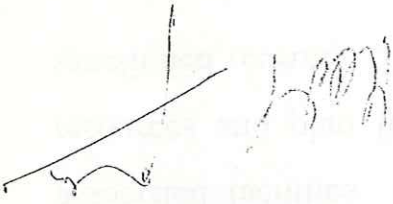
The SFC heard the presentation of Prof V.K.Paul for machinery and equipment for Mother and Child Block seeking an allocation of Rs. 339.13 crores. Prof Paul presented the case for 40 percent allocation in Phase I of the procurement so that the building can be operationalized. The Chairman noted that the cost of Machinery and Equipment was more than the cost of civil works. Prof Paul informed the SFC that the original cost of the M&E approved was for Rs. 30 crores which required revisions. It was felt that the revision to Rs. 339 crores was very large and needed pruning. After deliberation 40 percent (130 crores

**OPERATIONALISATION OF THE NEW FACILITY
CAPITAL CREATION HEAD TO ENSURE TIMELY AND FULL
EQUIPMENT FOR MOTHER AND CHILD BLOCK UNDER PLAN /
TO CONSIDER BUDGET ALLOCATION FOR MACHINERY AND
ITEM NO: SFC - 211/ 15**

AIIMS cannot take a decision.
PAS/ PSS and ipso facto the decision would be binding on this proposal also.
The SFC considered the proposal and advised that the Expenditure Management Commission is examining the feasibility of adoption of central secretariat pay scales in Autonomous Institutions and AIIMS should await the recommendations of the Commission. The SFC also noted that the Union of India has filed an appeal in a similar case of pay parity between Central Government PAS/ PSS and AIIMS

**AIIMS NEW DELHI
PROPOSAL FOR CREATION OF A NEW GRADE OF UDC (NFSG) AND
STENOGRAPHER (NFSG) IN CSCS AND CSSS RESPECTIVELY AT
EXPLANATORY NOTE FOR SFC REGARDING TO CONSIDER THE
ITEM NO: SFC - 211/14**

SUPPLEMENTARY AGENDA



The SFC considered and approved the proposal for creation of 2 posts of Physical Training Instructor and one post of Life Guard with a financial implication of Rs. 13.39 lacs per annum to be placed for consideration of the Governing Body.

FOR GYMKHANA AIMS

PHYSICAL TRAINING INSTRUCTOR AND ONE POST OF LIFE GUARD

TO CONSIDER THE PROPOSAL FOR CREATION OF TWO POSTS OF

EXPLANATORY NOTE FOR THE STANDING FINANCE COMMITTEE

ITEM NO: SFC - 211/17

The SFC heard the presentation of Prof V.K.Paul for creation of 4049 posts for the operationalization of the Mother and Child Block. Director AIMS informed the SFC that the proposal for creation of posts was reduced to 2095 posts following discussions for Phase I. The SFC felt that the number of posts proposed required a thorough examination and authorized the DGHS to examine the proposal in consultation with AIMS officials and then place it in the SFC.

BLOCK AT AIMS NEW DELHI

FACULTY AND NON FACULTY POSTS FOR THE MOTHER & CHILD

TO CONSIDER THE PROPOSAL FOR CREATION OF VARIOUS

ITEM NO: SFC - 211/16

approximately) allocation in Phase-I of the procurement of machinery and equipment was approved. Further the SFC authorized the DGHS to undertake the due diligence of expenditure and recommend an appropriate equipment purchased plan for the Mother and Child Block.

AGENDA ITEMS PLACED ON THE TABLE WITH PERMISSION OF

CHAIR

ITEM NO: SFC - 211/19

PROPOSAL FOR ESTABLISHING STATE OF THE ART CENTRALISED

CORE RESEARCH FACILITY (CCRF) AT 9TH FLOOR OF

CONVERGENCE BLOCK, AIMS

The SFC considered and approved the proposal for establishing a state of the art centralized core research facility at 9th floor of convergence block at a cost of Rs. 33.53 crores including equipment and manpower and consumables costs to be placed for approval of Governing Body.

ITEM NO: SFC - 211/20

CONSTRUCTION OF CONVENTION CENTER AT MASJID MOTH

CAMPUS OF AIMS

The SFC heard the presentation of Chairman HSCC on the proposal to construct a Rs. 265 crore convention center at Masjid Moth campus, consisting of Ground + 5 building housing conference halls (23 nos), Café + Dining (5 nos), Yoga Center, Guest Room (150 nos), Banquet Hall (2 nos), Auditorium (1 no) and other associated facilities. The SFC advised that the Ministry was very stretched for resources and plan funds were not available, as many civil works have been sanctioned recently. The SFC approved in-principle to recast the proposal as the

The SFC heard the presentation of Medical Superintendent AIIMS for approval of the proposal for reimbursement of the Rs. 35 lacs expenses incurred by Shri Anil Kumar (JE) for Un-related Bone Marrow Transplantation at Apollo Hospital New Delhi. As CGHS rates for the procedure were not available, and the conditions for the transfer did not have due internal approvals, the SFC advised AIIMS to constitute a Technical Committee to examine the facts of the case in the context of

ITEM NO: SFC - 211/21
TO CONSIDER THE PROPOSAL FOR REIMBURSEMENT OF MEDICAL EXPENSES INCURRED BY SHRI ANIL KUMAR JE (CIVIL) FOR UN-RELATED BONE MARROW TRANSPLANTATION AT APOLLO HOSPITAL NEW DELHI

The SFC heard the presentation of Chairman HSCC. The SFC considered and approved the proposal for award of work for additional hostel block at a cost of Rs. 29.85 crores to M/s N.N.Buildcon Pvt Ltd, the L-1 bidder to be placed for consideration of the Governing Body.

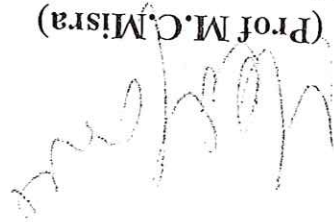
ITEM NO: SFC - 211/21
APPROVAL OF AWARD OF WORK FOR ADDITIONAL HOSTEL BLOCK AT MASJID MOTH CAMPUS, AIIMS

Center for Integrative Medicine, with detailed proposals to be formulated and financing services to be identified. Subsequently on the advise of the Vice Chancellor Delhi University, the SFC advised AIIMS to examine the feasibility of joint management of a convention center in consultation with ICMR and Delhi University.

extant rules and admissible claims. The report of the technical committee may be placed for consideration of the SFC in its next meeting.

The meeting ended with a vote of thanks to all those present.

(Prof M.C.Misra)
Member Secretary
SFC, AIIMS



(B.P.Sharma)
Chairman
SFC, AIIMS



NOTE FOR THE STANDING FINANCE COMMITTEE

ITEM NO. SFC-211/2

Expenditure Plan for 2016-17

NOTE FOR THE STANDING FINANCE COMMITTEE

No. F.1-28/2000-01/Budget

FINANCE DIVISION

338

Item No. FC/211/2

NOTE FOR STANDING FINANCE COMMITTEE TO CONSIDER THE PROPOSAL FOR EXPENDITURE PLAN WITH REFERENCE TO BUDGET ESTIMATES FOR THE YEAR 2016-17 UNDER PLAN AND OVERSIGHT COMMITTEE.

1. INTRODUCTION

The Institute gets grant under the Heads Plan and Oversight Committee and Non Plan from the Govt. of India, Ministry of Health & Family Welfare. Due to expansion plan of AIIMS, major engineering projects are under implementation and therefore fund requirement has been increased many fold under capital creation. The Plan and Oversight Committee grant received from the Govt. of India is further allocated to Super Specialities Centres / Departments as per their projections / requirements.

2. PROPOSAL

The Institute is sanctioned budget under Plan and Oversight Committee heads every year by the Ministry which is further allocated to Super Specialities Centres/ Departments as per their projections/ requirements. The instant proposal is expenditure plan w.e.t. to Budget Estimates for the year 2016-17.

i) PLAN

The Projection of Budget Requirement for the financial year 2016-17 under Plan are as under:-

(Rs. in crores)

Head	Allocati on 2015-16	Provisional Expenditure / booking (2015-16) upto 26 th march 2016	Budget allocation by Ministry 2016-17 (BE)	Requirement (BE 2016-17)	Details available at
Grant-in-Aid Salaries	200.00	194.58	225.00	270.00	Ann. A
Grants-in-Aid General	190.00	180.28	200.00	250.00	Ann. B
Grant for Creation of Capital Assets	310.00	315.28*	575.00	1480.00	Ann. C
TOTAL	700.00	690.14	1000.00	2000.00	

* Rs.16.04 Crore will be utilized from balance of previous year.

Justification for Expenditure Plan (2016-17)

The total projection for year 2016-17 under Plan is Rs. 1950.00Crore duly approved by the 209th Standing Finance Committee vide Item No.7 which has been now revised to projection of Rs.2000.00Crore.

The increase in requirement in salary is due to scheduled implementation of 7th Pay Commission and other normal increase i.e. payment of annual increment, hike in rates of DA, Promotion/MACP of the employees etc.

The increase in requirement under GIA General Plan for 2016-17 is from spill over of the requirement of current financial year i.e. Computerization and Purchase of Books and other increase due to accessories /spare parts /development works and rates of CMC of the Machinery & Equipments etc.

The requirement under Creation of Capital Assets has been projected at Rs.1480.00 Crore as per the details given in the Annexure 'C'. Construction of National Cancer Institute at Jhajjar, OPD Block at Masjid Moth, Vertical Expansion of Trauma Centre, Burn Unit, Trauma Expansion etc. are included.

iii) OVERSIGHT COMMITTEE

There is sanctioned budget outlay of Rs. 750.14 Crore under Oversight Committee for AIIMS, New Delhi. The details of allocation and expenditure upto 2015-16 are given in Annexure-F. The requirement of 2016-17 is given below:

Head	Allocation 2015-16	Provisional Expenditure upto 26 th March, 2016	Requirement for 2016-17
Grants for creation of Capital Assets	31.00	42.48*	220.50
GIA General (Plan)	5.00	0.63	-

* includes Rs. 11.48 Crore of previous year balance.

Justification for Budget Estimate (2016-17):

The scheme-wise requirement for 2016-17 is enclosed at Annexure-D is enclosed for constructions of Centre for Mother & Child Health, Surgical Block and Hostel of Masjid Moth etc.

(i) Section 15 of the AIIMS Act 1956 narrates that the Central Govt. may under appropriation made by Parliament by law in this behalf pay to the Institute in each financial year such sums of money and in such manner as may be considered necessary by that Government for exercise of its powers and discharge of its functions under this Act.

(ii) Provision 6 of the notification dated 3.3.1958 in the AIIMS Act 1956 mentions that all financial matter pertaining to the Institute may be referred to the SFC for consideration.

REFERENCE OF ANY SIMILAR APPROVED PROPOSALS
 209th (Item No.SFC 209/7) SFC (AIIMS) held on 29.10.2015 has approved B.E. for 2016-17 vide extract No.F.4-4/2015-Genl. (SFC-209) dated 12th Nov, 2015 (copy enclosed).

5. INTERDEPARTMENTAL CONSULTATIONS
 Input has been received from concern Wings.

6. FINANCIAL IMPLICATION :

As per table Plan point 3 (i) & (ii) given above

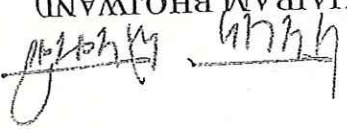
7. COMMENTS / OBSERVATIONS OF FINANCE DIVISION WITH DUE APPROVAL OF SR.F.A.

The proposal has been made by the Finance Division with the input from concerned wings.

8. APPROVAL SOUGHT

The Proposal of Budget expenditure Plan for the year 2016-17 under Plan and Oversight Committee is placed before the Standing Finance Committee for consideration and approval please.

9. This has the approval of Director, AIIMS.


 (JAIRAM BHOWANI)
 FINANCIAL ADVISOR

Trend of expenditure under Plan during the four years

Head	2012-13	2013-14	2014-15	2015-16 (provisional upto 26.3.16)
Grant-in-Aid Salaries	92.86	136.45	187.83	194.58
Grant-in-Aid General	116.38	145.48	174.81	180.28
Creation of Capital Assets	211.08	212.52	300.37	315.28
	420.32	494.45	663.01	690.14

(Rs. in crore)

GIA SALARIES (PLAN) - 2016-17

(Rs. in crore)

Existing salary	200
Oversight Committee	20
Total	220
Effect of 7th Pay Commission (25% of 220) & normal increase	55
Total	275

NOTE FOR THE STANDING FINANCE COMMITTEE

ITEM NO. SFC-211/3

Status of Civil Works

NOTE FOR STANDING FINANCE COMMITTEE, AIIMS

ENGINEERING SERVICES DEPARTMENT

F.No. Item No. Fc/211/3.

SUBJECT :- BRIEF NOTE ON STATUS OF PROJECTS AT AIIMS

BACKGROUND

• Various projects are in the active stage of construction whereas some are at advanced stage of award and planning. The projects are in two major schemes-

1. Projects under grant of EFC approval received for implementing the recommendations made by the oversight committee pursuant to which an CCEA approval of Rs 750 crore was sanctioned. Item is being taken up separately as an agenda item The components of the said sanctioned scheme was as below-

Proposal No.	FACILITY	Proposed Location
1	Augmentation Block-I for Pediatrics / Obstetrics & Gynecology	Masjid Moth Campus
2	Augmentation Block-II for Teaching resources.	East Ansari Nagar Campus
3	Augmentation Block-III for General Surgery	Masjid Moth Campus
4	Houses Type IV, V & VI at Ayurvigyan Nagar	To be taken up under Redevelopment head
5	Hostels & Dining Block at Masjid Moth Campus	Masjid Moth Campus.
6	Strengthening of Various Departments	East Ansari Nagar Campus

2. Projects under Plan head of the AIIMS as, have been in inception since Xith and XIIth five year plans

• A status report of the said projects is annexed herewith as Annexure I.

The same is put up to the SFC for kind information please.

SC
M. J. J.

STATUS OF OVERSIGHT COMMITTEE PROJECTS

CREATION OF CAPITAL ASSETS

Sl. No	Name of Projects	Floor/ Area	Status / Awarded Cost/	Parking	Agency	Date of start	Date of Completion	Expected date of Completion	Payment made till date	Physical Progress of work
1	Convergence Block	G+9+2 basements	Completed	Nil	M/s Nice Projects Pvt Ltd	30.07.13	1.11.13	15.10.20	Rs.62.03 Cr (Including consultancy)	Completed (Additional work as per requirement of different dept. Is in progress)
		Area-15730 Sqmt Basement -2900 Sqmt	Rs 60.00 crore.							
		Total 18618 Sqmt								
2	Hostel Block	G+10+2 basements	Awarded. All approvals received	128	M/s RBD, Realty and Infrastructure Ltd.,	2.04.12	1.12.13	One Block complete d February 2015.	Rs.54.04 Cr (Including consultancy)	50% completed. Balance work from 5 th floor to 10 th floor has been awarded)
		Area-8218 Sqmt Basement -4935Sqmt	Rs 72.84 crore.							
		Total 31161 Sqmt								
3	Dining Block	G+2 + 2 basements	Awarded. All approvals received	140	M/S Apex Constructi ons.	1.03.12	2.04.12	Oct-13	Rs.13.79 Cr (Including consultancy)	100% completed
		Area-2634Sqmt Basement - 5672 Sqmt								



		Total 8306 Sq Mts	Rs 12.0 crore	Thro' HSCC															
	Surgical Block	G+9 + 3 basements	Awarded. All approvals received.	M/S Apex Constructions.	Sep-13	Apr-15	May 2016	Rs.49.54 Cr (including consultancy)	Work in progress 70% completed										
4		Area-12437Sqmt Basement - 4404 Sqmt	Rs 50.18 crore	Thro' HSCC															
		Total 16841 Sqmt																	
5	Construction of Houses at A. V Nagar	G+11 (Type IV-264 houses) (Type V-44 houses) (Type VI- 44 houses.)	Plans submitted to MCD. Forwarded to DFS. Estimated cost Rs 430 crore approx.	Thro' CPWD				Rs.2.04 Cr (for consultancy)	Master Plan of A. V. Nagar and the Type designs are to be finally approved by SDMC. Tenders floated CPWD has been asked not to proceed further, inview of project is to be taken up under Redevelopment plan .										
		704																	
6	Mother & Child Block	G+8+3 Basements	Awarded. All approvals received	M/s Ahluwalia Contracts (India) Ltd.	11.05.15	10.05.17	10.05.17	Rs.37.48 Cr (including consultancy)	Work in progress. 17% completed										
		Area-39824 Sqmt Basement -15176 Sqmt	Awarded cost - Rs.204.44 crore																
		Total 55000 Sq Mts Approx.																	

STATUS OF AIIMS PROJECTS (PLAN)

CREATION OF CAPITAL ASSETS

Sl. No	Name of Projects	Floor/ Area	Status / Awarded Cost	Parking	Agency	Date of start	Date of Completion	Expected date of Completion	Payment made till date	Physical Progress of work.
1	Covering of of Nallha Phase-1	Covering of 600 mtrs of Nallah from South Ex to Dental college	Approval received from MCD		M/s Rama Constructi on Co.	Mar-05	Mar-07	Oct-08	22.50 Crore (Incl. allied work taken up as per site requirement)	Completed
2	Construction of Out reach OPD at Jhajjar				M/s Kumar Infrotech & Constructi on Pvt. Ltd.	Jul-12	Oct-12	24.11.12	12.50 Crore (Incl. Consultancy)	Completed
3	Construction of 8 NOs of lifts for Ward Block	Work had been got done on deposit basis	All approvals are in place		CPWD	Mar-05	Mar-07	Mar-10	4.40 Crore (Incl. Consultancy)	Completed
4	Construction of U.G. Multilevel car Parking	Three level 450 car parking Area 23,129.00 Sqmtr	Final completion received from NDMC and inaugurated	450 cars	M/s V3S Infrotech Ltd	1.11.11	31.10.12	30.10.12	61.49 Cr. (Incl. Consultancy)	Completed
5	Out Reach OPD at Badsha Jhajjar	Single storied building of 4500 Sqmtr	Awarded cost 9.50 Cr. Revised cost after deviation Rs.12.00 Cr	50 cars	M/s Kumar Infrotech & Constructi on Pvt. Ltd.			Nov-12	Rs 14.57 Cr (Incl. Consultancy)	Completed

6	Renovation of RAK OPD	Single storied building developing of sample Collection centre and EHS facility	Awarded cost 15.84 Cr. Revised cost after deviation Rs.19.76 Cr		M/s Nice Projects Pvt. Ltd.	2009	2010	2010	19.76 Crore (Incl. Consultancy)	Completed
						Jun-11	May 2012.	August 2013.	Rs.29.50 Cr (Incl. allied works as per site requirement)	
7	Covering of Nallah Ph-II	Pier and slab structure	Awarded. Approval of MCD obtained for the covering. For Rs 24.50 crore	350 cars	M/S Rama Constr. Pvt Ltd. Thro' CPWD Project Consultants	Jun-11	May 2012.	August 2013.	Rs.29.50 Cr (Incl. allied works as per site requirement)	Completed main work, ancillary work are in progress, Cost increased due to shifting of services, deposits made to MCD & BSES etc.,
8	Tunnel Link between AIMMS & JPNTC	Cut and cover method and partially on surface.	Awarded. Rs 38.89 crore	Nil	M/S Yalacha Constructi ons. Thro' DMRC	Nov. 2011	Oct-12	July 2015.	Rs.39.15 Cr (including consultancy)	100% completed Only connection of road from Sadarjung Hospital to Trauma Centre is to be done on surface connecting factory road. Likely to be completed by May 2016.
9	Renovation of CT-2 in CNC		Awarded cost 4.00 Cr. Total Project cost Rs.9.00 Cr	---	M/s Kumar Infrotech & Constructi on Pvt. Ltd.	8.05.13	7.09.13	Dec-14	Rs.6.15 crore (Including consultancy)	100% completed & operational

10	Private Ward (Revised proposal)	G+9+3 Basement	All approval received		M/s Era Infra Engg Ltd.	19.01.15	18.01.17	18.01.17	Rs.10.17 crore (including consultancy)	Contract terminated, Under retender stage .
		Area-1334 Sqmt Basement -5059 Total 18403 Sq Mts	Rs.92.04 crore.	180 cars						
11	OPD At Masjid Moth	G+8+3 basements Area 35255.0 Sqmt Basement Total 93351.62 Sqmt	Approval of DUAC granted. Final Plans approved by DFS & NDMC. Rs.293.57 Cr.crore	958 cars	M/s Ahlwalia Contracts (India) Ltd.	11.05.15	10.05.17	10.05.17	Rs.68.97 Cr for (Incl. consultancy)	Work is in progress. 25% completed
		Trauma Expansion	G+7	Approval of DFS obtained. Approval of DUAC granted. Final Plans approved by NDMC.	M/s Kumar Infra Tech & Constructi on Pvt. Ltd.	06.06.14	5 th Jan 2016	Aug 2016	Rs.16.68 Cr including consultancy	Work awarded and 65 % of work completed.
12		Area-7000 Sqmt	Agmt amount - Rs.28.48 crore							

13	Dharamshala At Trauma Centre	LG+G+9 floors 288 beds in dormitory, 90 family suites and 4 multipurpose halls.	Approval of DFS obtained. Approval of DUAC granted. Final Plans approved by NDMC.	--	M/s Kumar InfraTech & Constructi on Pvt. Ltd.	04.08.14	March 2016	Aug 2016	Rs 20.98 crore including consultancy	Work in progress, 65 % (Under CSR Head sponsored project by Power Grid Corporation for Rs 29.0 crore.)
		Area- 8504 Sqmts	Rs.23.46 crore							
14	Cafeteria	B+G+2	Approval of DUAC granted. Final approved received from NDMC.	--	M/s Lakshmi Builders	17.02.15	16.05.16	16.05.16	Rs.2.54 Cr.	Work is in progress 50% structure completed.
			Rs -10.49 Cr							
15	Construction of OPD, Hostel and Flats at Ballabgarh	G+1 Floor	All approval are in place		M/s S.S. Total Constructi on India Pvt.Ltd	08.03.20 14	07.03.201 5	Jun-16	21.92 Crore	Work Substantially completed
16	Face uplifting of gate No.1 and to improve façade of AIIMS.		Est. Cost Rs.4.00 crore		M/s The Creators	12.01.15	11.07.15	11.07.16	Rs 1.50 crore	Under Progress

17	National Cancer Institute at Jhajjar Haryana (AIIMS-II)	G+7 (Hosp. Area 1,42,900 Sqm approx.) G + 10 (Resd. Area 1,06,150 Sqmt)	All approvals received EFC approved for Rs.2035.00 crore	710 beds	M/s Shapoorji Pallonji	16.12.15	March 2018	March 2018	Rs 60.00 crore	Work awarded for Hospital package for Rs.505.58Cr. to L1 bidder and is under progress 10% completed
	Residential Package		Item is being taken up separately as an agenda item for award in this SFC							L1 bidder is M/s Ahluwalia Contracts (India) Ltd. at its quoted amount is Rs. 312,99,58,385.75 Item is being taken up separately for award of work.
18	Additional Hostel No. 4	G+10+2 basement.	Final approval received from NDMC on 19.10.14	Est. Cost Rs. 25.00 crore						Tenders reinvited, financial bids opened and are being taken separately in SFC for award of work.

19	Geriatrics Block		Final approval received from NDMC on 19.10.14							Approval received in last SFC, tender preparation is under process .
20	Emergency cum diagnostic block	G+10	DUAC approval received 23 rd January 2015. (Est, cost Engg. 565.00 Cr.)							NDMC approval underway. Detailed project report under preparation. Item is being taken up separately as Agenda item in this SFC



Allocation of work for Residential Block of
National Cancer Institute at AIIMS Jhajjar
Campus

ITEM NO. SFC-211/4

NOTE FOR THE STANDING FINANCE COMMITTEE

NOTE FOR GOVERNING BODY ON

Item No GB/

SUBJECT :- CONSTRUCTION OF RESIDENTIAL COMPLEX FOR NATIONAL CANCER INSTITUTE INCLUDING ASSOCIATED SERVICES AND OPERATION & MAINTENANCE DURING DEFECT LIABILITY PERIOD AT BADSHA JHAJJAR, HARYANA" (4th CALL)

1. INTRODUCTION

The proposal for setting up of a National Cancer Institute at Jhajjar Campus of AIIMS was discussed in the 198th meeting of the Standing Finance Committee of AIIMS for appointment of HSCC as project consultants. The same was ratified in the 146th meeting of the Governing Body. A Detailed Project Report of the proposal was made by the project consultants, HSCC for Rs 2018 crore. The EFC proposal was approved in EFC meeting held on 7th November 2013 for an amended cost of Rs 2035.00 crore. The same was further approved by the Cabinet Committee in its meeting held on 26.12.13. All the statutory approval are in place to takeoff the project including EIA clearance.

1.1.1 Further item has been placed in 206th SFC, and minutes of the said meeting were further ratified in GB held on 13th April 2015 as an update to the member giving detail of status and progress of the project.

1.1.2 The total civil works are proposed to be taken up in packages as below-

S.No	Name of Head	Total Amount (In Indian Rupees)
Package- I		
	Institutional	4,622,228,554.31
Package- II		
1	External Electrical Works	756,736,831.00
Package- III		
1	Specialized Services Works	466,909,439.50
Package- IV		
1	I.T. Works	298,022,437.00
Package- V		
1	LIFT Works	148,264,000.00

Total for all Packages(Hospital) (with out VAT & B.Cess)		6,292,161,261.81
Package- VI		
1	Residential Package	278,62,21,355.31
	Grand Total	907,83,82,617

- 1.1.3 The present proposal is for package VI which has been tendered and the bids outcome is put up for consideration and approval.
- 1.1.4 The proposal comprises of provision to construct 372 dwelling units of various types of housing. Also there is proposal for construction of 600 units of hostel accommodation.

2. PROPOSAL

Tenders for the said Proposal has been invited by Project Consultant, Hospital Services Consultancy Corporation (HSCC) for an Estimated cost of Rs.285.07 Crore. In response to press notice two firms have participated. Both firms were found qualified in technical evaluation. Financial bids of two firms have been opened & the quoted rates of the firms are as below :-

1/2 M/s Shapoorji Pallonji & Co. Pvt. Ltd. Rs. 338,94,16,843.33 @18.90% above the Est. cost

2/2 M/s Ahluwalia Contracts (India) Ltd. Rs.312,99,58,385.75 @9.79% above the Est. cost

L1 bidder is M/s Ahluwalia Contracts (India) Ltd. at its quoted amount is Rs. 312,99,58,385.75 (Rupees Three Hundred Twelve Cores Ninety Nine Lac Fifty Eight Thousand Three Hundred Eighty Five and Seventy Five Paise Only) , against the Estimated cost of Rs.285.07 Crore.

3. ADMINISTRATIVE COMMENTS

Justified amount has been worked out by HSCC as per DSR 2014 and considering market rates which works out to ₹291,25,95,280.41 further adding taxes 1% Cess & 2% VAT amount work out to ₹299,99,73,138.82. Thus the quoted rates workout to 4.33% above the Justified Cost.

HSCC, our project consultant has recommended for approval to award the work to M/s Ahluwalia Contracts (India) Ltd. on their quoted amount of Rs. 312,99,58,385.75 i.e., @4.33% above the justified cost.

As per CPWD manual clause No.20.4.3.2 under head "Acceptance of Tenders at justified rates with allowable variation" variation upto 5% over justified rates may be ignored.

4. **WHETHER PROPOSAL HAS THE APPROVAL OF CONCERNED COMMITTEE VI. ESTATE COMMITTEE/ ACADEMIC COMMITTEE/ SFC ETC.**

Proposal has been approved in the 21th SFC held on 7th & 19th April 2016, vide Agenda item No.4.

5. **APPROVAL SOUGHT**

Approval is sought for award of work of Construction National Cancer Institute at Jhajjar at cost of Rs. 312,99,58,385.75 (Rupees Three Hundred Twelve Cores Ninety Nine Lac Fifty Eight Thousand Three Hundred Eighty Five and Seventy Five Paise Only) to M/s Ahluwalia Contracts (India) Ltd. L-I bidder.

9. This has the approval of Director.

(Er.M.Rastogi)
Superintending Engineer

NOTE FOR THE STANDING FINANCE COMMITTEE

ITEM NO. SFC-211/5

Allocation of work for setting up of Burns and
Plastic Surgery Unit at AIIMS.

NOTE FOR GOVERNING BODY ON

Item No GB./

SUBJECT- TO CONSIDER THE PROPOSAL FOR AWARD OF WORK OF
SETTING UP OF BURNS & PLASTIC SURGERY BLOCK AT
JPNATC, AIIMS, NEW DELHI

1. INTRODUCTION

1.1 The Standing Finance Committee of the Institute in its 206th meeting held on 05.03.2015 considered the agenda for setting up of a Burns & Plastic Surgery Unit in JPNATC, AIIMS and decided the followings:

- i. A Burns and Plastic Surgery Unit may be set up at JPNATC, AIIMS utilizing the common facility at Trauma Centre and may be physically connected with Trauma Centre;
- ii. The Institute's proposal of 60 bed Burns & Plastic Surgery Unit at a cost of Rs.185.11 crore was approved (non-recurring cost of Rs.142.38 crores and recurring cost of Rs.42.73 crores annually);
- iii. Further, 30 percent of the bed capacity of the ward may be reserved for ICU beds.
- iv. A future expansion of the Burns and Plastic Surgery unit with additional 40 beds may be planned and cost of the proposal submitted separately.

1.2 The decision of the SFC was ratified by the Governing Body in its meeting held on 13th April 2015.

1.3 In the 207th meeting of the SFC the proposal for the 100 bedded facility was approved for Rs 241.10 crores having 70 General and 30 ICU beds.

1.3 Accordingly a proposal was prepared and put up before the SFC of the Ministry of Health & Family Welfare in its meeting held on 13th August 2015. The same was approved for Rs 247.85 crore (considering the cost of the Manpower for the total duration of the project). The split up of the said approved cost was- Building cost- Rs 128.2 crores, Medical equipment- Rs 58.70 crores, Manpower - Rs 45.91 crores, Consumable -Rs 15.5 crores.

1.4 Accordingly HSCC had been asked to call the tender for the same.

2. PROPOSAL

Tenders for the said Proposal (Engineering works except air-conditioning, manifold, furniture & IT component) had been invited by Project Consultant, Hospital Services Consultancy Corporation (HSCC). The technical bids were opened on 27.11.15. In response to press notice two(02) firms had been found as qualified prospective bidders.

With due approval of competent authority on the recommendation of HSCC who had done the technical parameter scrutiny, the approval had been conveyed for opening of the financial bids of the two firms listed below:

1. M/s Swadeshi Civil Infrastructure Pvt Limited.
2. M/s NKG Infrastructure Limited.

Financial bids of two firms have been opened on 28.12.15 & the quoted rates of the firms are as below :-

Sr. No.	Name of bidder	Total Quoted Amount by bidders (in Rs.)	Percentage (%) above/ below from estimate cost put to tender	Status
1.	M/s Swadeshi Civil Infrastructure Pvt. Ltd.	82,88,03,908.00	7.42% below	L-1
2.	M/s NKG Infrastructure Limited	94,68,38,905.00	5.76% Above	L-2

2.2 HSCC, the project consultants had submitted their recommendations, a gist of the same is attached. (Bid documents & Comparative statement as mentioned in the letter of HSCC, are placed on the table for ready reference). From the above, it may be seen that M/s Swadeshi Civil Infrastructure Pvt. Ltd., is the lowest evaluated bidder (L-1) with quoted Amount of Rs.82,88,03,908.00 (Rupees Eighty Two Crores, Eighty Eight Lacs, Three Thousand, Nine Hundred & Eight Only).

3. ADMINISTRATIVE COMMENTS

3.1 This is the second call of bids as in the first call single responsive tender was received and the bids were recalled.

3.2 The estimated cost put to the tender was Rs.89,52,46,531.53 (Say Rs.89.52 Cr.) which was worked out considering based on rates from DSR 2014 plus Market rate for Non Scheduled Items. The amount quoted by M/s Swadeshi Civil Infrastructure Pvt. Ltd., is 7.42% below the estimated cost put to the tender.

3.2 Market rate justification was prepared. The justified amount based on market rates works out to Rs.86,94,57,817.93. Further, as per CPWD works manual clause 20.4.3.1 under justification of tender, the effects of following taxes is to be added:

- (i) Building and other construction workers cess @ 1%
- (ii) VAT on works contract tax @ 2%

3.3 Accordingly, the justified cost inclusive of building and other construction workers cess @ 1% and VAT on works contract tax @ 2% works out to Rs.89,55,41,552.47. The amount quoted by M/s Swadeshi Civil Infrastructure Pvt. Ltd., the L-1 (Lowest evaluated) bidder, is 7.45% below the justified cost.

3.4 As per CPWD works manual clause 20.4.3.2 under "Acceptance of tenders at justified rates with allowable variations" states as below:-

"Variation upto 5% over the justified rates may be ignored. Variation up to 10% may be allowed for peculiar situation and in special circumstances and reasons for doing so shall be placed on record. Tenders above this limit should not be accepted."

3.5 The rates of the lowest bidder are competitive and reasonable.

4. **WHETHER PROPOSAL HAS THE APPROVAL OF CONCERNED COMMITTEE VI. ESTATE COMMITTEE/ ACADEMIC COMMITTEE/ SFC ETC.**

Proposal has been approved in the 210th SFC, held on 07th & 19th April 2016, vide item No.5.

5. **APPROVAL SOUGHT**

The proposal had been approved on file by the President AIIIMS, in anticipation of subsequent approval of the Governing Body. Hence Post facto approval is solicited, for-

5.1 Award of work for Construction of Burns & Plastic Surgery Unit to M/s Swadeshi Civil Infrastructure Pvt. Ltd., the Lowest (L-1) bidder, on their quoted amount of Rs.82,88,03,908.00 (Rupees Eighty Two Crores, Eighty Eight Lacs, Three Thousand Nine Hundred & Eight Only).

9. This has the approval of Director.

(Er.M.Rastogi)
Superintending Engineer

Proposal for construction of New Emergency
and Diagnostic Block at Masjid Moth

ITEM NO. SFC-211/6

NOTE FOR THE STANDING FINANCE COMMITTEE

SUBJECT: NOTE FOR STANDING FINANCE COMMITTEE FOR THE
UPCOMING EMERGENCY AND DIAGNOSTIC BLOCK AT MASJID
MOTH,AIMS

Approval of SFC is being sought for setting up a Diagnostic and Emergency Block
in AIMS at a cost of Rs.1000.16Crores

In consonance with the disparate functional and operational requirements for
Emergency (A) and Diagnostic (B) services the under mentioned heads have been
separated, however the projected total cost has been integrated for sanctioning
purposes.

1. INTRODUCTION:

A.EMERGENCY BLOCK:

Emergency services are the shop window of the Hospital. The present emergency at AIMS
straddles the dual problem of not being a part of the initial design and catering to the
exponentially increasing multitude of patients visiting the Emergency at AIMS for treatment of
emergent conditions. Over the past 5 years, the number of patients attending the emergency has
increased by nearly 25%. The current attendance in the emergency is to the tune of 1.4 lakhs an
year. Currently amongst all the patients who are advised admission from the emergency, only 10
% of such cases are admitted and this is primarily due to lack of beds as the department at
present has just 80 admitting beds. It is therefore envisaged that an independent Emergency Block
is required where all types of emergency care could be provided to acutely sick patients in the
form of inpatient care till their final disposition. In the current emergency due to paucity of space
it is not possible to do proper triage and also there is no space to cater to the needs of the Green
category patients which constitute nearly 70-80% of the patients attending the emergency. In the
future, going by the previous trends, the Emergency block is likely to cater to more than 2,00,000
patients per year with more than 100 patients requiring admission every day with a sustainability
for the next 25 years.

B. DIAGNOSTIC BLOCK:

Management of patients has changed over the years and with advances in medical science. There is need for accurate and quick diagnosis before starting treatment. AIIMS possess the ability, competence and expertise to provide majority of these services, many of which are not available in other institutes across the length and breadth of the country but owing to paucity of space at present it is not able to provide them. Due to the large number of patients visiting AIIMS daily with the hope of getting best and speedy cure, the waiting time for any radiological and laboratory tests ranging from 3 months-1 year. In addition with the coming up of a new OPD block and Emergency block at Masjid Moh, requirement of diagnostic facilities becomes even more pronounced to cater to not only the additional load of patients visiting these new centers but also to help reduce the waiting times to zero in the future. Currently, as these facilities are distributed all over the Main Hospital and the adjoining Centres, patients have to undergo a lot of hassle and subsequently waste a lot of time in search of these facilities, which becomes a source of dissatisfaction for the patient visiting the Institute. Thus diagnosis involving both radiological and laboratory is the backbone of any modern health care institution.

2. PROPOSAL:

A. EMERGENCY BLOCK:

To establish a World-class Block of Excellence for Emergency and Acute Care which will:

1. Provide world-class comprehensive and integrated emergency and acute medical care to patients requiring admission.
2. Provide quality teaching, training and serve as a platform for research for postgraduates, nurses and paramedics of all clinical and paraclinical departments with focus on emergency and acute care.
3. This will be a conjoined structure along with the Diagnostic block (the super structure an L shaped building) with independent access for both blocks.
4. The proposed area of the Emergency block will be 81950 sq. Mtrs. (superstructure area 51130 sqm Basement Area of 30820 sqm)
5. The block is a Ground + 8 storied block which will be dedicated exclusively to Emergency care
6. The Emergency block has been envisaged to have a bed capacity of 450 beds of which 215 beds will be utilised for providing initial care in the Emergency department and the

remaining 235 beds will be earmarked for indoor care. These beds will also include the

dedicated beds for any disaster.

7. Proposed block shall be sustainable for next 20 years

8. The proposed Block will have 2 main areas:

a. Emergency areas : where acutely ill patients will be received and managed

The proposed emergency area will have

- 80 bedded green area

- 55 bedded main emergency area

- 120 bedded HDU

- 40 bedded ICU

- The emergency area will have facilities for emergency diagnostics such as

- Point of care lab

- Digital X-ray facility

- CT scan

- MRI

- In addition, the emergency will also have a separate gynecological room

- VIP Rooms

b. In-patient ward areas : where patients who are received in the emergency and need in-patient care are admitted. The inpatient areas will have the following facilities:

- 185 bedded patient care wards all of these shall be High Dependency Units

- 50 bedded ICU

- Endoscopy lab

- Dialysis area

- Neurointervention labs

- Cardiac Catheterization lab

- 4 fully functional modular Operation Theatres operational 24x7

- 12 Isolation rooms for patients with infectious diseases or those prone to infections.

9. The space distribution of the Emergency Block is as follows:

FIRST BASEMENT

- Store rooms: 5 in number

- One Grieving/ counseling room
- One Sluice room:
- ultrasound room.
- Radiology: Facilities for two digital X-ray machines with a console room and one
- One point of care laboratory:
- Five Duty rooms with changing room facility
- One Minor OT
- Two Gynecology patients: 2 rooms (with one common toilet)
- In the yellow area: Adult: 30 beds & Pediatrics: 15 beds
- In the Red area: Adult: 25 beds (ICU beds) & Pediatrics: 10 beds (ICU beds)
- Triage and fast-track area
- Decontamination room with separate area to change along with PPE storage area
- Social worker room: 2
- One Police control room
- Registration counter: 2 in number with sitting capacity of 2 for each
- Trolley / wheel chair bay with capacity of 100 trolleys
- Ambulance Bay

GROUND FLOOR

- Existing mortuary needs to be augmented area
- Telephone exchange: To be included in the Support Services block for augmentation
- Blood bank
- Laundry
- Kitchen
- Support services:*
- Driver's room: 2
- Security/ Fire Control room: 1
- Housekeeping room for storage: 2
- Sanitation officer room
- Plaster room
- CT scanner: One



- Lift bank (one bank has 2 lifts)

FIRST FLOOR: FOR GREEN TRIAGE ADULT PATIENTS (including

pediatric)

- Eighty beds
- Six Isolation rooms (only for observation with ante room and toilet)
- One Prayer room
- 14 Duty rooms along with the changing room
- Sluice room
- Two VIP room: 2 in number

SECOND FLOOR: RED (ICU)/YELLOW (HDU) BEDS (OBSERVATION)

- For red-category patients (should be ICU type beds): Adult : 30 beds & Pediatrics: 10 beds
- For yellow category 10 beds for Pediatric patients & 30 beds for Adults patients:

• Four bedded Isolation

• Medical Record dept: 2 rooms

• Three engineering control rooms

• One IT control room

• One control room for the Duty Officer (with toilet)

THIRD, FOURTH AND FIFTH FLOORS

- Rest of the third, fourth and fifth floors will have 80 HDU beds on each floor for admission
- 15 beds for EHS patients
- 10 Duty rooms
- One PPE area
- One Store
- One Sluice room

SIXTH FLOOR

- 50 bedded ICU
- Three Isolation rooms

SEVENTH FLOOR

- Four fully functional modular Operation Theatre
- One Neurointervention laboratory
- One Cardiac Cath Lab
- One Endoscopy Suite

9. A plethora of patient care equipments ranging from ICU beds, ventilators, bronchoscopes to ambulances are required in the proposed emergency block. (Details of the same are given in Annexure:IIA)

10. A team of medical and non manpower is required to ensure smooth functioning of the block. (Details of the same are given in Annexure: I A)

B. DIAGNOSTIC BLOCK:

To develop "State of art Diagnostic Center" in the country which will

1. Provide comprehensive diagnostic laboratory and radiological facilities under one roof .
2. Will have a centralized Laboratory Information System: All activities starting from collection of specimens for all investigations to dispatch of reports will be through LIS .
3. Provide quality teaching , training and serve as a platform for research for postgraduates, nurses and paramedics of all clinical and paraclinical departments with focus on emergency and acute care.
4. This will be a conjoined structure along with the Emergency block (the super structure an L shaped building) with independent access for both blocks .
5. The diagnostic block will have 9 departments dedicated to diagnostic and research.
6. It will have dedicated research wings including animal and molecular facilities.
7. The proposed area of the Diagnostic block will be 11435 sq. mtrs.
8. The block is a Ground + 9 storied block which will be dedicated exclusively to Diagnostic services.



9. Each floor area of 1600 sq. mts each interconnected with a state of the art Pneumatic shoot system.

10. The proposed block will house the following departments:

S.No	Department	Space demanded	Space allotted
1.	Microbiology	1190 sq. ft./1120.56sq.mts.	400 Sq.mts
2.	Pathology	1190 sq. ft./1120.56sq.mts.	400 sq.mts
3.	Radio diagnosis	3355 sq.mts / 35898.5 sq. Ft.	2380 sq.mts
4.	Laboratory Medicine	47960 sq. ft./4482.24sq.mts	2800 sq.mts
5.	Hematology	1620 sq. mt./17334 sq. ft.	1000 sq.mts
6.	Cardioradiology	6300 sq. Ft/ 588.78 sq. mt.	750 sq.mts.
7.	Endocrinology	14000 sq. ft./1308.41 sq. mt.	400 sq.mts
8.	Nuclear Medicine	4540 sq. ft./424.29 sq. mt.	475 sq.mts
9.	Neuroradiology	1600 sqmt. / 6452.1 sq. ft.	1230 sq.mts.
10.	Administrative areas	21000 sq.ft./1962.59sq.mts.	1400 sq.mts
11.	Common Facility	-	200 sq.mts

11. Space distribution in the proposed diagnostic block is as follows:

S.No.	Floor	Designated to
1.	Basement	Administrative area (400 sq.mts) + Nuclear Medicine (75 sq.mts.) + Stores (800 sq.mts.) + Quality Cell (300 sq.mts) +Cardioradiology (150 sq.mt) + Radiodiagnosis (Only MRI) (480 sq. mts) + Neuroradiology (230 sqmt.)
2.	Ground Floor	Reception and Waiting area
3.	First Floor	Neuroradiology (1000 sq.mts.)
4.	Second Floor	Cardioradiology (600 sq. mts) + Nuclear Medicine (400 sq.mts.)
5.	Third Floor	Radiodiagnosis
6.	Fourth Floor	Radiodiagnosis (600 sq.mts) + Endocrinology (400 sq.mts)
7.	Fifth floor	Hematology
8.	Sixth and Seventh Floor	Laboratory Medicine





9.	Eighth Floor	Laboratory Medicine (800 sq.mts) + Administrative areas (200 sq. mts.)
10.	Ninth Floor	Pathology (400 sq. mts) + Microbiology (400 sq. mts) + Common Facility (200 sq. mts.) (As Pathology and Microbiology have been given individual floors in the convergence block)

12. A bouquet of diagnostic equipments are required by individual departments (Details of the same are given in Annexure: IIB): Some salient equipments required by the various departments are

- Department of Radiodiagnosis (~117 crores) :
 - Seven Digital X-Ray
 - Two MRI3.0 T
 - Three CT Scan
 - One Digital Subtraction Angiography
 - Ten High end ultrasound machines
 - One C-Arm
- Department of Nuclear Medicine (~19.6 Crores):
 - One PET
 - One SPECT
- Department of Endocrinology (~11 Crores):
 - Eight Autoanalyzers
 - One HPLC-MS/MS
- Department of Microbiology (~4.2 Crores):
 - One Automated blood culture system for bacteriology (BACTEC)
 - One Automated culture system for TB(MGIT)
 - One Automated ID and AST system (VITEK-2)
- Department of Pathology (~4.21 Crores):
 - One Real time PCR
 - Microscopes
- Department of Hematology (~6.89 Crores):
 - Two ELISA readers

A. EMERGENCY BLOCK: Over the past five years, the number of patients attending the existing Emergency Services at the Institute has been consistently above one lakh. This data is after the start of Trauma Center. Clearly, the number of patients attending the Emergency of AIIMS has been increasing every year and the increase is about 30% over 5 years with a 10%

3. JUSTIFICATION

(Details of the same are given in Annexure: I B)

13. A team of medical and non manpower is required to ensure smooth functioning of the block.

- One Circular Dichroism Spectrophotometry
- One GC-MS (Gas Chromatography)
- One LC-MS (Liquid Chromatography & Mass Spectrometry)
- One Optical nano sensor molecular mapping equipment
- One Multidimensional Live cell image analyzer
- One Nano Pro Western
- One Microarray
- One Auto MACS pro system
- Two Platform for Pre-analytical automation
- Four Blood Cell Counter with 5-part differential count with automated stainer
- Four Clinical Chemistry analyzer with ISE module
- Department of Lab Medicine (~ 52.4 Crores):
 - One CT Scan
 - Two MRI 3.0 T
 - Two Biplane Digital Subtraction Angiography with 3D Angiography
- Department of Cardio radiology (~ 72 Crores):
 - One CT Scan
 - Two MRI 3.0 T
 - Two Biplane Digital Subtraction Angiography with 3D Angiography
- Department of Neuroradiology (~ 52.8 Crores):
 - Autoclaves
 - Centrifuge
 - One Platelet aggregometer: whole blood prp
 - Three Gel Doc systems

increase every year as is indicated from the fact that where 1,04,084 patients visited the Emergency department in 2010, in 2014 the number increased to 1,38,456. This is bound to increase every year that will put further pressure on the already overburdened Emergency.

In addition, it is a known fact that the number of seriously ill patients who require intensive resuscitation and monitoring have been increasing. This is due to the fact that several hospitals are referring serious patients to AIIMS due to lack of expertise with them. On an average, about 450 patient visit the Emergency department daily of which nearly 100 patients are advised admissions but only 20 patients are admitted everyday from the Emergency while about 80 patients are referred to other hospitals due to lack of beds at AIIMS. The average stay of patients reporting to the emergency after admission is 10.8 days. Thus, the 80 available admitting beds with the department area grossly insufficient to cater to the patient load attending the Emergency Department.

The Emergency department of AIIMS caters to patients belonging to several super specialties who require specialized treatment. These include Neurosurgery, Cardiothoracic surgery, Cardiology, Neurology, Nephrology, Hematology, Gastroenterology, GI Surgery, Oncology and several others. These patients cannot be referred to other public hospitals as most of those hospital lack facilities for treating these patients. In fact, admissions to these super specialties constitute more than 50% of admission through the Emergency department. In addition to super specialties, the emergency department also caters to seriously ill patients who require urgent treatment under specialties like Medicine, Surgery and Pediatrics. Due to lack of space in the existing emergency department, treatment is carried out in the corridor and gallery of the department which is not desirable. Unfortunately, due to non-availability of beds in various specialties and super specialties, more than 50-60 patients are referred to other hospitals everyday despite the fact that specialized treatment facilities are not available in most of those hospitals. Therefore, there is utmost urgency in having a separate emergency block where timely emergency intervention can be done to save life of patients.

The current infrastructure and human resources are inadequate to provide the quality of care that is expected of AIIMS. Less than a third of patients who need to be admitted from the emergency are actually admitted at AIIMS; the rest have to be shifted to other hospitals compromising their

4. REFERENCE OF ANY SIMILAR APPROVED PROPOSALS, if applicable (also attach

witness an increase in a corresponding linear pattern. the workload in the Institute as is projected in Figure 1, the number of diagnostic tests will also dependent on diagnostic facilities to decide the therapeutic plan for the patient. With increase in This fact can further be endorsed from the fact that medical sciences has become increasingly be housed under one roof as will thus be patient friendly.

for longer periods the centre is needed. Moreover in this facility all the diagnostic services will services to all the OPD and emergency patients on a real time without having the patient to wait that shall increase as a result of the upcoming additional 1500 indoor beds as well as to provide Thus in order to cater to the workload generated by the current indoor patients and the workload bedded Emergency block which is expected to have a foot fall of at least 1000 patients/ day.

digestive services block, etc. and the patients visiting and being admitted in the upcoming 600 Patient Department daily, indoor patients of the upcoming surgical, mother and child, geriatric, Diagnostic Block is envisaged to cater to the approximate 10,000 patients visiting the Out currently waiting times for any diagnostic test ranges from 3 months to 1 year. A stand alone patients as a result 80 - 90% of OPD patients are found to get investigations from outside as moreover the current capacity is highly inadequate and is barely enough to cater to the indoor B. DIAGNOSTIC BLOCK: At present the diagnostic services are scattered in various areas and

patients are managed in the most efficient way. justified that an Emergency Block is sanctioned at the earliest so that needy and seriously ill reducing waiting period of OPD patients requiring admission in the main hospital. It is therefore, as to provide holistic emergency and acute medical care under one roof. This will also help in (including those referred from other hospitals) and also admit most of the deserving patients so functionality. The proposed Block will cater to ever-increasing number of seriously ill patients and It is the need of the hour to develop a new Block with better infrastructure and

have been specifically referred to AIIMS. from the Emergency curtails the admission of patients from the outpatient, including those that adversely affect the functionality. This tremendous pressure for admitting acutely ill patients care. Inadequate ward beds for patients needing admission is leading to major problems and also

a copy of that approved proposal): Nil

S.INTERDEPARTMENTAL CONSULTATIONS

A.EMERGENCY BLOCK

The proposed centre will have support of the following departments:

- | | |
|---------------------------|---|
| a) Emergency Medicine | k) Hospital Administration |
| b) Medicine | l) Nephrology |
| c) General Surgery | m) Obstetrics and Gynecology |
| d) Cardiology | n) Orthopedics |
| e) Cardiothoracic Surgery | o) Pediatrics Medicine |
| f) Neurology | p) Pediatrics Surgery |
| g) Neurosurgery | q) Pulmonary Medicine |
| h) Urology | r) Other clinical specialties such as |
| i) Oncology | ENT, Ophthalmology, Psychiatry and |
| j) Forensic Medicine | specific Super-specialties will provide |

cross-consultations.

B.DIAGNOSTIC BLOCK

The proposed centre will have the following departments:

- | | |
|-------------------|---------------------|
| a) Microbiology | f) Hematology |
| b) Radiodiagnosis | g) Cardioradiology |
| c) Lab Medicine | h) Endocrinology |
| d) Neurodiology | i) Nuclear Medicine |
| e) Pathology | j) Common facility |

9. FINANCIAL IMPLICATIONS (BREAKUP WISE DETAILS) ALONG WITH AVAILABILITY OF BUDGET (PLAN/NON-PLAN)

S.No	Parameter	Proposed Cost	Proposed Cost for	Total Proposed
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Dr. Praveen Aggarwal

Prof. Renu Saxena

All India Institute of Medical Sciences

Medical Superintendent

Dr. D.K. Sharma

8. APPROVAL SOUGHT

9. This has the approval of Director

revised from Rs.1519.25 to Rs.1000.16 Crores.

Note: Post approval from the Finance Division the estimated cost of the block has been

competent bodies".

"The proposal has been examined in view of the justification provided by the user department in respect of rapid increase in load of patient as well as resources remained static over the past years, Finance division concurs in the proposal of sanction and facilitate creation of Emergency and Diagnostic block with required manpower, infrastructure and Machinery & Equipments with estimated cost of Rs.1519.25 Crore (including construction cost, Machinery and Equipment cost and recurring cost on manpower). Budget will be provided after approval of the proposal by the

SR. F.A.:
7. COMMENTS/OBSERVATIONS OF FINANCE DIVISION WITH DUE APPROVAL OF

Cost	for Emergency Block	Diagnostic Block		
1.	Medical & Non Medical	1217737824	480482752	1698220576
	Manpower			
2.	Equipment	1190197500	1471192200	2646389700
3.	Infrastructural cost	4657000000	1000000000	5657000000
	Total:	7049935324	2951674952	10001610276



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Dr.D.K. Sharma

Medical Superintendent

All India Institute of Medical Sciences

Dr. Rennu Saxena

Prof. Rennu Saxena

Head

Department of Haematology

Dr. Kanika Jain

Dr. Kanika Jain

Senior Resident

Department of Hospital Administration

Dr. Praveen Aggarwal

Head

Department of Emergency Medicine

Dr. Amit Lathwal

Dr. Amit Lathwal

Member Secretary

Assistant Professor,

Department of Hospital Administration

Encl:

- Annexure IA: Emergency Block: Manpower requirement
- Annexure IB: Diagnostic Block: Manpower requirement
- Annexure IIA: Emergency Block: Equipment required
- Annexure IIB: Diagnostic Block: Equipment Required
- Annexure III: Preliminary Estimate for proposed construction of Emergency and Diagnostic Block

Approval of cost Estimates of Trauma Centre
Expansion

ITEM NO. SFC-211/7

NOTE FOR THE STANDING FINANCE COMMITTEE

NOTE FOR STANDING FINANCE COMMITTEE FOR PROPOSAL FOR TRAUMA

EXPANSION PLAN

Approval of SFC is sought for proposal for Trauma Expansion Plan which comprises of setting up of 1841 Bedded Multi Super speciality Blocks at Jai Prakash Naryana Apex Trauma Centre Phase II, AllIMS, Harsukh Chaudhary Marg, New Delhi, at a cost of Rs. 2,703.00 Crores.

This is in consonance with the 209th meeting of the SFC dated 29th October, 2015 recommendation to start working on the projects towards establishment of Expansion of Trauma Centre, Centre for ENT, Centre for Diabetology & Centre for Digestive Disease.

1. INTRODUCTION:

The present proposal is for Trauma Expansion Plan which comprises of setting up of 1841 Bedded Multi Super speciality Blocks at Jai Prakash Naryana Apex Trauma Centre Phase II, AllIMS, Harsukh Chaudhary Marg, New Delhi, at a cost of Rs. 2,703.00 Crores. These comprises of Trauma Centre Services, Centre for Digestive Diseases (including Gastroenterology, Gastrointestinal Surgery and Liver Transplantation Services), Centre for Otolaryngology and Head Neck Surgery, Centre for Endocrine, Diabetes and Metabolic Disorders, Spine Centre, Blood and Marrow Transplant Centre, Kidney Transplant Centre. These Super Speciality Centres are an integral part of most of the premium institutes worldwide. More so, the establishment of the proposed centres are a part of AllIMS' Mandate. AllIMS is the leading institute of medical education, treatment and research in India that is known for interdisciplinary, integrated services involving various departments or division with a focus on coordinated patient care, research, and education.

Creation of additional beds at AllIMS will decongest and expand its tertiary care medical services being provided to all sections of society, including a large number of poor patients. Additional beds will cut the long waiting period at the institute and also provide additional beds for critical care.

The major objective of these centres are:

- a) Provision of highly specialized state of art healthcare to the patient community & to provide a holistic under one roof answer to all the investigative, physiotherapeutic, operative, rehabilitative and vocational needs of the patient.

- b) To be a tertiary care centre for highly specialized in these ailments and management
- c) To become an apex centre for advancement of research, clinical applications and management
- d) To provide a centre of excellence for training of medical / paramedical personnel in the field & imparting Training to the next generation of skilled specialist.
- e) To be a source of data evolution, database, protocol for management and research.
- f) Discovery of new knowledge applicable to health and disease.
- g) To draw programmes and facilitate health education for the general public as a preventive measures.

Medical

A team of medical and non-manpower is required to ensure smooth functioning of the block. (Details of the same are given in Annexure: I B)

2. PROPOSAL

The Super Speciality Centres are proposed to be constructed at AIIMS Trauma Centre Phase II, New Delhi, which is situated on 14.95 acre plot at Raj Nagar, behind existing Trauma Centre on Harshukh Choudhary Road, New Delhi. The Plot is allocated by DDA to AIIMS. The list of the facilities is as following:

A	TRAUMA CENTER	445 BEDS
B	DIGESTIVE DISEASES CENTER	465 BEDS
C	CENTRE FOR OTOLARYNGOLOGY AND HEAD NECK SURGERY	334 BEDS
D	CENTRE FOR ENDOCRINE, DIABETES AND METABOLIC DISORDERS	244 BEDS
E	SPINE CENTRE	202 BEDS
F	BLOOD AND MARROW TRANSPLANT CENTRE	88 BEDS
G	KIDNEY TRANSPLANT CENTRE	63 BEDS
TOTAL BED		1841 BEDS
H	OPD (For All Centers) + RADIOLOGY + CENTRAL SERVICE LABS + BLOOD BANK + CAFETERIA	
I	RESEARCH CENTRE	
J	HOSTEL BLOCK - ROOMS WITH ATTACHED TOILET & PANTRY	200 ROOMS

The above area and Bed counts are subjected to local body / statutory authorities Approval.

The establishment of the proposed block will be completed in a period of about 48 months from the zero date (i.e. date of Govt approval for the project) broadly comprising a Pre-construction phase of 8 months, Construction phase of 40 months including stabilization/commissioning after getting approval from Local / Statutory approvals.

Implementation Schedule is annexed as Annexure A.

3. JUSTIFICATION FOR THE PROPOSAL

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The justification for taking up new/continuing the ongoing proposal is provided in terms of:

A. Justification for Trauma Centre Phase II

The Jai Prakash Narayan Apex Trauma Centre (JPNATC) was conceived as an Apex institution, as a 260 bed facilities spread over a plot area of 58,639 sq.m to treat victims of road accidents. The centre became fully functional in 2007 when the Casualty (Emergency Department) was thrown open to the general public. At present the JPNATC Trauma Centre is a 206 bedded facility with 6 OTs, 37 ICU/ HDU Beds, 30 Triage and Emergency Beds, 140 General Ward Beds. It has emerged as a referral Centre for patients from neighbouring states. Over a period of time, the centre is likely to be networked with all the regional trauma centres together with establishment of a National Trauma Registry. Currently the JPN Apex Trauma Centre is the Apex Centre providing not only state of art patient care but is being developed as a full-fledged research and teaching facility. New Courses, MCh, DM and MS have started and are in the process of being started. Long and short term trainings are being conducted regularly for doctors, nurses and paramedics from Armed forces, Para-military forces, State Govt. medical personnel and foreign students.

The current Space at the centre is inadequate for patient care activities being projected on long term. Currently the centre is struggling to adjust more than 60,000 Emergency footfalls in Trauma Centre ED with over 6000 admissions and 5500 major surgical procedures. The projected load on AllMS Trauma Centre within next 10 years is more than 4 times that what it is today, moreover the rehabilitation facilities for neuro and physical rehab have to be developed simultaneously to bridge the existing gap in the trauma system in our country.

B. Justification for Centre for Digestive Diseases Including Gastroenterology, Gastrointestinal Surgery and Liver Transplantation Services.

1. Rapid advancement in the knowledge and therapeutic modalities in different areas such as Endoscopy, Hepatology, Luminal Gastroenterology, Pancreaticobiliary Diseases and Nutritional Therapy have made these areas into exclusive sub-branches under Gastroenterology. Similarly, several sub-branches of Gastrointestinal Surgery have come up worldwide over the past two decades; these include Pancreaticobiliary Surgery, Colorectal Surgery, Liver Transplantation, etc. Unfortunately, the development of these areas has lagged behind in India. For proper development of patient care, research and training facilities in these areas, it is important to develop a separate centre for further development of these sub-specialties in Gastroenterology and Gastrointestinal surgery. AllMS being a premier national institution needs to take the lead in this activity.

2. The two departments, namely the Department of Gastroenterology and the Department of Gastrointestinal Surgery have been active in developing a liver transplant program. They have already performed 7 live transplants. The departments are determined to establish a regular liver transplant program at the AllMS in the near future. A dedicated centre will help in nurturing a liver transplant program.

3. AllMS has a mandate to lead the country in training manpower and innovating in medical education—we need to provide the country 'trainers for training'. The World Organization of Gastroenterology recommends that a country should have one gastroenterologist per 100,000 populations. At present, India has only about 1000 gastroenterologists. The deficiency of gastrointestinal surgeons is even more acute. AllMS, being a premier institution in the country, needs to bolster its training programmes in these specialties to ensure that the national requirements are met. The proposed centre will increase the training capabilities in these specialties.

C. Justification for NATIONAL CENTER FOR OTOLARYNGOLOGY AND HEAD AND NECK SURGERY

We propose a separate ENT centre at AIIMS with the following justifications:

1. To bridge the gap between the demand and supply of healthcare. The department has at many occasions received the questions raised by Hon'ble members in houses of parliament raising queries on the waiting lists which unfortunately has worsened over last few years. Our waiting list for patients to be operated and admitted for even emergency procedures is unfortunately amongst longest in institute and has remained so despite our efforts.

We face resource crunch for almost all the cases handled by us.

• Otologic disorders: We were one of the first centers in India to start a state of art Cochlear Implant Program. We have constantly getting referrals for the same and our waiting lists for the CI surgery are on an average a year. The waiting for routine otology surgeries like Tympanoplasty and Mastoidectomy is more than 3 years. This is traumatic for the innocent children and their parents

• Airway procedures: Our department is one of the few centers in country to deal with these complex procedures, but due of lack of infrastructure and space, the waiting list of > 18 months, which makes the curable into incurable many times. Patients end up into more complex open airway procedures which if dealt early can be managed by simpler endoscopic operations.

• Cancer of Head and Neck region: We are handling a huge load of cases of cancer of Head and Neck region. Head and Neck Cancer is most common cancer in India and this fact cannot be over emphasized.

We have progressed to expertise for all modern equipment and techniques including laser, Robotic surgery, microvascular reconstruction and image guided navigation assisted skull base tumor surgery and Unfortunately, lack of space and operating time has severely hindered us realize our full potential. Our average patient even for early stage oral and laryngeal cancer waits for more than 6-8 weeks to get operated. Many are forced to seek treatment at less equipped centers or develop disease beyond possible cure during waiting period.

• Biopsies and Laryngoscopic evaluations: Though faculty, residents and staff work overtime to overcome the huge load of these cases and they are dated within a week to 10 days. This for many lead to crucial time loss waiting for simple and day care procedures. Due to lack of infrastructure, the department performs 10-12 direct laryngoscopies and endonasal/minor biopsies in routine list, all under local anaesthesia, though they are general anaesthesia procedures, which is not only uncomfortable but also distressing and at times dangerous for patients.

• Benign tumors: even if at complex locations like skull base are dated 16-18 months later

• Tonsillectomy and adenoidectomy: These procedures can be hardly adjusted in the OT lists due to the load of more complex cases, which makes residents training inadequate.

• Pediatric airway and Pediatric general Otolaryngology, sleep surgery, allergies and Laryngology: Our potential in these areas have gone underutilized due to lack of resources and focus on "more and more urgent" diseases.

2. To cater the increasing workload: The OPD and OT work load of ENT department is comparable to the other surgical specialties present in the institute, but the inpatient load of the department is many folds less than the same specialties, this clearly justifies the need of having a separate ENT centre.



training capabilities and enhance its function to the satisfaction of its mandate. A creation of dedicated endocrine center at AIIMS would help increase the function to its best. Limited facilities available, the Department of Endocrinology at AIIMS is unable to fulfill their provide the country trained manpower and carrying state of the art research. However, because of 5. At present, there are only 500-600 trained Endocrinologists in India. AIIMS has a mandate to centre will help in achieving our goals in providing state of the art endocrine services at AIIMS.

geared to provide these as part of regular services at the AIIMS in the near future. A well planned investigations and services to its patients. However, the department has sufficient expertise and is successfully. Department of Endocrinology at AIIMS is lagging in providing Molecular endocrine studies in early 2000. However, for lack of space and manpower, the programme has not taken off 4. Department of Endocrinology showed interest in stem cell therapy for diabetes and carried out ancillary services. This can be best achieved by setting up a centre for Endocrinology.

major revamp and expansion in terms of space, manpower resources, infrastructure facilities and Tirupati have much larger space and infrastructure. Thus, the Endocrine facilities at AIIMS need a services. In contrast, other relatively new institutions in India such as SGPGI, Lucknow and SVIMS, shortages are major hindrances impeding the modernization of endocrine department and its Similarly, the Department has shortage of number of inpatient beds and faculty staff. These these services, it is not possible to develop Endocrine services to high international standards. Community endocrine services and Molecular endocrine facilities are virtually nonexistent. Without research laboratories, and has extremely limited space for day care endocrine services. 3. At present, the Department of Endocrinology does not have adequate space for patient care and Disorders.

Indian problems, it is important to develop a centre for Endocrine, Diabetes and Metabolic deficiency and parathyroid disorder. For further developments in these and other areas related to treatment of diabetes, thyroid disorders and metabolic bone diseases including vitamin D 2. The Department of Endocrinology at AIIMS has made major contributions in the development of lead in our country.

in Endocrinology at AIIMS a premier national institution. There is urgent need to rectify and take the areas, it is important to develop a separate centre for further development of these sub-specialties including AIIMS. For proper development of patient care, research and training facilities in these endocrinology. However, currently, the development of these areas is lagging behind in India created the need for in depth study of each of these as separate sub-branches under parathyroid, adrenal, reproductive, osteoporosis and molecular endocrine investigations has 1. Advancement in the knowledge and therapeutic modalities in different areas such as diabetes,

D. Justification for Centre for Endocrine, Diabetes and Metabolic Disorders.

We are currently offering MS degree course but wish to expand the horizons. Our proposal for MCh in Head and Neck Oncology is in advanced stages. The Fellowship programmes in skull base surgery and Rhinoplasty and facial plastic is being framed. It is concluded that the infrastructure development in terms of enhanced space, ward, beds, OT's and specialized labs will help us realizing our full potential.

dedicated labs for sub specialty based research on cancer, Otolaryngology, Rhinology, Facial Plastic, Sleep Medicine, Skull base and Laryngology and Voice disorders. 4. To cater to the Institute's mandate of education, Research and training: We plan to have epidemiology and community based research for deafness and head and neck cancer. 3. To respond to the needs of data for formulating treatment and diagnostic guidelines for the community. The department understands its responsibility for having a comprehensive



A. Availability of limited infrastructure : There are 175 (approx.) licensed kidney transplant

This gap can be attributed to several reasons, most importantly:

Kidney	1-1.5 Lacs	3500-4000
Organs/ Tissues	No. of Organs/ Tissues	No. of Organs/ Tissues
year	year	year
transplantations required per	transplantations done per	transplantations done per

There exists a huge gap between the requirement of organ transplantation and actual number of organs transplanted per year in the country.

F. Justification for KIDNEY TRANSPLANT CENTRE

1. Allogetic blood and marrow transplants is the curative option for several hematological disorders such as thalassemia, aplastic anemia, myelodysplastic syndrome, acute leukemias, relapsed refractory chronic myeloid leukemias, Myelofibrosis and relapsed refractory lymphomas, to name a few common conditions. Additionally several other specialties also require bone marrow transplant as a treatment modality in non hematological indications. For example we have also transplanted patients with multiple sclerosis which were referred from neurology.
2. The Department of Hematology has recently completed 206 Allogetic Blood and Marrow transplants. This programme was started in 2004. We currently perform 30-34 allogenic blood and marrow transplants every year, up from 6 transplants a year when we started in 2004. Additional numbers are limited by space and availability of personnel, including faculty, residents and nursing staff.
3. In addition to transplants from matched sibling donors, we need to start transplants from unrelated donors and alternate transplant methods such as haploidentical transplant. A separate BMT unit would be able to focus upon cord blood transplants as well. It is our estimate that this would be a major source of transplants, particularly for children with hematological disorders as such families would be less likely to have a matched sibling donor.
4. Private organizations like CMC Vellore are able to perform larger number of transplants despite having lesser resources than AllMS.
5. AllMS should be the nodal organization for training of hematologists in transplant and should be able to provide services to surrounding regions in terms of patient care and training. An expanded HEPA filtered facility for BMT would be a start in the right direction. Patients would be able to access BMT services at a fraction of the cost currently incurred in the private hospital setting.

We propose a separate Blood and Marrow transplant Unit for Department of Hematology at AllMS with the following justifications:

The current blood and marrow transplant (BMT) services in the government sector are inadequate for the region and the current volume of transplants being done in AllMS are not commensurate with the stature of AllMS as an institute of national importance which is also aiming to create world class facilities.

E. Justification for Blood and Marrow Transplant (BMT) Unit for the Department of Hematology, AllMS



centres and only 50 (approx.) centres are actively doing kidney transplantation. There are 55 (approx.) renal transplant surgeons available in the country. In case every surgeon performs 20 kidney transplants in a month, there will be a total of 13200 kidney transplants are done per year whereas the actual requirement of the kidney transplantation per year is 1-1.5 lacs. This indicates shortage of trained staff and infrastructure to meet the need of organ transplantation in the country.

B. *High cost of transplantation:* There is a need to develop a state of art National Organ Transplant Centre to provide treatment to the poor patients on subsidized rates.

G. Justification for SPINE CENTRE

The attendance of new cases in the orthopedics of AIIMS is approximately between 50,000-60000 per year and in Neurosurgery OPD, it is about 36,000 cases per year. Out of which about 50% of the patients are suffering from some spine problems or the other. The number of surgical operations done in the Department of Orthopedics in a year is about 1700, out of which only about 130 operations are performed for the disorders of the spine (less than 10%), as a result of which the wait list of spine surgeries has gone beyond 2 years as compared to other surgeries in the department of orthopaedics as compared to joint surgeries.

The department of Neurosurgery performs approximately 3000 operations per year, out of which 1000 operations are of spinal disorders. Neurosurgery department has a waiting list of upto one and a half years for some spinal disorders like lumbar and cervical disc.

Some of the reason for the lesser number of spine surgeries are-

1. Long surgical time (avg 6-8 hrs.) for a major spine fixation as compared to, for e.g., a joint replacement surgery, which takes about 1-2 hrs.
2. More intensive pre and postoperative management.
3. Limited ICU/intensive postoperative care facilities
4. Limited number of surgeries having the required expertise (long learning curve of spine surgeries)
5. Longer workup time (special investigations) like bone scan, MRI, radiological studies, EMG etc. have a long waiting list
6. Limited inpatient bed availability
7. Patients with brain diseases always get a priority over spine diseases due to more threat to life in brain disorders.

Spinal deformity

AIIMS is the largest and well known unit for correction and management of spinal deformities like scoliosis and kyphosis in the country. AIIMS has the largest recorded series of the cases of scoliosis-5280 till date and one of the largest in the world. The large number of patients, however, due to constraints mentioned above, only about two such patients a week (out of 10-12 patients) who are advised surgery every week are operated.

The extraordinary long waiting list and the discontentment and extreme harassment that that patient has to undergo (waiting list going beyond 5 years now for some diseases) follows. This would be elevated by establishing a specialized spine center.

The Project cost is based on prevailing CPWD cost indices. However the Cost will be revised periodically till the start of Construction work based on the Cost indices prevailing during that period. However, during construction period, increase in cost due price Escalation has been considered in the estimate.

The Building cost also involve the procurement of General Medical Equipments for Hospital Support Services. Specialised Equipments for centers will be used from available existing equipments at departments which will be shifted to new blocks. Further additional Specialised equipments for Centers will be taken from planned budget of AIIMS when the Centres come-up. The cost of manpower for operationalisation of patient care services will be around 430 crores.

Item	Cost (Rs. Crore)
Building (& Furniture + Non-Medical Equipments incl. Hospital Support Services) (Annexure B)	2163.00
Manpower (Annexure C)	430.00
Recurring	110.00
Total Project Cost	2703.00

The total cost of the Project during the proposed duration is Rs. 2700 crores as under:

6. FINANCIAL IMPLICATIONS (BREAKUP WISE DETAILS) ALONG WITH AVAILABILITY OF BUDGET (PLAN/NON-PLAN)

1. JPN Apex Trauma Centre
2. Departments of Gastroenterology, Gastro-intestinal Surgery
3. Department of ENT
4. Department of Endocrinology & Metabolism
5. Department of Neurosurgery, Department of Orthopaedics
6. Department of Haematology
7. Department of Surgery
8. Other associated departments & common facilities incl. diagnostics services (Radio-diagnosis, Laboratory Services, Nuclear Medicine), Blood Bank
9. Administrative Offices & Engineering Services Department

The proposed centre will have support of the following departments for development of facilities:

5. INTERDEPARTMENTAL CONSULTATIONS

Nil

4. REFERENCE OF ANY SIMILAR APPROVED PROPOSALS, if applicable (also attach a copy of that approved proposal):

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The Manpower Cost for operationalisation of Services will be Rs. 430 crores yearly. Recurring cost are indicated for the 1st year for the operation of the proposed units @ estimated Rs. 110 Crore. Recurring Costs for the subsequent years would be met from the AllMS Annual Budgets.

The proposal for financing this expansion is by intending of taking Loan from the Government Financial institutions for which counter guarantee & letter of comfort is required from ministry. This loan will be repayable in 25 years on quarterly/ Half Yearly basis including moratorium period of 5 years. The quarterly/ half yearly interest & Capital installment shall be paid from annual allocation by GOI.

7. COMMENTS/OBSERVATIONS OF FINANCE DIVISION

8. APPROVAL SOUGHT

Approval is sought for-

a) Administrative approval is sought for placing the proposal for Rs. 2703.00 crore before the EFC for seeking financial sanctions.

b) Delegation of powers to Director, AllMS, to grant all permissions and to undertake all formalities for inviting, receiving and opening tenders through the project consultants, NBCC.

9. This has the approval of Director.

Approval of AIIMS Purchase Manual

ITEM NO. SFC-211/8

NOTE FOR THE STANDING FINANCE COMMITTEE

Introduction	1.	Proposal	<p>Presently, procurement activities in AIMS are made based upon broad guiding principles laid down in GFR, CVC Guidelines and extant instructions issued from time to time. Procurement Manual is essentially the compilation of these guiding principles/extant instructions apart from codification of standard operating procedures to be followed by purchase professionals while handling procurement related works.</p> <p>In 2008, it was felt by the Administration of AIMS, on the advice of Audit recommendations, that AIMS being an Autonomous Organizations should have its own Procurement Manual with broad provision of GFR 2005, CVC Guidelines and rules mentioned in the Ministry of Finance Manual. Accordingly, a committee was constituted by the Administration of AIMS under chairmanship of Medical Supdt. AIMS with members from department of Hospital Administration, Finance Wing, Stores Purchase Section and Vigilance Cell. Since 2008, Committee had various round of consultations with CVC and Chief/HODs in AIMS. Committee also went through relevant provisions of GFR, CVC Guidelines and the instructions contained in "Ministry of Finance Manual for Procurement of Goods" and prepared a draft Manual. A copy of draft manual was also forwarded to MOH&FW and suggestions made by MOH&FW vide its letter dated 27.01.2016 have been incorporated in the draft manual.</p> <p>The standard tender documents of AIMS have been aligned in accordance with standard bidding documents of MOH&FW for PMSSY project for procurement of Medical Equipments. Also, these have been made part of Draft manual.</p> <p>The details of changes proposed by MOH&FW and CVC, as also the comments of AIMS, on each of the proposed changes are detailed below in succeeding paragraphs.</p>
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vide its letter No. V-16020/171/2015-NI-I dated 27.01.2016, MOH&FW conveyed EPW Section observation for appropriate action. The detail of observations made by MOH&FW and corrective actions taken by AIMS thereon are detailed below as under:

Sr. No.	MOH&FW Observations	AIMS Response
1.	<p>Department of Expenditure vide their OM dated 30.03.2012 has requested to ensure end-to-end e-procurement in Ministry of Health & Family Welfare and its subordinate office w.e.f. January 2013. The Manual should include all provision relating to end-to-end e-procurement in place of physical tender system. Department of Expenditure vide their OM dated 21.02.2015 has reduced the fresh-hold limit for e-procurement form Rs. 10 lakhs to Rs. 2 lakhs.</p>	<p>It is brought out that the Institute has already taken up NIC for implementation of its e-procurement solution in AIMS. As soon as the detail are finalized the same shall be incorporated. Notwithstanding above, broad guiding principal for implementation of e-procurement solution in AIMS have been incorporated in Draft Manual vide para 6.23 of draft manual.</p>
2.	<p>In addition to ad-hoc contract and rate contract provision in Section 2.9, provision for Framework Agreement may also be included in the manual. Framework Agreement is quite successful in the international market for common user items.</p>	<p>It is understood that framework agreement & rate contract are essentially the same concept with different terminology. While in this part of world, the terminology "Rate contract" is used, in western world, the terminology "Framework agreement" is used. It is further stated that the provision of rate contract are already detailed vide chapter 14 of the draft manual.</p>
3.	<p>As per Department of Expenditure OM dated 30.11.2011, all tender enquiries are mandatory to be published on the Central Public Procurement Portal. Para 6.7 of the manual should specifically indicate uploading of all tender enquiries on Central Public Procurement Portal.</p>	<p>Noted & Complied</p>
4.	<p>All proprietary article certificates should have approval of Integrated Finance as well as Head of the Department in Para 6.26 of the manual.</p>	<p>Noted & Complied</p>

<p>In the interest of transparency, a detailed explicit procedure with ceiling limit may be prescribed for emergency purchases in Para 6.27 of the manual.</p>	<p>patient is of paramount importance, it will be appreciated that procedure can't be followed in emergency when patient is dying. However, it has been incorporated that the emergency procurement shall be limited to the quantity just needed to tide over emergent situations.</p>	<p>It is bought out that we have adopted MOH&FW standard bidding documents to PMSSY project as per model/ standard bidding document. Accordingly, all guideline/ instruction contained therein are proposed to be followed by AIIMS also.</p>	<p>Noted and complied.</p>
<p>As per National/ International best practices, the terms of delivery are at consignee site or Door Delivery Basis (DDB). Suitable provision for this may be added in clause 8.4 of the manual.</p>	<p>Insurance shall be for 110% of the value of the goods. For better transparency, insurance of 110% of value of goods may be added in clause 8.7 of the manual.</p>	<p>Noted and complied. In this regard, it is bought out that we have adopted MOH&FW standard bidding documents to PMSSY project as per model/ standard bidding document. Accordingly, all guideline/ instruction contained therein are proposed to be followed by AIIMS also.</p>	<p>8.</p>
<p>As per Manual on Policies and procedures for purchase of goods issued by Ministry of Expenditure, liquidated Damages @ 0.5% per week or part thereof has been indicated. It is suggested that the above, rate of Liquidated Damages (LD) may be incorporated in Para 8.13 of the manual to make it in terms of the guidelines and for better transparency. Otherwise, different competent authorities will decide different LD rates which may invite criticism.</p>	<p>As per the National practice, Insurance shall be for 110% of the value of the goods. For better transparency, insurance of 110% of value of goods may be added in clause 8.7 of the manual.</p>	<p>As per Manual on Policies and procedures for purchase of goods issued by Ministry of Expenditure, liquidated Damages @ 0.5% per week or part thereof has been indicated. It is suggested that the above, rate of Liquidated Damages (LD) may be incorporated in Para 8.13 of the manual to make it in terms of the guidelines and for better transparency. Otherwise, different competent authorities will decide different LD rates which may invite criticism.</p>	<p>9.</p>
<p>All advance payments against any contract shall be against security of equivalent amount interalia Bank Guarantee for advance amount should invariably be obtained from the supplier. This provision may be added in Para 9.9 (a) of the manual.</p>	<p>As per Manual on Policies and procedures for purchase of goods issued by Ministry of Expenditure, liquidated Damages @ 0.5% per week or part thereof has been indicated. It is suggested that the above, rate of Liquidated Damages (LD) may be incorporated in Para 8.13 of the manual to make it in terms of the guidelines and for better transparency. Otherwise, different competent authorities will decide different LD rates which may invite criticism.</p>	<p>All advance payments against any contract shall be against security of equivalent amount interalia Bank Guarantee for advance amount should invariably be obtained from the supplier. This provision may be added in Para 9.9 (a) of the manual.</p>	<p>Noted & Complied.</p>

	<p>The draft matter was reviewed by CVC and made certain observations for appropriate action. The detail of observations made by CVC and corrective actions taken by AIIMS thereon are annexed as Annexure - "A".</p>	2.3
	<p>10. To assure supply of quality goods as per specifications, third party inspection may be indicated in place of departmental committee inspection in Chapter 10 of the manual. Provision for issue of online inspection notes with digital signature may be incorporated to reduce time and for better transparency.</p> <p>Noted and complied. In this regard, it is bought out that we have adopted MOH&FW standard bidding documents to PMSSY project as per model/ standard bidding document. Accordingly, all guideline/ instruction contained therein are proposed to be followed by AIIMS also.</p>	
	<p>11. As per the prevailing practice bid validity are kept 90 days for single tender and 120/150 days for two bid system. Manual in its para 11.11.9 indicates the generally the validity period should not be more than one year from the date of tender opening is too long and bidders may quote higher prices for such a long validity. Bid validity as indicated above i.e. 90 days for single tender and 120/150 days for two bid system may be incorporated in the manual.</p> <p>Noted & complied.</p>	11.
	<p>12. Provision for MSE and the MSME procurement policy should be strictly followed by AIIMS.</p> <p>Noted and complied. In this regard, it is bought out that we have adopted MOH&FW standard bidding documents to PMSSY project as per model/ standard bidding document. Accordingly, all guideline/ instruction contained therein are proposed to be followed by AIIMS also.</p>	12.

9.		
	Comments of Director AIIMS:	
8.	Dy. Director (Admn.): Dy. Director (Admn.) has seen and accord the approval in the file.	
7.	<p><u>SR. F.A.</u> : Sr. Financial Advisor has see and accord the approval in the file.</p> <p>The proposal of introduction of AIIMS Purchase Manual has been examined in view of recommendations of the committee formed for said purpose and confirmation of compliance on points raised by CVC and MOH&FW. Finance Division concur to the proposal to place the draft purchase manual before the SFC for consideration.</p>	Comments of DDA
6.	Comments of Financial Division (Comments of Finance Division has already obtained and incorporated in the manual.	
	Not Applicable	
5.	<p>Manual has been prepared by a Committee constituted under Chairmanship of Medical Supdt., AIIMS and has been drafted after series of consultations held with Chiefs of Centres/HODs/Chairman SPCs and other Stake holders. Detailed presentation was made on draft Manual in presence of all stake-holders on 27.11.2015. The various suggestions made during presentation have been incorporated in the draft manual.</p>	
	Inter Departmental Consultation	
4.	<p>Presently, procurement activities in AIIMS are made based upon broad guiding principles laid down in GFR, CVC Guidelines and extant instructions issued from time to time. The introduction of proposed Manual is an attempt to codify laid down rules and regulations.</p>	
	Existing Guidelines	
3A.	Not applicable	
	Reference of any such/similar approved proposals (Also attach a copy of that proposal)	
3.	<p>AIIMS is Autonomous Institute funded by Grant recd from MOH&FW GOI. It has large organizational structure with Seven Super specialized Centres and Fifty Teaching Departments/Sections (approx.) with Annual Procurement Value- INR 300 Crores (Approx.) for M&E (Plan) and INR 390 Crores (approx.) for Non-Plan having decentralized procurement system. Introduction of AIIMS purchase Manual, will help us achieve following objectives of public procurement:</p> <ul style="list-style-type: none"> a) Economy and efficient use of public money. b) Transparency/fairness and competitiveness in our procurement procedures. c) Uniformity across Hospital/Centres/Departments d) To achieve these objectives, it is essential that we clearly lay down our procurement procedure and abide by these laid down rules. 	
	Communication	

Sl. No.	As per the first version of the Manual	CVC comments dated 29.03.2010 (vide Dy.No.37815/09/7/80328)	Subsequent reply by AIIMS to CVC, vide letter No.F.Vig/2-505/2003, dated 28.7.2010	Subsequent comments of CVC in the letter dated 01.09.2010 (vide Dy.No.37815/09/7/100271) (Subsequent to AIIMS reply)	Final status in the Manual
1.	<p>Para 1.1.2(G) - Transparency, Fairness and Elimination of Arbitrariness</p> <p>Negotiations with the tenderers must be severely discouraged. However, in exceptional circumstances, where price negotiations are considered unavoidable, the same may be resorted to, but only with the lowest evaluated responsive tenderer, and that too with the approval of the competent authority, after duly recording the reasons for such action. In case the lowest offer is selected out of 3 or more price bids, then negotiation shall not be held unless it is specifically warranted by the SPC.</p>	<p>Replace with:</p> <p>Negotiations with the tenderers must be severely discouraged. However, in exceptional circumstances, where price negotiations are considered unavoidable, the same may be resorted to, but only with the lowest evaluated responsive tenderer in case of purchase / works contracts and with the highest evaluated responsive tenderer in case of sale / disposal of material. The approval of the competent authority must be obtained for negotiations and Commission's guidelines on 'Negotiations with L-1' issued from time to time must be followed.</p>	<p>The corrections / suggestions given by the CVC is accepted and the same is being incorporated in the Manual.</p>	<p>The corrections / suggestions given by the CVC is accepted and the same is incorporated in the Manual.</p>	
3.	<p>Para 5.1 - Specifications and Allied Technical Particulars</p> <p>In general deciding tender on the basis of tendered sample is too subjective. Therefore, unless specifically decided due to some reasons duly recorded with the approval of competent authority, tender sample clause shall not be incorporated in the specifications. If necessary, suitable stipulations for submission of advance sample (before starting bulk production) by the successful bidder may be incorporated in the specifications. However, in specific cases, where the evaluation of the tender sample / demo of the equipment felt necessary by TSEC, such clause may be incorporated in the tender document.</p>	<p>Read as:</p> <p>In general deciding tender on the basis of tendered sample is too subjective. Therefore, unless specifically decided due to some reasons duly recorded with the approval of competent authority, tender sample clause shall not be incorporated in the specifications. If necessary, suitable stipulations for submission of advance sample (before starting bulk production) by the successful bidder may be incorporated in the specifications. However, in specific cases, where demo of the equipment is felt necessary by TSEC, such clause may be incorporated in the tender document.</p>	<p><i>There are instances, where tender specifications cannot be framed complete in all respects and also for certain items the testing of functional parameters as claimed by the bidders has to be verified by the user department being life saving items. Hence, the tender sample for certain items are inevitable. Hence, the proposal submitted earlier for this clause is appropriate.</i></p>	<p><i>We may have no objection to the proposed tender sample clause for certain items. However, valid, logical and convincing reasons are to be recorded wherever it is decided to call for tender sample clearly indicating as to why an advance sample in such cases would not serve the purpose.</i></p>	<p><i>However, the suggestions given by the CVC is accepted and the same is being incorporated in the Manual</i></p>

<p>Sl. No.</p>	<p>As per the first version of the Manual</p>	<p>CV C comments dated 29.03.2010 (vide Dy.No.37815/09/7/80328)</p>	<p>Subsequent reply by AIIMS to CV C, vide letter No.F.Vig/2-505/2003, dated 28.7.2010</p>	<p>Subsequent comments of CV C in the letter dated 01.09.2010 (vide Dy.No.37815/09/7/100271) (Subsequent to AIIMS reply</p>	<p>4.</p> <p>Para 6.3 - Purchase of Goods without Quotation</p> <p>Purchase of goods (other than Patient Care Items) upto a value of Rs.15,000/- (Rs.Fifteen Thousand only) on each occasion may be made without inviting quotations/bids....</p> <p>Purchase of goods (for Patient Care/R&D Items) upto a value of Rs.1,00,000/- (Rs.One Lakh only) on each occasion may be made without inviting quotations/bids....</p>	<p>The limit of Rs.1,00,000/- for Patient Care/R&D Items seems to be on higher side. Basis of fixing this limit is not known. This may be intimated.</p>	<p>Being a Hospital, certain Patient-care items/ certain spares & consumables for R&D costing more than Rs.15000/- has to be arranged urgently. Therefore this clause was incorporated looking into such urgent requirements.</p> <p>Also, similar institute like CSIR being an R&D Institution, having similar limits as projected by AIIMS. However, AIIMS, being the APEX health institution in the country, is not only concentrating on R&D but also primarily on Patient Care and Teaching and dealing with Life saving items which are urgently needed for Patient Care</p>	<p>Since the financial limits of Rs.15,000/- and Rs.1,00,000/- indicated in the GFR are fixed by the Ministry of Finance, AIIMS may take up with the concerned authorities for enhancement of these limits.</p>	<p>The suggestions given by the CV C has been accepted and limit of Rs.1,00,000/- for patient care and R&D have been removed.</p>
<p>5.</p> <p>Para 6.4 - Purchase of Goods by Local Purchase Committee</p> <p>Purchase of goods (other than Patient Care Items) costing above Rs.15,000/- (Rs.Fifteen Thousand only) and upto Rs.2,00,000/- (Rs.Two lakhs only) on each occasion may be made on the recommendations of a duly constituted Local Purchase Committee.....</p> <p>Purchase of goods (for Patient Care Items) costing above Rs.1,00,000/- and upto Rs.5,00,000/- (Rs. Five lakhs only) on each occasion may be made on the recommendations of a duly constituted Local Purchase Committee.....</p>	<p>The limit of Rs.2,00,000/- for other than Patient Care/R&D Items and Rs.5,00,000/- for Patient Care/R&D Items seems to be on higher side. Basis of fixing these limits is not known. This may be intimated.</p>	<p>Being a Hospital, certain Patient-care items/ certain spares & consumables for R&D costing more than Rs.2 Lacs has to be arranged urgently. Therefore this clause was incorporated looking into such urgent requirements.</p> <p>Also, similar institute like CSIR being an R&D Institution, having similar limits/higher limits than projected by AIIMS. However, AIIMS, being the APEX health institution in the country, is not only concentrating on R&D but also primarily on Patient Care and Teaching and dealing with Life saving items which are urgently needed for Patient Care</p>	<p>Since the financial limits of Rs.15,000/- and Rs.1,00,000/- indicated in the GFR are fixed by the Ministry of Finance, AIIMS may take up with the concerned authorities for enhancement of these limits.</p>	<p>The suggestions given by the CV C has been accepted and limit of Rs.2,00,000/-/Rs.5,00,000/- for patient care and R&D have been removed.</p>					

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<p>Sl. No.</p>	<p>As per the first version of the Manual</p>	<p>CV C comments dated 29.03.2010 (vide Dy.No.37815/09/7/80328)</p>	<p>Subsequent reply by AIIMS to CV C, vide letter No.F.Vig/2-505/2003, dated 28.7.2010</p>	<p>Subsequent comments of CV C in the letter dated 01.09.2010 (vide Dy.No.37815/09/7/100271) (Subsequent to AIIMS reply)</p>	<p>Final status in the Manual</p>
<p>6.</p>	<p>Para 6.19 - Receipt and Custody of Tenders The tenders so taken out are to be entered in the Tender Opening Register duly signed with date and time by the two officials and sent to the officials authorized to open the tenders. Signatures of the receiving officials will be obtained on the duplicate copy of the challan for record. There should be at least two officials nominated for opening of tenders; para 6.21 of this chapter refers. In case of user specified items, the concerned user faculty (as nominated by the HOD) will be co-opted during the bid opening.</p>	<p>Model format is not available in the draft Manual. This may be taken from Annexure 'A' of Chapter 16 of Ministry of Finance Procurement Manual.</p>	<p>The corrections / suggestions given by the CV C is accepted and the same is being incorporated in the Manual. The Model Format is added as Annexure 'Q'</p>	<p>The corrections / suggestions given by the CV C is accepted and the same is incorporated in the Manual. The Model Format is added as Annexure 'N'</p>	<p>339</p>
<p>7.</p>	<p>Para 6.23 - E - Procurement Purchase of goods through electronic mode of interface with tenderers and IT enabled management of the entire procurement process (notice inviting tenders, supply of tender documents, receipt of bids, evaluation of bids, award of contract, and execution of contract through systematic enforcement of its various clauses and tracking of claims, counter-claims and payments) is gradually gaining popularity. In order to cut down transaction costs and improve efficiency and transparency, the Government aims to make it mandatory for all. The Hospital/Centres/Departments have already been directed to publicize all</p>	<p>Receipt of quotations through e-mail is susceptible to leakage of tender information. It is not clear as to how AIIMS will ensure the complete confidentiality of bids submitted through E-mail till the scheduled date and time of opening of bids. This needs clarification.</p>	<p>The said clause has been taken as it is from the Ministry of Finance Manual on procurement of goods (Vide Page No.46-47). However the suggestion of CV C is well taken and the bids will not be accepted through e-mail</p>	<p>However the suggestion of CV C is well taken and the bids will not be accepted through e-mail and necessary correction to this effect is incorporated in the manual</p>	

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	<p>their tenders on their websites as the first step towards full-fledged e-procurement. The Hospital/Centres/Departments are advised to proactively engage themselves in articulating user needs in the development of IT systems for e-procurement. The system should be secure, capable of maintaining complete confidentiality at appropriate stages of the bidding process, so that the tenderers feel confidence in electronically transmitting their queries and bids.</p> <p>However, as all the tendering firms may not have the facility of transmitting their quotations through e-mail, the Hospital/Centres/Departments should allow the receipt of quotations through hard copies as well as by e-mail. The closing date & time for receipt of tenders should be identical for both types of tenders.</p>				<p>The proforma given in the Ministry of Finance Manual may be for purchase of routine items and may not be for very high-tech / sophisticated mach. & equipments / Medicines / life saving gadgets, etc. Therefore the proforma has been elaborated in the AIIMS Manual to obtain more information about the product from user department for justified purchase on the basis of proprietary source.</p>
8.	<p>Para 6.25 - Single Tender Enquiry (STI)</p> <p>Obtaining quotation by issuing single tender enquiry to a selected source amounts to purchase without generating competition. Therefore this mode of purchase should be resorted to only in unavoidable situations. Purchase through STI may be adopted when:</p> <p>i) It is in the knowledge of the user department (consisting of atleast 3 faculties of similar discipline) that only a particular firm is the manufacturer of the required goods. The reason for arriving to this conclusion is to be recorded and approval of the competent authority</p>	<p>Proprietary article certificate as per format given in Para 6.25 of Procurement Manual issued by the Ministry of Finance should be obtained in case of purchase on proprietary / single tender enquiry basis.</p>	<p>The proforma given in the Ministry of Finance Manual may be for purchase of routine items and may not be for very high-tech / sophisticated mach. & equipments / Medicines / life saving gadgets, etc. Therefore the proforma has been elaborated in the AIIMS Manual to obtain more information about the product from user department for justified purchase on the basis of proprietary source.</p>	<p>We may have no objection to the proposed proprietary article certificate format. However, there should be clear indication on the certificate that the approval of competent authority and concurrence of Finance wing have been taken.</p>	<p>The proforma given in the Ministry of Finance Manual may be for purchase of routine items and may not be for very high-tech / Diagnostic, Therapeutic & Invasive mach. & equipments / life saving gadgets, etc. Therefore the proforma has been elaborated in the AIIMS Manual to obtain more information about the product from user department for justified purchase on the basis of proprietary source.</p>

<p>Sl. No.</p>	<p>As per the first version of the Manual</p>	<p>CV C comments dated 29.03.2010 (vide Dy.No.37815/09/7/80328)</p>	<p>Subsequent reply by AIIMS to CV C, vide letter No.F. Vig/2-505/2003, dated 28.7.2010</p>	<p>Subsequent comments of CV C in the letter dated 01.09.2010 (vide Dy.No.37815/09/7/100271) (Subsequent to AIIMS reply)</p>	<p>obtained. ii) In a case of emergency, the required goods are necessarily to be purchased from a particular source subject to the reason for such decision being recorded and approval of the competent authority obtained. iii) For standardization of machinery or components or spare parts to be compatible to the existing sets of machinery/equipment (on the advice of a competent technical expert and approved by the competent authority), the required goods are to be purchased only from a selected firm.</p>	<p>Proprietary article certificate as per format given in Para 6.25 of Procurement Manual issued by the Ministry of Finance should be obtained in case of purchase on proprietary / single tender enquiry basis.</p>	<p>The proforma given in the Ministry of Finance Manual may be for purchase of routine items an may not be for very high-tech / sophisticated mach. & equipments / Medicines / life saving gadgets, etc. Therefore the proforma has been elaborated in the AIIMS Manual to obtain more information about the product from user department for justified purchase on the basis of proprietary source.</p>	<p>We may have no objection to the proposed proprietary article certificate format. However, there should be clear indication on the certificate that the approval of competent authority and concurrence of Finance wing have been taken.</p>	<p>However, the suggestions given by the CV C is accepted and the same is incorporated in the Manual.</p>	<p>9. Para 6.26 - Purchases on the basis of "Proprietary Usage" 6.26.1 There may be instances where an user department has been using for an on-going assignment/running project, an equipment/apparatus/ machinery/instrument chemical or any other item of non-consumable or consumable nature and may need the same material or any material from the same source for that assignment / project to ensure that consistency and continuity is maintained with already established analytical methods/ protocols and with Standard Operating Procedure (SOP). In such a situation the item can be indented and Purchased on the basis of what may be called "Proprietary Usage". The user department has to certify that the purchase is proposed to be made on proprietary usage basis because any other material/equipment/instrument</p>	<p>Proprietary article certificate as per format given in Para 6.25 of Procurement Manual issued by the Ministry of Finance should be obtained in case of purchase on proprietary / single tender enquiry basis.</p>	<p>The proforma given in the Ministry of Finance Manual may be for purchase of routine items an may not be for very high-tech / sophisticated mach. & equipments / Medicines / life saving gadgets, etc. Therefore the proforma has been elaborated in the AIIMS Manual to obtain more information about the product from user department for justified purchase on the basis of proprietary source.</p>	<p>We may have no objection to the proposed proprietary article certificate format. However, there should be clear indication on the certificate that the approval of competent authority and concurrence of Finance wing have been taken.</p>	<p>The proforma given in the Ministry of Finance Manual may be for purchase of routine items and may not be for very high-tech /Diagnostic, Therapeutic & Invasive mach. & equipments / life saving gadgets, etc. Therefore the proforma has been elaborated in the AIIMS Manual to obtain more information about the product from user department for justified purchase on the basis of proprietary source. However, the suggestions given by the CV C is accepted and the same is incorporated in the Manual.</p>
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Sl. No.	As per the first version of the Manual	CV C comments dated 29.03.2010 (vide Dy.No.37815/09/7/80328)	Subsequent reply by AIIMS to CV C, vide letter No.F.Vig/2-505/2003, dated 28.7.2010	Subsequent comments of CV C in the letter dated 01.09.2010 (vide Dy.No.37815/09/7/100271) (Subsequent to AIIMS reply)	Final status in the Manual
10.	<p>chemical, etc. if used will lead to deviation and affect the integrity/accuracy, validity or analysis of the assignment/patient care.</p> <p>6.26.2 For cases under proprietary usage, the constitution of TSEC shall not be required. For indenting such item, the user department shall have to furnish a certificate as Annexure-'F' (b) after which the indent shall be processed for procurement by the concerned Stores Officer directly without referring to any committee.</p> <p>6.26.3 The item for proprietary usage Indent shall be procured through Open or Limited or Single tendering on the basis of sources of supplies available (as recommended by the TSEC).</p>	Annexure 'B' of Chapter 16 may be read as Annexure 'C'.	The corrections / suggestions given by the CV C is accepted and the same is being incorporated in the Manual.	-	The corrections / suggestions given by the CV C is accepted and the same is incorporated in the Manual.
11.	<p>Para 7.1 - Earnest Money Deposit (EMD)</p> <p>The EMD may be accepted in the form of Account Payee Demand Draft, Fixed Deposit Receipt, banker's Cheque or a Bank guarantee in acceptable form from any of the Scheduled Banks, safeguarding the purchaser's interest in all respects. A model format of Bank Guarantee for obtaining EMD is provided at Annexure 'B' of Chapter 16. The EMD should remain valid for a period of 45 days beyond the final tender validity period.</p>	Read as:	The corrections / suggestions given by the CV C is accepted and the same is being incorporated in the Manual.	-	The corrections / suggestions given by the CV C is accepted and the same is incorporated in the Manual.
11.	<p>Para 7.3 – Refund of EMD</p> <p>EMD furnished by all unsuccessful tenderers should be returned to them without any interest whatsoever, at the</p>	EMD furnished by all unsuccessful tenderers should be returned to them without any interest whatsoever, at the			

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	earliest after expiry of the final tender validity period but not later than 30 days after conclusion of the contract on written request from the concerned tenderer. EMD of the successful tenderer should be returned, without any interest whatsoever, after receipt of performance security from it as called for in the contract.	earliest after expiry of the final tender validity period but not later than 30 days after conclusion of the contract. EMD of the successful tenderer should be returned, without any interest whatsoever, after receipt of performance security from it as called for in the contract.		Manual.	
12.	Para 7.4 - Performance SecurityA model format of Bank Guarantee for obtaining Performance Security is provided at Annexure 'C' of Chapter 16.	Annexure 'B' of Chapter 16 may be read as Annexure 'H'	The corrections / suggestions given by the CVC is accepted and the same is being incorporated in the Manual.	The corrections / suggestions given by the CVC is accepted and the same is incorporated in the Manual.	
13.	Instructions for Transportation of Imported Goods	Instructions for Transportation of Imported Goods as per Para 8.5 of the Manual on Policies and Procedure for Purchase of Goods' issued by the Ministry of Finance, may be added after Para 8.4	The suggestion given by the CVC is well taken. However the same was not incorporated in the Manual after long deliberation in the Manual Committee for the following reasons:- i) All the import contracts are being placed by AIIMS on CIF/CIP basis. ii) CIF/CIP contracts are necessary for the import of perishable / life saving / dangerous goods such as radioactive material, etc., which are mostly imported from various countries and arranging of Insurance / payment of Freight is mandatory at the level	Contracts are to be concluded on FOB/FAS basis and in case a Ministry / Department desires any departure from the above policy including placement of contracts for import of foreign goods on CIF / CIP basis, prior permission is required to be obtained from Ministry of Surface Transport, AIIMS may therefore, obtain the requisite prior permission of Ministry of Surface Transport if they wish to deviate from the Govt. policy.	AIIMS has adopted standard bidding document of MOH&FW PMSSY project. All terms and conditions therein including CVC Guidelines are being complied and incorporated in the Manual.

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14.	<p>Para 8.18 – Cancellation of Contract for Default</p> <p>.....Before cancelling the contract and taking further action, it may be desirable to obtain advice from the user department with the approval of the competent authority.</p>	Legal advice may be taken before resorting to cancellation of contract.	The suggestions given by the CVC is well taken. Though, sufficient provisions are already stated in the contract terms. However, in specific cases, if required, legal advice shall be obtained.	-	The suggestions given by the CVC is well taken. Though, sufficient provisions are already stated in the contract terms. However, in specific cases, if required, legal advice shall be obtained. Necessary corrections to this effect is incorporated in the manual.
15.	<p>Para 9.1 - Introduction</p> <p>The elements of price included in the quotation of a tenderer depend on the nature of the goods to be supplied and the allied services to be performed, location of the supplier, location of the user, terms of delivery, extant rules and regulations about taxes, duties, etc. of the seller's country and the buyer's country. In case of indigenous goods, the main elements of price are raw material price, production cost, overhead, packing & forwarding charges, margin of profit, transit insurance, excise duty and other taxes and duties as applicable. In case of imported goods, in addition to similar elements of price as above (other than excise duty and taxes), there may be elements of custom duty, import duty, landing and clearing charges and commission to Indian agents. Further, depending on the nature of the goods (whether domestic or imported), there</p>	<p>Last Para may be substituted as under:</p> <p>Where the price has several components like price of the goods, costs for installation & commission, operators' training etc. the tenderers should be asked to furnish the cost break-up indicating the applicable prices for each such component (as specified and desired in the tender enquiry document) along with the overall price.</p>	The corrections / suggestions given by the CVC is accepted and the same is being incorporated in the Manual.	-	The corrections / suggestions given by the CVC is accepted and the same is incorporated in the Manual.



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	may be cost elements towards installation & commissioning, operator's training etc. It is, therefore, necessary that, to enable the tenderers to frame their quotations properly in a meaningful manner, the tender documents should clearly specify the desired terms of delivery and, also the duties and responsibilities to be performed by the supplier in addition to supply of goods.				400
16.	<p>Para 9.3.1 – Firm Price vis-à-vis Variable Price</p> <p>As already mentioned vide para 3.18 (viii) of Chapter 3, for short term contracts where delivery period does not extend beyond 18 months.....</p>	Para 3.18 (viii) of Chapter 3 may be read as para 4.18 (viii) of Chapter 4	The corrections / suggestions given by the CVC is accepted and the same is being incorporated in the Manual.	The corrections / suggestions given by the CVC is accepted and the same is incorporated in the Manual.	
17.	Octroi and Local Taxes	Octroi and Local Taxes as per Para 9.5 of the 'Manual on Policies and Procedure for Purchase of Goods' issued by the Ministry of Finance, may be added after Para 9.4	The suggestions given by the CVC is well taken. However, enough deliberations had in the Manual Committee and since AIIMS is awarding contract on net price basis (i.e., FOR Destination), this clause was not incorporated in the Manual.	Normally, even in cases where contracts are awarded on net price (FOR destination) basis the tenderers are asked to indicate separately the components of various taxes and duties included in the price so as to avoid any complications due to statutory variation in taxes / duties and/or imposition of fresh taxes/levies during the	The suggestions given by the CVC is well taken. Hence, the suggestions given by the CVC is accepted and the same is being incorporated in the Manual.

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18.	<p>Para 9.8 - Terms of Payment for Imported Goods</p> <p>9.8.1 Cases where Installation, Erection and Commissioning (if applicable) are not the responsibility of the Supplier - 100 % net CIF/CIP price is to be paid against invoice, shipping documents, inspection certificate (where applicable), manufacturers' test certificate, etc.</p> <p>9.8.2 Cases where Installation, Erection and Commissioning are the responsibility of the Supplier - 90% net CIF/CIP price will be paid against invoice, inspection certificate (where applicable), shipping documents, etc. and balance within 21 -30 days of successful installation and at the consignee's premises and acceptance by the consignee.</p> <p>9.8.3 Payment of Agency Commission against CIF/CIP Contract - Entire 100% agency commission is generally paid after all other payments have been made to the supplier in terms of the contract.</p>	CIF/CIP wherever appearing may be replaced with FOB/FAS/CIF/CIP.	As already justified in the Para 13 of this clarification note, AIIMS is placing all the contracts on CIF/CIP basis. Hence no correction needs to be done.	We have already commented in the preceding paragraphs that AIIMS may obtain the requisite prior permission of Ministry of Surface Transport if they wish to deviate from the Govt. policy of concluding contracts on FOB/FAS basis.	AIIMS has adopted bidding standard document of MOH&FW PMSSY project. All terms and conditions therein including CVC Guidelines are being complied and incorporated in the Manual.
19.	<p>Para 9.9 (a) - Advance payment to Foreign purchases (Imports)</p> <p>The provisions contained in the FEMA Manual RBI A.P.(DIR Series) vide Circular no.9 dated 24.8.2000 under FEMA Act-1999-Import of Goods.</p>	Circular no.9 dated 24.8.2000 is addressed to 'all Authorized Dealers in Foreign Exchange'. It is not known whether this would be applicable in case of AIIMS. They may seek clarifications from Ministry of	This is as per the RBI guidelines and the provisions contained in the FEMA Manual, ADVANCE PAYMENT can be made by way of Foreign Demand Drafts against Imported Purchases upto US\$	We have no further comments to offer. It is for the AIIMS to ensure that no Govt. policy / instruction / guidelines are violated.	The corrections / suggestions given by the CVC is accepted and the provision of advance payment to foreign suppliers have been

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	<p>Merchanting Trade & Import of Currency/Part -A A.11. envisage that "Authorised Dealers may allow advance remittance upto US\$ 25000 or its equivalent, if the amount of advance remittance exceeds U.S \$25,000 or its equivalent, a guarantee from an International bank of repute situated outside India or a guarantee of an authorized dealer in India, if such a guarantee is issued against the counter guarantee of an International bank of repute situated outside India, should be obtained. An unconditional standby L/C from an International bank of repute situated outside India may be accepted in lieu of bank guarantee."</p> <p>In the light of the above provisions contained in the RBI guidelines, ADVANCE PAYMENT can be made by way of Foreign Demand Drafts against Imported Purchases upto US\$ 25,000 or its equivalent as per the procedure/guidelines already circulated by the Finance Division vide circular No.F.1-1/Misc./Store A/c/2007-08, dated 31st May 2008. Upon specification/recommendation of the user HOD against 10% Performance Bank Guarantee for equipments.</p>	Finance / RBI.	<p>25,000 or its equivalent and the same is also in conformity with the existing procedure/guidelines already circulated by the AIIMS Finance Division vide circular No.F.1-1/Misc./Store A/c/2007-08, dated 31st May 2008.</p> <p><i>(Note:- Here, 'Authorised Dealers' refers to the Importer's Bank)</i></p>		deleted.
20.	<p>Para 11.2.1 - Preliminary Examination</p> <p>(v) The bidder as quoted for goods manufactured by a different firm without the required authority letter from the proposed manufacturer.</p> <p>(vii) The goods quoted are sub-</p>	<p>Read as:</p> <p>(v) The bidder has quoted for goods manufactured by a different firm without the required authority letter from the proposed manufacturer.</p> <p>(vii) The goods quoted are sub-standard, not meeting the required</p>	<p>The corrections / suggestions given by the CVC is accepted and the same is being incorporated in the Manual.</p>	-	<p>The corrections / suggestions given by the CVC is accepted and the same is incorporated in the Manual.</p>

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	standard, not meeting the required specification etc.	specification etc.			
21.	<p>Para 11.2.2 - Preliminary Examination</p> <p>11.2.2 During the above preliminary examination, the Purchaser may also find some minor informality and/or irregularity and /or non-conformity in some tenders. The Purchaser may waive the same provided the same does not constitute any material deviation and financial impact and, also, does not prejudice or affect the ranking order of the tenderers. Wherever necessary, the Purchaser is to convey his observation on such desirable issues (as mentioned above) to the tenderer by registered letter/speed post etc. asking the tenderer to respond by a specified date also mentioning therein that, if the tenderer does not confirm the Purchaser's view or does not respond at all by that specified date, its tender will be liable to be ignored. Depending on the outcome, such tenders are to be ignored or considered further. In situations of this kind, opportunity should be extended to all the responding firms.</p>	<p>Read as:</p> <p>11.2.2 During the above preliminary examination, the Purchaser may also find some minor infirmity and/or irregularity and /or non-conformity in some tenders. The Purchaser may waive the same provided the same does not constitute any material deviation and financial impact and, also, does not prejudice or affect the ranking order of the tenderers. Wherever necessary, the Purchaser is to convey his observation on such 'minor' issues (as mentioned above) to the tenderer by registered letter/speed post etc. asking the tenderer to respond by a specified date also mentioning therein that, if the tenderer does not confirm the Purchaser's view or does not respond at all by that specified date, its tender will be liable to be ignored. Depending on the outcome, such tenders are to be ignored or considered further. In situations of this kind, opportunity should be extended to all the responding firms.</p>	<p>The corrections / suggestions given by the CVC (i.e., the word 'Desirable' is replaced with 'Minor') is accepted and the same is being incorporated in the Manual.</p>	-	<p>The corrections / suggestions given by the CVC (i.e., the word 'Desirable' is replaced with 'Minor') is accepted and the same is incorporated in the Manual.</p>

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22.	<p>Para 11.3.1 - Non-Conformities between the figures and words of the quoted price</p> <p>Any discrepancy between quoted prices in figures and that in words, if noted, will be sorted out in the following manner:</p> <p>(a) If there is a discrepancy between the unit price and the total price (which is obtained by multiplying the unit price³ by the quantity).....</p>	<p>Read as:</p> <p>Any discrepancy between quoted prices in figures and that in words, if noted, will be sorted out in the following manner:</p> <p>(a) If there is a discrepancy between the unit price and the total price (which is obtained by multiplying the unit price by the quantity).....</p>	<p>The corrections / suggestions given by the CVC is accepted and the same is being incorporated in the Manual.</p>	-	<p>The corrections / suggestions given by the CVC is accepted and the same is incorporated in the Manual.</p>
23.	<p>Para 11.6.1 - Single envelop Bid/Tender</p> <p>Single envelop Bid/Tender: In case of seeking bids in single envelop with (Technical & financial details together), the responsive tenders (i.e. after ignoring all the unresponsive tenders as above) are to be evaluated and ranked as per the procedure indicated in subsequent paragraphs. However, when the required goods are simple in nature and have standard specifications, initial scrutiny as well as scrutiny for qualification criteria may be done simultaneously in one go. In case the required goods are of sophisticated nature and comparatively of higher value, then in the first stage the initial scrutiny will be done to segregate the unresponsive tenders. Thereafter, all the remaining tenders are to be evaluated and ranked. The next step will be to check fulfillment of required qualification criteria, that tender is to (L1). If L1 meets the required qualification criteria, that tender is to be</p>	<p>Read as:</p> <p>Single envelop Bid/Tender: In case of seeking bids in single envelop with (Technical & financial details together), the responsive tenders (i.e. after ignoring all the unresponsive tenders as above) are to be evaluated and ranked as per the procedure indicated in subsequent paragraphs. However, when the required goods are simple in nature and have standard specifications, initial scrutiny as well as scrutiny for qualification criteria may be done simultaneously in one go. In case the required goods are of sophisticated nature and comparatively of higher value, then in the first stage the initial scrutiny will be done to segregate the unresponsive tenders. Thereafter, all the remaining tenders are to be evaluated and ranked. The next step will be to check fulfillment of required qualification criteria by the tenders so ranked, starting from the lowest evaluated tender (L1). If L1 meets the required</p>	<p>The corrections / suggestions given by the CVC is accepted and the same is being incorporated in the Manual.</p>	-	<p>The corrections / suggestions given by the CVC is accepted and the same is incorporated in the Manual.</p>

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24.	Para 11.6.3 – Two bid system In case the technical bid of a firm has been declared unqualified in the technical evaluation, the unopened financial bid shall be preserved in the concerned purchasing under the safe custody. The purpose of giving proposed time period of one week is that the parties rejected may at times contest reasons of rejection and if at all lab/institute is convinced with their view point/ reasons, the labs may consider the offer for further evaluation. However, it should be done prior to opening of commercial bids of other short listed parties.	Read as: In case the technical bid of a firm has been declared unqualified in the technical evaluation, the unopened financial bid shall be preserved in the concerned purchasing department under the safe custody. The purpose of giving proposed time period of one week is that the parties rejected may at times contest reasons of rejection and if at all lab/institute is convinced with their view point/ reasons, the labs may consider the offer for further evaluation. However, it should be done prior to opening of commercial bids of other short listed parties.	The corrections / suggestions given by the CVC is accepted and the same is being incorporated in the Manual.	The corrections / suggestions given by the CVC is accepted and the same is incorporated in the Manual.					



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25.	<p>Para 11.8.2 - Evaluation and Ranking</p> <p>The comparison between..... as under:- Towards customs duty and other statutory levies- as per applicable rates. Accordingly while soliciting bids, it should be clearly stipulated in the tender document that the bidder should quoting the landing CIF price including all landing</p>	<p>Read as:</p> <p>The comparison between..... as under:- Towards customs duty, port clearing and handling charges, inland freight & insurance upto destination and other statutory levies- as per applicable rates. Accordingly while soliciting bids, it should be clearly stipulated in the tender document that the bidder should give a clear cut break up of ex-works. FOB/FCA, CIF/CIP price to facilitate the proper comparison. The evaluation criteria should be clearly brought out in the bidding documents.</p>	<p>The corrections / suggestions given by the CVC is well taken. However, it is submitted that the Institute is having their own appointed CHA, who is responsible for immediate clearance of consignments of perishable/ dangerous goods (including radio-active material, etc.). Since clearance of goods is the responsibility of AIIMS as the Institute is enjoying the concessional duty for Patient Care and Research purposes, this clause is not applicable.</p>	<p>The comparison of FOR destination price of an indigenous offer with that of CIF/CIP price (plus customs duty and other statutory levies) of an imported offer would not be fair since the imported price considered for evaluation does not include the charges payable to CHA towards port clearing, handling, and inland freight & insurance upto destination. Hence, loading on account of port clearing, handling, and inland freight & insurance upto destination should be indicated in the bidding documents and evaluation should be done accordingly.</p>	<p>The corrections / suggestions given by the CVC is accepted and the same is incorporated in the Manual.</p>
26.	<p>Para 11.8.3 - Evaluation and Ranking</p> <p>In the case of purchase of many items against one tender, which are not inter-dependent or, where compatibility is not a problem, normally the comparison may be made on ex works, (in case of indigenous items) and on FCA (in the case of imports) prices quoted by the firms for identifying the lowest quoting firm for each item. This is not applicable for M & E.</p>	<p>The comparison may be made as per Para 11.8.2 above.</p>	<p>Same as para 25 above.</p>	<p>The comparison of FOR destination price of an indigenous offer with that of CIF/CIP price (plus customs duty and other statutory levies) of an imported offer would not be fair since the imported price considered for evaluation does not include the charges payable to CHA towards port clearing, handling, and inland freight & insurance upto destination. Hence, loading on account of port clearing,</p>	<p>The corrections / suggestions given by the CVC is accepted and the same is incorporated in the Manual.</p>

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27.	Para 11.8.8 - Evaluation and Ranking Situations may arise when sufficient response has not been received or after bid evaluation there is only one responsive bidder. In such situations, the Purchase Committee/ Technical & Purchase Committee is required to check whether, while floating/issuing the tender enquiry, all necessary requirements like standard tender enquiry conditions, industry friendly specification, wide publicity, sufficient time for formulation of tenders, etc. were fulfilled. If not, the tender is to be re-issued/re-floated after rectifying the deficiencies.	Read as: Situations may arise when sufficient response has not been received or after bid evaluation there is only one responsive bidder. In such situations, the Purchase Committee/ Technical & Purchase Committee is required to check whether, while floating/issuing the tender enquiry, all necessary requirements like standard tender enquiry conditions, industry friendly specification, wide publicity, sufficient time for formulation of tenders, etc. were fulfilled. If not, the tender is to be re-issued/re-floated after rectifying the deficiencies. However, if after scrutiny it is found that all such aspects were fully taken care of and in spite of that the Lab/Institute ends up with one responsive bid only, then in such a situation Lab/Institute should go-in for a re-tender/snap bid. If even after re-tendering more than one bidder is not available, then the contract/ Purchase Order may be placed on that bidder provided the quoted price is reasonable.	As AIIMS being the premier health institution (No.1 in ASIAN Continent), purchases latest state-of-the-art with new technology equipment, which sometimes is available with single source. However, efforts are made to ensure all the stringent formalities to purchase at most economic and most competitive price, which is also vetted & approved by the High Power Committee such as SPC, etc. Hence, in such deserving situations, re-tendering are not resorted to in all cases as it will be time consuming and delaying the procurement process and involving wasteful expenditure. The delay may adversely affect the patient care/research and teaching activities.	Our only concern is that a competitive environment is attempted / created wherever possible. AIIMS may go-in for retendering wherever time permits. However, reasonableness of the price has to be ensured in all cases.	The corrections / suggestions given by the CVC is accepted and the same is incorporated in the Manual.
28.	Para 11.10.0 - Negotiations	Read as:	The suggestions given by the CVC is well considered.	Going to L2 bidder or calling for revised prices	The corrections / suggestions given by the

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11.10.1 There should not be any negotiations. Negotiations if at all shall be an exception and only in the case of proprietary items or in the case of items with limited source of supply. Negotiations if at all required shall be held with the lowest (L-1) evaluated responsive bidder with the cogent reasons to be recorded. 11.10.3In case L-1 backs out then we may ask the revised price bids from the remaining technically qualified bidder to cover the unexpired portion of the contract.	11.10.1 There should not be any negotiations. Negotiations if at all shall be an exception and only in the case of proprietary items or in the case of items with limited source of supply and items where there is suspicion of a cartel formation. Negotiations if at all required shall be held with the lowest (L-1) evaluated responsive bidder with the cogent reasons to be recorded. 11.10.3In case L-1 backs out / withdraws his offer before the work order is placed, or before the supply or execution of work order takes place, there should be retendering in a transparent and fair manner. The competent authority may in such a situation call for limited or short notice tender if so justified in the interest of work and take a decision on the basis of lowest tender.	However, in certain cases on exigency situations, the uninterrupted supplies of materials in the Hospital needs to be ensured, To tide over the situation, which is arranged from the second lowest bidder or the lowest bidder out of remaining bidders in case of L-1 firms backs out after making supplies for some period after awarding of contract. As the tendering process is time consuming and the required material has to be arranged from the market at very high prices in the absence of contract.	from the remaining bidders after L1 backs out, is against the Commission's guidelines as it may lead to collusion / manipulation by the bidders. Further, avoiding normal tendering process citing time constraints is not acceptable since all activities relating to procurement are to be planned well in advance keeping in view various eventualities / unforeseen circumstances that may lead to discharge of tender. We, therefore, do not agree with the proposals contained in this clause and re-iterate our earlier advice.	CVC is accepted and the same is incorporated in the Manual.	
29. Para 11.11.5 - Comparative Statement When bids are received in different currencies, the comparative statement shall clearly the exchange rate as notified by the SBI/ BC selling rates on the date of opening of the bid and the quoted price in rupees in the case of single bid system. However, when two-bid system is adopted, then the exchange rate as notified by	Read as: When bids are received in different currencies, the comparative statement shall clearly indicate the exchange rate as notified by the SBI/ BC selling rates on the date of opening of the bid and the quoted price in rupees in the case of single bid system. However, when two-bid system is adopted, then the exchange rate as notified by SBI/ BC selling rate on the date of opening the financial bid should be basis for preparing the comparative statement.	The corrections / suggestions given by the CVC is accepted and the same is being incorporated in the Manual.	-	The corrections / suggestions given by the CVC is accepted and the same is incorporated in the Manual.	



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	SBI/ BC selling rate on the date of opening the financial bid should be basis for preparing the comparative statement.				
30.	<p>Para 11.12.3 - Placement of Order/Conclusion of Contract</p> <p>If due to some exceptional and unforeseen reasons, the Instr. is unable to decide placement of the contract within the original validity period, it should request, before expiry of the original validity period, L1 bidders to extend their tenders up to a specified period. While asking for such extension, the bidder are also to be asked to extend their offers as it is, without any changes therein.</p>	<p>Read as:</p> <p>If due to some exceptional and unforeseen reasons, the Instr. is unable to decide placement of the contract within the original validity period, it should request, before expiry of the original validity period, all the eligible bidders to extend their tenders up to a specified period. While asking for such extension, the bidders are also to be asked to extend their offers as it is, without any changes therein.</p>	<p>The corrections / suggestions given by the CVC is accepted and the same is being incorporated in the Manual.</p>	<p>-</p>	<p>The corrections / suggestions given by the CVC is accepted and the same is incorporated in the Manual.</p>
31.	<p>Placement of Order/Conclusion of Contract</p> <p>Para 11.12.8 - Order for equipments shall be dispatched to the vendor in two copies with an instruction that the vendor has to return one copy duly signed as a token of the acceptance of the order.</p> <p>Para 11.12.10 - The Order confirmation should be received within 15 days. However, the sanctioning authority has the powers to extend the time frame for submission of order confirmation and submission of Performance Security (PS).</p>	<p>Para 4.2.1 defines 'Contract' and Para 4.9.1 defines when the communication of an acceptance is complete. Therefore, these Paras may be re-formulated in line with above Paras.</p>	<p>The corrections / suggestions given by the CVC is accepted and the same is being incorporated in the Manual.</p>	<p>-</p>	<p>The corrections / suggestions given by the CVC is accepted and the same is incorporated in the Manual.</p>
32.	<p>Para 11.12.11 - Placement of Order/Conclusion of Contract</p> <p>Even after extension of time, if the order</p>	<p>There is no clause 4.7.3 in the draft Manual. Institute should obtain legal advice before cancelling the contract.</p>	<p>The corrections / suggestions given by the CVC is accepted and the words "in line with</p>	<p>We have no further comments to offer.</p>	<p>The suggestion given by the CVC is accepted and necessary modifications</p>

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	confirmation /PS are not received, then in consultation with Purchase Committee the Purchase order should be cancelled and limited tenders irrespective of the value may be invited from the responding firms in line with Clause 4.7.3 after forfeiting the bid security of the defaulting firm, Where applicable provided there is no change in specification. In such cases the defaulting firm should not be considered again for re-tendering in the particular case. However, if the contract is signed across the table, then order acceptance is not required.	As regards mode of issuing tender enquiry after cancellation of the contract, giving an opportunity to the defaulting firm to participate in the risk purchase tender, etc., the Institute may formulate suitable guidelines in consultation with the legal advisor.	<i>clause 4.7.3 stands deleted". Further, it is clarified that when there is no change in the specification, defaulting firm shall not be considered for re-tendering. However, if there is any change in the specifications, defaulting firm will also be considered for re-tendering.</i>	-	The corrections / suggestions given by the CVC is accepted and the same is incorporated in the Manual. Accordingly, the para is amended as under: In accordance with the CVC guidelines, vide their Order No.41/12/07, dated 4/12/07 and their subsequent communications, in regard to Integrity Pacts, shall invariably be followed in all one-time major purchases
33.	Para 11.13.0 – Integrity pact Adoption of an integrity pact in accordance with Para 6.1.7 and Annexure K shall invariably be done in all one-time major purchase cases exceeding Rs.5.0(Five) crores.	Para 6.1.7 and Annexure 'K' are not relevant to Integrity Pact. Institute may follow CVC guidelines in this regard.	The corrections / suggestions given by the CVC is accepted and the same is being incorporated in the Manual.	-	The corrections / suggestions given by the CVC is accepted and the same is incorporated in the Manual. Accordingly, the para is amended as under: In accordance with the CVC guidelines, vide their Order No.41/12/07, dated 4/12/07 and their subsequent communications, in regard to Integrity Pacts, shall invariably be followed in all one-time major purchases

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				exceeding Rs.5.0(Five) crores.	
34.	<p>Para 12.6 - Amendment to Contract / Order</p> <p>Many a times, due to various reasons, changes and modifications are needed even in a duly concluded contract. Requests for such changes and modifications mostly emanate from the supplier. Immediately on receiving such a request, the purchase organization shall examine the same and take action as necessary with the approval of the competent authority. Any amendment to contract terms requested by the supplier may have, inter alia, financial impact and/or technical impact and/or legal impact. Therefore, before agreeing to the request of the supplier, the purchase organization should scrutinize the issue on its merits to ensure the requested amendment will not have any adverse effect on the purchase organization. Financial concurrence should be obtained before issuing any amendment having implications/repercussions. The Centres/ Departments should process such issues, as deemed fit, depending on the merit of the case.</p>	Legal advice may also be obtained, wherever necessary, before issuing the proposed amendment.	This clause is mainly based on the Ministry of Finance Manual. However, amendments are sometimes required and decided on case-to-case basis by the approval of the competent authority. However, if any specific case warrants legal advice, their opinion will be obtained accordingly.		The suggestion given by the CVC is accepted and necessary modifications have been carried out in draft manual.
35.	<p>Chapter 14 - Rate Contract</p> <p>Para 14.12 - Price Negotiation/Counter-Offer</p> <p>Price Negotiation with the tenderers should be severely discouraged. However, in case the price quoted by the</p>	It seems from the 'Manual on Policies and Procedures for Purchase of Goods' issued by the Ministry of Finance that the special permission to resort to negotiation and counter offering as cited in this Para, has been given to DGS&D only. AIIMS may	This clause is mainly based on the Ministry of Finance Manual as well as in DGS&D Manual and does not require any change.	AIIMS may again be advised to ensure that they have requisite permission / approval to resort to negotiation and counter offering as cited in this Para.	The suggestion given by the CVC is accepted and necessary modifications have been carried out in draft manual.

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Sl. No.	As per the first version of the Manual	CV C comments dated 29.03.2010 (vide Dy.No.37815/09/7/80328)	Subsequent reply by AIIMS to CV C, vide letter No.F.Vig/2-505/2003, dated 28.7.2010	Subsequent comments of CV C in the letter dated 01.09.2010 (vide Dy.No.37815/09/7/100271) (Subsequent to AIIMS reply)	Final status in the Manual
<p>lowest responsive tenderer (L1) is not reasonable and acceptable, the price may be negotiated with L1 only and, if it reduces the price to the desired level, rate contract may be concluded with L1. There may be a situation, where parallel rate contracts are needed, but though the price of L1 is reasonable, the number of responsive tenderers falling within the reasonable price band is inadequate. To take care of such situation, special permission has been given to the Competent Authority to resort to negotiation and counter offering as indicated below:</p> <p>To start with, the rate contract may be awarded to L1 tenderer. Then the price of L1 is to be counter offered to the higher quoting responsive tenderers under intimation to L1 asking them to send their revised tenders in sealed covers to be opened in public at a specified place, date and time (as per the standard procedure). L1 may be specifically informed that it may, if it so desires, reduce its price and send its revised tender accordingly as above. The tenderers who accept the counter offer rate or rate lower than that are to be awarded parallel rate contracts. If L1 lowers its rate in its revised offer, same may also be accepted with effect from that date and its rate contract amended accordingly.</p> <p>There may also be a situation where parallel rate contracts are necessary, but even the price of the lowest responsive tenderer (L1) is not reasonable. In that</p>	<p>make it sure that a similar permission has been given to them also for negotiations/ counter-offer. In case L-1 backs out, there should be retendering as indicated in Para 11.10.3 above.</p>				



Sl. No.	As per the first version of the Manual	CV C comments dated 29.03.2010 (vide Dy.No.37815/09/7/80328)	Subsequent reply by AIIMS to CV C, vide letter No.F.Vig/2-505/2003, dated 28.7.2010	Subsequent comments of CV C in the letter dated 01.09.2010 (vide Dy.No.37815/09/7/100271) (Subsequent to AIIMS reply	Final status in the Manual
36.	<p>case, price negotiation may be conducted with L1 in the first instance. If L1 agrees to bring down the price to the desired level, rate contract may be concluded with it and that price counter offered to other responsive tenderers under intimation to L1 for further action in identical manner as indicated in the above paragraph. If, however, L1 does not agree to reduce its price in the first instance itself, then the price, which has been decided as reasonable may be counter offered to all the responsive tenderers (including L1) for further action on above lines.</p> <p>If L-1 back out then the rates should be counter offered to all higher quoting firms.</p>	<p>CV C comments dated 29.03.2010 (vide Dy.No.37815/09/7/80328)</p>	<p>Subsequent reply by AIIMS to CV C, vide letter No.F.Vig/2-505/2003, dated 28.7.2010</p>	<p>Subsequent comments of CV C in the letter dated 01.09.2010 (vide Dy.No.37815/09/7/100271) (Subsequent to AIIMS reply</p>	<p>Final status in the Manual</p>
36.	<p>Para 17.2.6 - Miscellaneous</p> <p>Sometimes, the maintenance contractor may have to take the goods or some components of the goods to its factory for repair etc. On such occasions, before handing over the goods or components, specific recommendations of the user Department/HOD shall be obtained depending upon the past performance of the supplier with the approval of the competent authority.</p>	<p>Add:</p> <p>On such occasions, before handing over the goods or components, suitable bank guarantee is to be obtained from the firm to safeguard purchaser's interest.</p>	<p>Sometimes, certain life saving equipments break down after warranty period and due to high-tech nature, they have to be repaired at the manufacturer's workshop on urgent basis. Most of the manufacturers requires equipment for repair in their workshop, where full infrastructure facilities are available. As per previous experience, no firms will be ready to take for repair if we insist for Bank Guarantee, resultantly the institute will suffer for getting the equipment repaired in time and the institute will have to extra expenditure to send the equipment abroad for repair and return. Most of the firms are reputed and</p>	<p>It is not clear as to how AIIMS has come to the above conclusion. Whether any attempt was ever made to insist on BG from the maintenance contractors? However, in any case, in contractual matter involving public money it is important to have necessary safeguards in place so that the organization is not put to any loss in the event of any default by the contractor for whatever reasons. If not BG, AIIMS could consider obtaining indemnity bond from the contractors for the equipment / machinery handed over to them for repairs.</p>	<p><i>The suggestion given by the CV C is accepted (i.e., obtaining Indemnity Bond from the contractors for the equipment / machinery handed over to them for repairs) and the same is incorporated in the Manual.</i></p>

Sl. No.	As per the first version of the Manual	CVC comments dated 29.03.2010 (vide Dy.No.37815/09/7/80328)	Subsequent reply by AIIMS to CVC, vide letter No.F.Vig2-505/2003, dated 28.7.2010	Subsequent comments of CVC in the letter dated 01.09.2010 (vide Dy.No.37815/09/7/100271) (Subsequent to AIIMS reply)			are having running business and in having constant touch with the institute and hence they will not spoil their reputation/good will on small issues such as repair and maintenance.		
37.	Para 18.1.14 – Consultancy by nomination : Under some special circumstances, it may become necessary to select a particular consultant where adequate justification is available for such single-source selection in the context of the overall interest of the Centre or Department. Full justification for single source selection should be recorded in the file and approval of the competent authority obtained before resorting to such single-source selection.	AIIMS may follow the detailed guidelines contained in the 'Manual of Policies and Procedure of Employment of Consultants' issued by the Ministry of Finance.	Generally, no consultants are appointed in procurement contracts. However, in exceptional circumstances, if consultants are needed to be appointed in such procurement contracts, the guidelines contained in the Manual of Policies & Procedure of Employment of Consultants issued by Min. of Finance will be followed.	-					The suggestion given by the CVC is accepted and the para is suitably modified in such a way that the Departments/Centres are directed to follow the detailed guidelines contained in the 'Manual of Policies and Procedure of Employment of Consultants' issued by the Ministry of Finance.



A.I.I.M.S.

OFFICE OF FINANCIAL ADVISOR
Sr. Financial Advisor
Date: 28/5/16

Subject: SFC note on "Introduction of AllMS Purchase Manual"

Comments of the Finance Division/Sr. Financial Advisor as required under Para 7 of the revised guidelines for preparation of SFC note may be forwarded as for incorporating in the draft SFC note:

"The proposal of introduction of AllMS Purchase Manual has been examined in view of recommendations of the committee formed for said purpose and confirmation of compliance on points raised by CVC and MoH&FW. Finance Division may concur to the proposal to place the draft purchase manual before the SFC for consideration.

Submitted please.

F&CAO (Concurrence Wing)

[Signature]

Financial Advisor

[Signature]
25/2/16

Sr. Financial Advisor

[Signature]

[Signature]
25/3/16

DDA

SFC has concurred the proposal for Draft purchase manual + sent to the put up to DDA + Director for their kind consideration + approval.

DDA

Director A.I.I.M.S.

[Handwritten notes]

Finance Division

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NOTE FOR THE STANDING FINANCE COMMITTEE

ITEM NO. SFC-211/9

To consider the report of the Staff Inspection
Unit on the work measurement study for
(Administrative, Finance & Store Wing) at AIIMS,
New Delhi!

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NOTE FOR THE STANDING FINANCE COMMITTEE

Item No.FC/2119

TO CONSIDER THE REPORT OF THE STAFF INSPECTION UNIT ON THE WORK MEASUREMENT STUDY FOR (ADMINISTRATION, FINANCE & STORE WING) AT AIIMS, NEW DELHI - REG.

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1. INTRODUCTION

The Report of the Staff Inspection Unit on the work measurement study for creation of posts for Administration, Finance and Store Wing at AIIMS was under consideration in the Ministry of Health & Family Welfare, Nirman Bhavan, New Delhi. The Ministry of Health & Family Welfare vide their letter No.V-6020/17/2013-ME-I dated 26th November, 2015 has requested that the Report of the SIU may be placed before the SFC of the Institute with a self contained agenda for its consideration (Annexure-1).

2. ADMINISTRATIVE COMMENTS:

In the above context, it is submitted that on the request of Special Secretary & Financial Adviser, Ministry of Health & Family Welfare regarding "Work Measurement Study of Stores Cadre, Finance Division and Administration Wing of the AIIMS, New Delhi", the Ministry of Finance (Department of Expenditure) had deputed a team to inspect the staff strength in the Administration, Finance Division & Store Cadre at the Institute.

The team of Staff Inspection Unit, Ministry of Finance (Department of Expenditure) conducted the work study of only the following 3 wings of the Institute:-

1. Administration
2. Finance & Accounts
3. Stores

The SIU have assessed the requirement of 648 posts of different cadres in the above mentioned three wings of the Institute against the existing staff strength of 687. While rationalising the manpower requirement of these three wings, they have recommended both creation of posts in various cadres as well as abolition of posts in many cadres. The posts recommended for creation over and above the existing strength of Administration, Finance and Store Wing of the Institute by the SIU are as under. A copy of SIU Report is enclosed as Annexure-II:-

It is further stated that the Administration, Finance and Store Wing of the Institute are only the small part of the Institute and the staff found surplus by the SIU can be utilised in 56 departments and 5 Centres where there is shortage of such manpower.

S.No.	Name of post	E	A	Additional Requirement
1	OS	19	13	-6
2	PA	5	3	-2
3	DEO	1	0	-1
4	UDC	149	130	-19
5	Sr.Office Attendant	6	5	-1
6	Multipurpose Worker	4	0	-4
7	Programmer	2	1	-1
8	Outsource	73	0	-73
9	Group D erstwhile	59	0	-59
10	Pharmacist	7	0	-7
				173

The SIU have simultaneously recommended that the following posts are over and above the assessment made by the SIU:-

Sr.No.	Name of post	Pay scale	No.of posts recommended by the SIU Team for approval
1	Financial Advisor	Rs.15600-39100+GP Rs.7600/-	01
2	Sr.Admn.Officer	Rs.15600-39100+GP Rs.6600/-	05
3	F & CAO	Rs.15600-39100+GP Rs.6600/-	02
4	Sr.Stores Officer	Rs.15600-39100+GP Rs.6600/-	03
5.	P.P.S.	Rs.15600-39100+GP Rs.6600/-	01
6	Administrative Officer	Rs.15600-39100+GP Rs.5400/-	05
7.	Accounts Officer	Rs.15600-39100+GP Rs.5400/-	03
8.	Store Officer	Rs.15600-39100+GP Rs.5400/-	03
9.	Asstt.Admn.Officer	Rs.9300-34800+GP Rs.4600/-	06
10	Asstt.Accounts Officer	Rs.9300-34800+GP Rs.4600/-	11
11	P.S.	Rs.9300-34800+GP Rs.4600/-	01
12	Jr.Accounts Officer	Rs.9300-34800+GP Rs.4200/-	09
13	Jr.Stores Officer	Rs.9300-34800+GP Rs.4200/-	01
14	Assistant (NS)	Rs.9300-34800+GP Rs.4200/-	24
15	Store Keeper	Rs.9300-34800+GP Rs.4200/-	09
16	Stenographer	Rs.5200-20200+GP Rs.2400/-	01
17	LDC	Rs.5200-20200+GP Rs.1900/-	09
18	Office Attndt. I & II	Rs.4400-7440+GP Rs.1800/-	38
		Total	132

It is also stated that the Report of the Staff Inspection Unit on the Work measurement study for Administration, Finance & Store Wing at AllMS was placed before the 203rd SFC meeting held on 22.8.2013 vide item No.SFC-203/23 and the SFC decided as under:-

"The Report of the (SIU) Staff Inspection Unit was taken note of and it was agreed that the report alongwith the proposals of the Institute should be referred by the Institute to Ministry of Health & Family Welfare for their approval".

Accordingly the matter was referred to the Ministry of Health & Family Welfare vide this Institute letter No.FD/SIU/Team/11-12 dated 31.12.2013. Now the Ministry has informed that the SIU Report may be placed before the SFC with self contained note. It is also informed that the Sub-Committee of Standing Finance Committee of AllMS, New Delhi to assess the manpower requirement in AllMS constituted by the Ministry of Health & Family Welfare has also agreed to SIU recommendations for creation of posts for the Finance Division, Administration & Store Wing.

3. PROPOSAL

The proposal is submitted for grant of approval to implement the above recommendation of SIU for creation of 132 posts for Administration, Finance & Accounts and Stores and the staff found surplus by SIU i.e. 173 posts may be utilised in 56 departments and 5 Centres where there is shortage of such manpower.

4. EXISTING GUIDELINES:

It is mentioned that as per Ministry's letter No.V.16020/222003-ME.I, Government of India, Ministry of Health & Family Welfare (Department of Health) dated 16th March, 2004 regarding creation of various posts under Rule 7(1) and reference to ACC in respect of various appointments. The Institute is competent to create various posts under Rule 7(1) of an below the rank of Associate Professor subject to specific provision in the budget and also that there is no need for the Institute to refer cases for ACC approval in respect of various appointments except to the post of Director.

5. INTER DEPARTMENTAL CONSULTATIONS: N.A.

6. FINANCIAL IMPLICATION

The financial implication involved is Rs.595.75 lakhs (approx.) per annum for creation of 132 posts recommended by SIU for Administration, Finance & Accounts and Stores at AllMS, New Delhi.

Finance Division has no objection to creation of the 132 posts recommended by SIU for Administration, Finance & Accounts and Stores at AIIMS, New Delhi. The financial implication involved is Rs.595.75 lakhs (approx.) per annum. The financial implication will be reflected/asked to the Ministry of Health & Family Welfare after approval of the Competent Bodies.

8. APPROVAL SOUGHT:

The proposal is submitted for grant of approval to implement the above recommendation of SIU for creation of 132 posts for Administration, Finance & Accounts and Stores and the staff found surplus by SIU i.e. 173 posts may be utilised in 56 departments and 5 Centres where there is shortage of such manpower.

9.This has the approval of Director, AIIMS.

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Construction of STP at Masjid Moth

ITEM NO. SFC-211/10

NOTE FOR THE STANDING FINANCE COMMITTEE

NOTE FOR GOVERNING BODY ON

Item No GB/

SUBJECT :- CONSTRUCTION OF SEWAGE TREATMENT PLANT (STP) 2000 KLD & EFFLUENT TREATMENT PLANT (ETP) 200KLD AT MASJID MOTH CAMPUS OF AIIMS NEW DELHI .

1. INTRODUCTION

1.1 All India Institute of Medical is in the process of setting up of up of super speciality Centres at its Masjid Moth Campus. The facilities being developed therein include Mother & Child Block , Surgical Block , Geriatric Block , OPD Block, Emergency cum Diagnostic Block and Hostel Blocks with combined capacity of 1100-1200 bed and increasing the residential capacity of the students of by 800 .

1.2 All the patients , beds and Visitors will pose a large demand on the water consumption and the discharge of waste water. In additions the regular discharge from bathroom, toilets etc a large amount of waste water is also discharge from kitchens in the hostels and canteen within the campus. Further the activities of cooling tower for central air conditioning, Boilers, laundry, CSSD, operation theatre etc would discharge substantial waste water .

1.3 Considering the demand, a New Sewage treatment plant is proposed to built of capacity of 2000m³/day to overcome the requirement of treatment of waste water of Hospital in Masjid Moth Campus of AIIMS.

1.4 For the existing hospital and Centres there is an existing Sewage treatment Plant of 1000cu.m/day designed for which is just sufficient to meet the present demand of the waste water treatment.

1.5 The STP envisaged would have the provision of recirculation of treated sewage effluent for the use of Horticulture, flushing and Air conditioning purposes.

2. PROPOSAL

2.1 Taking into consideration all the factors and conditions, Moving Bed Bio Reactor has been selected for the Sewage treatment Plant of Average flow rate of 2000 m³/day. The proposed effluent treatment consists of following processing units.

- 1) Equalisation tank of Min retention time 6 hrs where the waste will be received and homogenized and equalisation for continuous operation of treatment plant.
- 2) Rotary Air blower (4+2 standby) the equalisation sewage is agitated with air blower.

- 3) Bar Screen Chamber of size 3.0m*1.5m*0.6m to remove large suspended and floating material.
- 4) Grit chamber for surface overflow rate 1800m³/day to remove inorganic solids.
- 5) Moving Bed Bio Reactor (MBBR) with Min. 6 Hrs HRT an ideal treatment solution for high-strength wastewater and enhance biological nitrogen removal (BNR).
- 6) Secondary Clarifier (Tube Settler / Lamella clarifier) of maximum Hydraulic loading 1.75cu.m/sq.m/hr and min water depth of 2.4m+tree board and hopper bottom to separate microorganism in the form of Biological sludge.
- 7) Oxilyte (Mixed Oxidant) Generation System based on ECA technology.
- 8) Raw Sewage pump for transferring raw sewer from sump to outside the building.
- 9) RCC supernatant tank (filter feed Pump) of min Capacity 300cu.m
- 10) Activated Carbon Filter to remove the final traces of organic matters.

Design basis;
The total waste generation of Hospital:?"

Present

No of Beds 1200@80=542Cum/day

Contingency@15%=81.3cum/day

Total=624cum/day

Earlier

No of Beds 2400@450=1080Cum/day

Contingency@15%=162cum/day

Total=1242cum/day

Net Total Requirement=1833cum/day

ADMINISTRATIVE COMMENTS

An existing Sewage treatment Plant of Capacity 1000cu.m/day designed for present waste water generation is required to be augmented to meet the increased projected demand in the new Masjid Moth Campus. The proposal has been technically vetted and need has been established by the project consultants i.e HSCC.examinied by the Finance Division, concurs the proposal for Hence the proposed construction of Sewage Treatment Plant(STP) 2000 KLD & effluent Treatment Plant(ETP) of 200 KLD at Masjid Moth AIIMS at the estimated cost of Rs 15.36 crore is very much required.

4. WHETHER PROPOSAL HAS THE APPROVAL OF CONCERNED COMMITTEE VIZ. ESTATE COMMITTEE/ ACADEMIC COMMITTEE/ SFC ETC.

Proposal has been approved in the 211th SFC held on 9th & 13th April May 2016, vide Agenda item No. 10

5. APPROVAL SOUGHT

Approval is sought for -

- a) Approval for the projected cost of Rs 15.36 crore.
 - b) Delegation of powers to Director, AAIMS for giving all clearances for call of tenders, for approving pre qualification of bidders and opening of price bid thereafter through the consultants HSCC.
 - c) Delegation of powers to Director, AAIMS for conveying approval of the L-1 bidder for award of work subject to reasonability of rates in anticipation of post facto approval by the SFC in the subsequent meeting.
6. This has the approval of Director.

(Er.M.Rastogi)
Superintending Engineer

NOTE FOR THE STANDING FINANCE COMMITTEE

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ITEM NO. SFC-211/11

33 KVA Sub-station at Masjid Moth

NOTE FOR STANDING FINANCE COMMITTEE, AIMS

ENGINEERING SERVICES DEPARTMENT

File No- Item No. SEC-211/11

SUBJECT:- ESTABLISHMENT OF GRID SUB-STATION 33/11KV TO MEET OUT LOAD REQUIREMENT OF 27MVA AT AIMS, MASJID MOTH, NEW DELHI.

1. INTRODUCTION

1.1 All India Institute of Medical Sciences the premier health institution has taken up the proposal of setting up of an Mother & Child Block with upgraded facilities, along with Surgical Block, Geriatric Block, Service Block, Emergency cum Diagnostic Block and Hostel Blocks with combined capacity of 1100-1200 bed and increasing the residential student's capacity of 800 plus respectively, as part of its expansion plans in Masjid Moth Campus of AIMS New Delhi for which additional electrical load of 27MVA is required.

2. PROPOSAL

- 2.1 Accordingly, AIMS has requested BRPL to supply the required additional power load which BRPL has agreed in principle to provide electric supply through providing Grid sub-station (33/11KVA)
 - 2.2 MOU for the same has been signed on 09.07.2014 between AIMS and BRPL(BSES) for Installation of 33/11KVA grid sub-station at Masjid Moth Campus and as per the MOU, AIMS has handed over two plots of land each measuring 800sqmtr(20MtrsX40Mtrs) totally 1600sqmtrs approximately to BRPL(BSES).
 - 2.3 AIMS also agreed not to charge any amount on account of cost of land for this purpose from BRPL. It also has been decided that BRPL shall not supply the surplus power from this grid sub-station to other consumer and would make available load for AIMS requirement only in modular portion for which AIMS will bear 100% of capital expenditure (CAPEX) cost approved by DERC. (Copy Enclosed)
 - 2.4 Proposal for providing grid sub-station (33/11KVA) of 27MVA load is as detailed below.
- A. Lying of 33KV 4Nos 3X400sqmm (for 2nos feeder) XLPE cable from 220KV Trauma Centre grid sub-station to 33KV AIMS grid sub-station (Proposed).
- B. Establishment for grid sub-station 33KVA.

3. JUSTIFICATION

3.1 Break up of Electrical load calculated building wise is enclosed as Annexure A. Load considered by BSES is 27MVA against total load calculated 33MVA.

4. REFERENCE OF ANY SIMILAR APPROVED PROPOSAL

There is no other such proposal so far for this campus.

5. INTERDEPARTMENTAL CONSULTATIONS

No inter departmental consultation is required as it is an mandatory requirement as per statutory norms.

6. FINANCIAL IMPLICATION

An estimated cost of Rs.20, 02, 57,547/- has been submitted by BSES Rajdhani Power Limited. Detail of the cost is enclosed as Annexure-B and C.

7. COMMENTS/OBSERVATION of FINANCE DIVISION WITH APPROVAL OF Sr F.A.

In view of the justification given by ESD the proposal for Establishment of Grid Sub-Station 33/11 KV to meet out load requirement of 27MVA at AIHMS, Masjid Moth, New Delhi at the estimated cost of Rs.20,02,57,547/- given by BPRL is concurred to. Budget will be provided after approval of the proposal by the Competent Bodies

8. APPROVAL SOUGHT

Approval is sought for -

1. Approval for the project cost of Rs.20, 02, 57,547/-

2. For approval to deposit Rs.20,02,57,547 (Rupees twenty crore two lakh fifty seven thousand five hundred and seven only) in the form of demand draft/Pay order in the favour of BSES Rajdhani Power Limited.

9. This has the approval of Director

Sign of HOD/S.F.



ITEM NO. SFC-211/12

Revision of EFC Memo for Augmentation of Existing facilities of AIIMS, New Delhi for implementation of Oversight Committee-Reg.

NOTE FOR STANDING FINANCE COMMITTEE, AAIMS

ENGINEERING SERVICES DEPARTMENT

R.No. Item No. FC-21/12

SUBJECT :- Revision of EFC Memo for Augmentation of Existing facilities of AAIMS, New Delhi for implementation of Oversight Committee-

Reg.

BACKGROUND

1. EFC approval received for implementing the recommendations made by the oversight committee pursuant to which an CCEA approval of Rs 750.14 crore was granted.
2. AAIMS had initiated a Revised Cost Estimates for works being taken up under the Oversight Committee from Rs.750.14 crore to Rs.1766.28 crore. Revised EFC has been considered in 209th SFC meeting held on 29th Oct 2015 . After discussions the SFC decided as follows:-

“The SFC noted the status of implementation of works under oversight committee recommendations. The SFC also noted that a standing committee has been constituted under the chairmanship of Secretary(H) to examine the response of AAIMS to the comments of the Department of Expenditure. AAIMS informed that a meeting date was sought for convening the meeting of the standing Committee. There after suggestions put forward by Sh Ali Rizvi and Smt Vijaya Srivastava, ASFA to separate the civil works and the equipment and manpower costs for the various centers (surgical Block and Mother & Child Centre) and take it for approval. Sh. V. Srinivas, DD(A), AAIMS and Sh. Ali Rizvi to work out the modalities”.
3. There after it was decided to constitute an committee under the Chairmanship of Additional Secretary (Health) to consider the proposal on the above subject. The committee constituted on dated 26th Oct 2015 is enclosed as Annexure-I.
4. The meeting was thereafter convened on 5.11.2015, in the Chamber of JS(AR), and it was proposed by JS(AR) that all expenditure under this scheme be restricted to the originally sanctioned amount of Rs. 750.14 cores. It was decided to separate the Equipment, Manpower costs of Mother & Child Block and Surgical Block, which was decided to be taken up as a separate scheme to the SFC of AAIMS. The work of the residential blocks as was proposed to be part of the original scheme is being taken up as part of the Redevelopment of Ayurvigyan Nagar Campus scheme to be under taken by NBCC on “No Cost to Government” basis and it was decided to remove the same from the proposed Investment Head.

5. A letter dated 10.12.15 was issued by the OH & FW conveying the outcome of the meeting held on 5.11.15 and to submit revised proposal in line with the discussions held.(Annexure II)
6. A revised proposal was sent to MH & FW by AIMS vide letter dated 30.12.15 vide which the broad revised scheme was intimated.(Annexure III)
7. Thereafter a letter dated 25th Jan 2016 was also received from the MOH & FW vide which it was directed to place the revised scheme in the SFC meeting.
(Annexure-IV)

The detail of cost which was to be taken up under the approved funds of Rs.750.14 crore is as below:-

ORIGINAL EFC						
Sl.No.	FACILITY	Engg comp, Excluding contingencies, cess & consultancy	Cont. /lc contingencies, cess @ 5% consultancy &esc.	ME	Recurring	TOTAL
1	M & C	132.49	154.12	88.90	0.00	243.02
2	Teaching	62.86	71.99	23.62	0.00	95.61
3	Surgical	55.90	64.25	31.90	0.00	96.15
4	Housing	117.26	129.68	0.00	0.00	129.68
5	Hostel	68.03	80.57	0.00	0.00	80.57
6	Strength	0.50	0.50	34.91	69.70	105.11
	TOTAL	437.04	501.11	179.33	69.70	750.14

REVISED EFC PROPOSED & Considered in Last SFC Meeting.						
S No.	FACILITY	Constructi on Cost	Equipment Cost	Recurring Cost	Estimated Cost	Total Cost
1	Augmentation Block-I for Paediatrics / Obstetrics & Gynaecology.	290.70	339.14	96.00	725.84	
2	Augmentation Block-II for	63.77	23.62	16.15	103.54	

PROPOSAL

In line with the spirit of discussions and decision taken in the meeting in the MOH & FW a revised funding plan for the planned and ongoing schemes under the Sanctioned EFC was prepared. The modified fund booking as proposed now is as below-

All figures in crore

Sl.No	Facility	Cont./C	contingenci	es, Cess	& Esc. @ 5%	ME	Recurr	ing	TOTAL	FACILITY	(Const.)	ME	Recurrin	g	Total
3	Augmentation Block-III for General Surgery					89.56	100.29		89.56	88.14		277.99			
4	Houses Type IV, V & VI at Ayurvigyan Nagar					-	344.72		344.72	4.32		349.04			
5	Hostels (3 blocks) & Dining block at Masjid Moth Campus					-	106.12		106.12	4.57		110.69			
6	Strengthening of Various Departments					42.68	-		42.68	156.50		199.18			
	TOTAL					495.00	905.60		495.00	365.68		1766.28			

Sl.No	Facility	Cont./C	contingenci	es, Cess	& Esc. @ 5%	ME	Recurr	ing	TOTAL	FACILITY	(Const.)	ME	Recurrin	g	Total
1	M & C					290.7	-		290.7						290.7
2	Teaching					63.77	-		63.77	23.62		87.39			
3	Surgical					100.29	-		100.29	-		100.29			
4	Housing					-	-		129.68	-		0			
5	Hostel					106.12	-		80.57	-		106.12			
6	Strength					-	69.7		105.11	42.68		69.70			112.38
	TOTAL					560.88	179.33		750.14	66.30		69.70			696.88

As per the modified proposal above the utilization pattern vis a vis expenditure already incurred and liabilities are as below-

SE:AIMS
M. J. J.

This has the approval of the Director, AIMS.

1. Approval is sought to modify the funding pattern to the tune of Rs 696.88 crore as above breakup.

APPROVALS REQUIRED

concur to.

In view of the justification given by ESD the proposal for Revision of EFC Memo for Augmentation of Existing facilities of AIMS, New Delhi to modify the funding pattern to the tune of Rs 696.88 crores for Implementation of Recommendations of Oversight committee is

Comments of Sr Financial Advisor

departments has been asked to take-up the agenda items at their for SFC.

- In view of above and in reference to the letter of Ministry dated 25th Jan 2016, respectively Non Recurring and Recurring cost of Rs.344.72 & Rs.4.32 Cr is not required. (Rs.349.04 Cr)
- Further housing has been taken up under Redevelopment Plan & hence amount for same under 69.70 Cr = 86.80 Cr) respectively needs to be taken up separately. (Rs.107.52 Cr)
- (iii) Recurring cost for Teaching, Hostel and Strengthening for Rs.16.15, Rs.4.57 & (Rs.156.50-Meeting. i.e (Rs.177.70 Cr) - This Item has already been taken up and approved in the last SFC (ii) Manpower/Recurring and ME cost of Surgical Block to the tune of Rs.88.14 & Rs.89.56 Cr).
- (i) Mother & Child Block-MB- Rs.339.14 Manpower/Recurring- Rs.96.00 Cr (Rs.435.14 Cr in the RCB will have to be taken up separately for sanction for the following components- The equipment & Manpower cost as projected in original EFC as had been proposed to be revised

Head	Sanction accorded	Amount proposed to be Charged as per Modified EFC	Expenditure Done	Committed liability
Non Recurring	680.44	627.18	226.67	400.51
Recurring	69.70	69.70	69.70	-
Total	750.14	696.88	296.37	400.51



NOTE FOR THE STANDING FINANCE COMMITTEE

ITEM NO. FC-21/14

TO CONSIDER THE PROPOSAL FOR CREATION OF A NEW GRADE OF UDC(NFSG) AND STENOGRAPHER GRADE 'D' (NFSG) IN CSGS AND CSSS RESPECTIVELY AT

AIMS NEW DELHI

I. INTRODUCTION

The Karanchari Union AIMS has demanded for implementation of Non-functional Selection Grade in respect of UDC's and Stenographers for placement of 30% posts in PB-2 of Rs. 4200 as per the DoPT OM No. 20/49/2009-CS.II dated 22.06.2011 (Annexure-I) at AIMS. The salient features of the said scheme is reproduced below:-

- (a) UDCs of CSGS and Stenographers Grade 'D' of CSSS shall be eligible for placement in the Non Functional Selection Grade on completion of 5 years of approved service as UDC/Stenographer Grade 'D' subject to the condition that the total number in the grade will be restricted to 30% of the sanctioned strength (i.e. 1104 in the grade of UDC and 385 in Steno Grade 'D').

(b) The officials will be placed in the Non Functional Selection Grade as per the following procedure:

- i) Department of Personnel and Training (DoPT) will issue a Zone of Seniority List prepared and maintained by DoPT in respect of UDCs of CSGS and Stenographers Grade 'D' of CSSS.
- ii) An Internal Committee will be constituted by the Cadre Units to review the cases of officials for placement in the Non Functional Selection Grade and to make suitable recommendations.
- iii) The Committee shall consider the last 5 years ACRs/APARs of the officials. The Committee should satisfy itself that the overall performance of the official is "GOOD" in the last 5 years ACRs/APARs. Such officials would be considered suitable for placement in 'NFSG'.

There should be no adverse entries in any AGR/APAR. If there are any adverse entries, it should be clearly brought out in the minutes as to why the official has been proposed for Non Functional Selection Grade in spite of other factor or aspect affecting the official which will disqualify him/her for grant of Non-Functional Selection Grade.

SC/ST officials considered for placement in their turn to the 'NFSG' may be included in the Select List of 'NFSG' even if they do not fulfil the criteria as laid down in S.No.(iii) above, provided they are not found unfit by the Committee.

In the above context, it is stated that the All India Institute of Medical Science is an Autonomous Body created by an Act of Parliament (Act 25 of Parliament Act, 1956) in 1956 and Rule 7 (1) of AIMS Rules, 1958 empowers the Institute for creation of posts up to the level of Associate Professor (re-designated as Addl. Professor) which inter-alia provides as under:-

"The Institute may create posts subject to specific provision in the budget on scales of pay applicable to similar posts under Government or on scale of pay approved by the Government, classify them in to grades and specific designation."

Sub-section 5 of section 14 of the AIMS Act, 1956 provides as under:-

"The Director and other officers and employees of the Institute shall be entitled to such salary and allowances and shall be governed by such conditions of service in respect of leave, pension, provident fund and other matter as may be prescribed by the Regulations made in this behalf"

Clause 25 of the AIMS Regulations 1999 (as amended) framed under the AIMS Act, 1956 provides for "other conditions of services" as under:-

"In respect of matters not provided for in these regulations, the rules and applicable to the Central Government Servants regarding the general condition of service, pay, allowances including travelling and daily allowances, leave salary, joining time foreign service terms and orders and decisions issued in this regard by the Central Government from time to time shall apply to the employees of the Institute."

Clause 36 of the AIMS Regulations 1999 (as amended) specifically provides for "Scales of Pay of posts" as under:-

"The revised scales of pay and allowances for the posts in the Institute shall be as notified from time to time"

The Cadre Review Report (1991), explicitly provide that the Secretarial Cadre of AIMS is on the line of the grade structure of Central Secretariat Stenographic Services. The Recruitment Rules & Pay scale for the secretarial posts at this Institute is at par with CSSS Pattern in Central Government.

The UDCs and Stenographers at the Institute are stagnating for approximately 18 to 20 years for promotion their next promotion. As such they may be granted NMSG scale as approved by DOR&T.

As per the DOR&T office memorandum dated 22.06.2011 the benefit of NMSG is to be given to the UDCs/ Stenographers who have completed five years of regular service subject to the condition that the total number in the grade will be restricted to 30% of the sanctioned strength in the respective grades. At AIMS the number of sanctioned posts and their 30% strength in the grade of Upper Division Clerk and Stenographer are as under:-

SI. No	Post	Sanctioned Strength (being utilized)	30% of Sanctioned Strength to be placed in PB-2 of Rs. 4200/-
01	Upper Division Clerk PB-1 Rs. 5200-20200 + GP of Rs. 2400	220	66
02	Stenographer PB-1 Rs. 5200-20200 + GP of Rs. 2400	127	38

As per DOP&T OM No. 12/2015-CS.II(B) dated 18.06.2015, grade pay of 4200(NFSG) may be granted to UDCs subject to their suitability's w.e.f. 22.06.2011 till the date of their promotion as Assistant / retirement / expired/ VRS/resigned etc. whichever is earlier. Accordingly all those UDCs who have been promoted / retired / expired / resigned / voluntary retired on or after 22.06.2011 will also be extended the grant of grade pay of Rs. 4200 under NFSG.

3. FINANCIAL IMPLICATION

The Financial implication towards grant of (NFSG) to 30 % of Upper Division Clerk & Stenographer of the Institute will be to the tune of Rs. 4,27,75,928 (approx.) along with the recurring expenses. Financial implications are worked out w.e.f. 22.06.2011 to 31.08.2015 based on effective date of implementation of DOP&T order.

4. COMMENTS/OBSERVATIONS OF FINANCE DIVISION WITH DUE APPROVAL OF SR. F.A.

"The proposal has been examined in view of the justification provided by administration and considering the same, Finance Division concur to the proposal of creation of 30 percent of sanctioned strength of new grade of UDC(NFSG) and stenographer Grade 'D' (NFSG) in PB-Rs. 4200/- as per DOP&T order. Budget will be provided after approval of the proposal by the Competent Bodies."

5. APPROVAL SOUGHT

The above proposal for Creation of 30 % of Sanctioned Strength of a new grade of UDC(NFSG) and Stenographer Grade 'D' (NFSG) in PB-2 of Rs. 4200/- respectively w.e.f. 22.06.2011 as per DOP&T order for CSCS and CSSS at AIMS is placed before the Standing Finance committee for their consideration and approval.

6. THIS HAS THE APPROVAL OF DIRECTOR AIMS.

	Department	Cost in Rs. Lakhs
1	Obstetrics & Gynecology	10261.05
2	Pediatrics	6690.17
3	Pediatric Surgery	3368.27
4	Common Services	13594.00
	TOTAL	33913.49

Mother and Child Block is as follows:

The enclosed document provides the revised set of requirements by the major Departments as well as requirements projected for common services in the Mother and Child Block. The break-up of the Budget allocation for Machinery & Equipment for of the original list of requirement.

were requested by the Administration to further prioritize the requirements after appraisal Equipment in order to make the Mother and Child Block operational. The Departments Pediatrics and Pediatric Surgery to provide detailed requirements for Machinery & In 2013, the Administration requested the Departments of Obstetrics & Gynecology,

2. PROPOSAL

The Mother and Child Block is being developed as a part of augmentation of infrastructure as recommended by the Moily Committee to accommodate three departments, namely, Departments of Obstetrics & Gynecology, Pediatrics and Pediatric Surgery. This facility comprising about 450 beds is already under construction and is likely to be completed in mid-2017. This proposal aims at providing budget allocation for Machinery & Equipment in order to make the new premises at the Mother and Child Block fully functional in tandem with the timeline of the construction work.

1. INTRODUCTION

To consider Budget allocation for Machinery & Equipment for the Mother and Child Block under 'Plan / Capital Creation' head to ensure timely and full operationalisation of the new facility

Item No. FC-21/15

NOTE FOR THE STANDING FINANCE COMMITTEE

File No.

NH

5. REFERENCE OF ANY SIMILAR APPROVED PROPOSALS, IF APPLICABLE (ALSO ATTACH COPY OF THAT APPROVED PROPOSAL)

Administration had constituted a Sub-Committee on Mother and Child Block in late 2015 under the Chairmanship of Professor V. K. Paul, HoD Pediatrics. This sub committee reviewed and vetted the budgetary estimates for Machinery & Equipment as depicted above. Given that the civil work of the Mother and Child Block is expected to be complete in mid-2017, there is an urgency to allocate Budget under "Plan / Capital Creation" head for Machinery and Equipment. Without such an allocation and timely procurement of the equipment, the vast premises that would be ready in about 14 months will remain underutilized and un-operational. Accordingly, allocation of Machinery & Equipment Budget for Mother & Child Block emerges as a top priority.

4. ADMINISTRATIVE COMMENTS

It is, therefore, imperative that the Budget for Machinery and Equipment amount of Rs 33913.49 lakhs be made available under the 'Plan / Capital Creation' head. It is proposed that 40% of the Budget under head "Plan / Capital Creation" be allocated for the financial year 2017-18 and the rest 60% allocated for the financial year 2018-19.

3. JUSTIFICATION

The construction for the Mother and Child Block is already in full swing. Currently the civil work has reached the 2nd floor of the proposed building. As per the timeline, the building will be ready in mid 2017. There will then be an immediate need to equip the facility to make the Block functional for patient care as well as for teaching, research and academic work.



6. INTERDEPARTMENTAL CONSULTATION

Interdepartmental consultations have already taken place under the umbrella of Sub-Committee of Mother and Child Block referred to above in which all the concerned Department(s) were fully represented.

7. FINANCIAL IMPLICATIONS

The financial implications for Machinery & Equipment for Mother and Child Block under 'Plan/Capital Creation' Head would be to the tune of Rs 33913.49 lakhs Out of this, 40% should be allocated in the financial year 2017-18 and the rest 60% allocated for the financial year 2018-19.

8. COMMENTS / OBSERVATIONS OF FINANCE DIVISION WITH DUE APPROVAL OF SR. FINANCIAL ADVISOR.

The proposal has been examined in view of requirement of essential machinery and equipment projected by 3 major departments for upcoming centre. Finance Division have no objection to concur in the proposal of projection of budget requirement of Rs.33913.49 lakh determined on the basis of requirement of respective departments involved in the establishment of upcoming centre. Budget will be provided in respective Financial Years after approval of the proposal by the Competent Bodies.

9. APPROVAL SOUGHT

The above proposal for Budget allocation for Machinery & Equipment for Mother and Child Block under 'Plan / Capital Creation' Head to the tune of Rs 33913.49 lakhs is placed before the Standing Finance Committee for consideration and approval please.

10. This has the approval of the Director.

Professor V. K. Paul

Chairman, Sub-Committee on Mother and Child Block

Dated : 29th March, 2016

No. F-12-5/2016(RCT) (Mother & Child Block)

NOTE FOR THE STANDING FINANCE COMMITTEE

Item No. FC-2\116

TO CONSIDER THE PROPOSAL FOR CREATION OF VARIOUS FACULTY & NON-FACULTY POSTS FOR THE MOTHER & CHILD BLOCK AT AIIMS, NEW DELHI

1. INTRODUCTION

Creation of posts for expansion of Departments of Pediatrics, Pediatric Surgery and Obstetrics & Gynaecology for the Mother & Child Block were submitted to the Ministry of Health & Family Welfare separately as per the decision of the SFC. However, it was decided that, the proposal for creation of posts for these departments may be clubbed and the requirement of manpower may be placed before the Standing Finance Committee in its next meeting. A series of meetings was held with the concerned Head of the Departments of three wings to frame a consolidated proposal for creation of posts for Mother & Child Block.

2. PROPOSAL

The following Faculty and Non-faculty posts for the Mother & Child Block are required to be created for the Department of Pediatrics, Pediatric Surgery and Obstetrics & Gynecology as under:-

S.No	Post for	Mother & Child Block
1	Faculty Posts	
1	Professor	01
2	Assistant Professor Medical	164
3	Assistant Professor Non-Medical	13
4	Sr. Residents	293
5	Jr. Residents	45
6	Fellow/PHD 1 st year	10
7	Fellow / Phd 2 nd year	20
8	Non faculty Posts for Creation	2735
9	Non faculty Posts for Outsource	768
	Total	4049

The Post wise detailed proposal is placed at Annexure-I:

However, it has been decided that in first phase, only 50% post (both Faculty & Non-Faculty) may be considered for creation by the Standing Finance Committee. The detail of post proposed for creation in first phase is 2095 posts as per Annexure-II.

3. JUSTIFICATION

A proposal for award of work for construction of Mother and Child Block including associated works, operation and maintenance during defect liability period to M/S Ahluwalia Contracts India Ltd. at a cost of Rs. 204.44 crores at Masjid Moth campus of the Institute has already been approved by SFC in its 206th meeting (item 206/11). The construction work is likely to be completed in the financial year 2016-17. The Mother and Child Block will be used to house the Departments of Paediatrics, Paediatric Surgery and Obstetrics and Gynaecology. These posts are required to make the Mother & Child Block fully functional with the increase in academic, research and patient care as explained in the post wise justification at Annexure I

4. ADMINISTRATIVE COMMENTS

It is submitted that the Standing Finance Committee in its 205th meeting held on 22.10.2014, decided that a Sub-Committee may be constituted to assess the manpower requirement of AIIMS, New Delhi, under the Chairmanship of Additional Secretary and Financial Advisor (AS & FA) of the Ministry of Health and Family Welfare. Accordingly a committee was constituted by the Ministry of Health & Family Welfare under the chairmanship of AS&FA, Ministry of Health & Family Welfare, to look into the manpower requirement at AIIMS, New Delhi. The report of the Sub-Committee was placed before Standing Finance Committee in its 207th Meeting held on 20.05.2015, and the Finance Committee decided that the proposal for creation of newly created departments may be submitted. Accordingly, the proposals of these departments were referred to the Govt.

A reference was received from Ms. Sunita Dhaundiyal, Under Secretary to the Govt. of India, Ministry of Health & Family Welfare to place the following proposals of creation of posts before the SFC of the Institute:-



- i) Creation of faculty and non-faculty posts for the department of Paediatric Surgery in Mother & Child Block.
- ii) Creation of faculty and non-faculty posts for the department of Paediatrics in Mother & Child Block
- iii) Creation of faculty and non-faculty posts for the Departments of Anaesthesiology for the upcoming Maternity & Child Block, Paediatric Surgery Block, Emergency Medicine and Surgical Blocks.
- iv) Creation of faculty posts for the Department of Obstetrics & Gynaecology in Mother & Child Block.

The three departments of Mother & Child Block consist of Departments of Pediatrics, Paediatric Surgery & Obstetrics & Gynaecology have discussed the manpower requirement for their respective departments' requirement for all activities viz clinical, teaching, research and other services. The meetings were held with the representatives of Hospital Administration, Radio Diagnosis, Anaesthesia, Pathology, Lab Medicine, Microbiology, Nuclear Medicine & Engineering Services Departments and other allied departments. The present proposal for requirement of manpower for the Mother & Child Block has accordingly been made and annexed at Annexure-II for Faculty & Non faculty post as well as for the main three departments and allied discipline and this has been agreed to by the concerned departments. However, in First Phase, only 50% of proposed posts are being sought.

5. REFERENCE OF ANY SIMILAR APPROVED PROPOSALS, IF APPLICABLE (ALSO ATTACH COPY OF THAT APPROVED PROPOSAL):- NIL

6. INTERDEPARTMENTAL CONSULTATION:- NIL

7. FINANCIAL IMPLICATION :

The financial implication would devolve for creation of the aforesaid 4049 faculty & non-faculty posts including outsource for the Mother & Child Block will be to the tune of Rs. 230.23 Crores (approx.) per annum. However, the Financial Implication for proposed posts in first phase will be to the tune of Rs 115.00 Crores (approx.) per annum.

8. COMMENTS / OBSERVATIONS OF FINANCE DIVISION WITH DUE APPROVAL OF SR. FINANCIAL ADVISOR.

Finance Division has no objection to creation of various posts for Mother & Child Block at AIIMS. The financial implication involved is Rs 230.23 Crore (approx) per annum. The financial implication will be reflected/ asked to the Ministry of Health & Family Welfare after approval of the Competent Bodies.

9. APPROVAL SOUGHT

The above proposals for creation of 2095 faculty & non-faculty posts for the Mother & Child Block in phase-1 are placed before the Standing Finance Committee for their consideration and approval please.

10. THIS HAS THE APPROVAL OF DIRECTOR, AIIMS.

Dr. V.K PAUL
Professor & Head,
Department of Pediatrics, AIIMS



NOTE FOR THE STANDING FINANCE COMMITTEE

Item No.FC/211-17

TO CONSIDER THE PROPOSAL FOR CREATION TWO POSTS OF PHYSICAL TRAINING INSTRUCTOR AND ONE POST OF LIFE GUARD FOR AIIMS GYMKHANA, AIIMS, NEW DELHI.

.....

1. INTRODUCTION

Creation of two posts of Physical Training Instructor and one post of Life Guard for AIIMS Gymkhana was under consideration of the Ministry of Health & Family Welfare. The Ministry of Health & F.W. vide their letter No.V-16020/167/2015-NI-I dated 16th November, 2015 has informed that the proposal has been considered in the Ministry and requested to place the said proposal before the SFC of the Institute in the first instance. Copy enclosed as Annexure-I.

2. PROPOSAL

It is mandatory for the Institute to have a minimal staff to oversee the day to day functioning of the pool. Presently the following posts are sanctioned for AIIMS Gymkhana. For smooth functioning and to cope with the increased workload, one post of Life Guard for Swimming Pool and two posts of Physical Training Instructor for AIIMS Gymkhana are essentially required:-

Sr.No.	Name of post(s)	Sanctioned	In-position	Additional posts to be created.
1	Life Guard for Swimming Pool	02	02+01(contractual)	01
2	Physical Training Instructor	01	01+01(contractual)	02
3	Cleaner for Swimming Pool	03	03	Nil
4	LDC(Cashier) including Gymkhana Swimming Pool	01	01	Nil
5	Office Attendant/Field Attendant	03	03	Nil

3. JUSTIFICATION:

The Swimming Pool at the AIIMS has been functioning as a part of the Gymkhana since 1972. The Pool & Gym are being used by all categories e.g. students resident doctors, faculty, officers and various other staff of the Institute including their families. As the number of users of Pool and Gym has increased manifold and the Gymkhana has also converted in two floors at three places instead of one, but the manpower sanctioned for Gym and Swimming Pool has not been increased.

A) Life Guard for Swimming Pool, AIIIMS.

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The Government has issued instructions/orders from time to time to all Swimming Pools in Delhi to have the compulsory license before it can become operational. The license is issued by the DCP (License) on production of satisfactory report from the following Government organisation:-

- i) Sports Authority of India
- ii) Health Department of the NDMC
- iii) Licensing Authorities

The agencies need to be satisfied on the essential safety equipment at the Swimming Pool, water quality, adequate lighting both inside as well as outside of the pool area and round the clock posting of two security guards. The Licensing authorities have made it compulsory to have three life guards posted at two ends of the pool as per licensing authority/government orders vide their notification No.10282/DCP-Lic.(Amst) dated 30.3.2006. It would be in the interest of public safety to have additional safe guards in the form of adequate number of Life Guards proportionate to the length of the pool in addition to the instructor/coach which is as under:-

- 1. Upto 25 Meter (Length) - 2 Life Guards
- 2. More than 25 meter and upto 50 meters (Length) - 3 Life Guards

Swimming Pool, AIIIMS is covered under the 50 meters while 3 Life Guards required as per above instructions, so that necessary vigil can be maintained. The life guards are provided with the necessary life saving manpower as given in the enclosed DCP (Licensing). Keeping in view of the above, three Life Guards are presently working of which one is on contractual basis for last 6-7 years.

B) Physical Training Instructor : Two

When the Gymkhana AIIIMS came into existence at that time (in the year 1972) there were users about (200-250) and only one Physical Training Instructor was appointed. As the number of users of Gym has increased tremendously and the Gymkhana has also converted in two floors in three places instead of one, where new technique machines are installed for users. The Gymkhana is running at three places, two located at Ground Floor for Doctors, Students and staff and their dependents and third part of Gym is being used by Faculty and their families for their fitness on new technique machines.

In addition to the above, four courts for Badminton and three table tennis courts are also being running, where tournaments (national/internal) are held from time to time. During PULSE also students from all over the country take part in various games indoor and outdoor at Gymkhana, Hostel Ground and A.V. Nagar ground. At present two P.TI are working of which one is on contractual basis for last 7-8 years.

It would not be out of place to mention that the Gymkhana and Swimming Pool at AIIIMS are running in two shifts and, therefore, necessary staff (2 posts of Physical Training Instructor and one post of Life Guards) to run the Gymkhana, is required.

3. REFERENCE OF ANY SIMILAR APPROVED PROPOSALS, if applicable:

N.A.

4. INTER-DEPARTMENTAL CONSULTATIONS:

N.A.

5. FINANCIAL IMPLICATION

Financial Implication for creation of one post of Life Guard and Two posts of Physical Training Instructor in PB-2 of 9300-34800 +GP Rs.4200/- will be to the tune of Rs.13.39 lakhs per annum approx. and the same will be met out of the sanctioned budget of the Institute.

6. COMMENTS/OBSERVATIONS OF FINANCE DIVISION WITH DUE APPROVAL OF SR.F.A.

Finance Division has no objection to creation of 1 post of Life Guard and 2 posts of Physical Training Instructor at AllMS Gymkhana. The financial implication involved is Rs.13.39 lakhs approx. Per annum. The financial implication will be reflected/asked to the Ministry of Health & Family Welfare after approval of the Competent Bodies.

7. This has the approval of Director, AllMS.

8. APPROVAL SOUGHT

The above proposal for creation of one post of Life Guard & two posts of Physical Training Instructor (one each) for the AllMS Swimming Pool Gymkhana is placed before the Standing Finance Committee for their consideration and approval.

Sd/- Chairman
(Prof.B.S. SHARMA)
AllMS GYMKHANA, AllMS.

Proposal for Establishing State-of-the-Art Centralized
Core Research Facility (CCRF) at 9th Floor of
Convergence Block, AIIMS, New Delhi!

ITEM NO. SFC-211/19

NOTE FOR THE STANDING FINANCE COMMITTEE

DEPARTMENT OF BIOTECHNOLOGY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI-110029

Item No. SFC-21/19

Dated: 14.01.2016

To

Prof. S. K. Acharya
Dean (Research)
AIIMS, New Delhi

Sub: Proposal for Establishing State-of-the Art Centralised Core Research Facility (CCRF) at 9th floor of Convergence Block, AIIMS, New Delhi.

Dear Prof. Acharya,

As discussed, a consolidated proposal along with Annexures 1 to 12 for establishing State-of-the Art Centralised Core Research Facility (CCRF) has been prepared. The Faculty and Scientists from various Departments of AIIMS participated enthusiastically in its preparation. The proposal was finalized after numerous rounds of discussion and it encompasses all 9 components of CCRF in terms of Equipment, Consumables, Staff and Space requirements plus Laboratory layouts. A Governance model for smooth functioning and optimizing utilization of the Central Facilities is also included.

With warm regards,

Yours sincerely,

Jaya S. Tyagi

Dr. Jaya S. Tyagi

Professor

(Chairperson, Nodal Committee of CCRF)

Dr. Jaya Sivaswami Tyagi
Professor of Biotechnology
AIIMS, New Delhi-110029

- This is comprehensive document to establish Central Core Research Facility (CCRF) at AIIMS. It has been prepared by a faculty committee under Chair of Prof. J.S. Tyagi.

- We need to take decision of the administrator & process of establishment of

Acharya
18.1.16

Director



PROPOSAL FOR ESTABLISHING STATE-OF-THE-ART CENTRALISED CORE
RESEARCH FACILITY (CCRF) AT 9TH FLOOR OF CONVERGENCE BLOCK, AIIMS,
NEW DELHI.

1. INTRODUCTION

The establishment of a Centralized Core Research Facility (CCRF) is a long unmet need at the AIIMS. This idea was fructified during cohesive discussions held in the first meeting of Research Advisory Council of the Institute on 10.3.2014. This proposition was strongly recommended by the RAC members. It was emphasized that a Facility encompassing high end central facilities and instrumentation for Genomics, Proteomics, BSL-3 & BSL-2 laboratories, Microscopy, Imaging, Flow cytometry, Bioinformatics, Cell culture and General facilities must be established at the AIIMS without delay. For this, the Director agreed to dedicate one full floor space of the Convergence Block for developing the CCRF. Prof. S.K. Acharya, Dean (Research) formulated a sub-committee for Establishment of Centralized Core Research Facility comprising Faculty and Scientists from various Departments based on their expertise, following which a Nodal Committee to establish the CCRF was constituted under the Chairpersonship of Prof. Jaya S. Tyagi. The detailed proposal for this facility is submitted below.

2. PROPOSAL

The CCRF facility at AIIMS is conceptualized as an integrated hub of contemporary technologies and laboratories in the advanced areas of Genomics, Proteomics, Bioanalytics, Bioinformatics, Microscopy & Imaging, Flow cytometry, Cell culture, Biosafety Level -2 and -3 laboratories and General facilities (Fig. 1). Importantly, this facility, under Research Section, would be independently managed and accessible to all the Faculty, Scientists and PhD and research scholars of all the Departments of the Institute. The management system is tailored to facilitate the optimal utilization of expensive equipment/technologies in CCRF and provide a platform for interdisciplinary research at AIIMS across its Departments and Centres. The CCRF is expected to provide an extraordinary opportunity to AIIMS Faculty, Scientists and students to apply modern technologies and science for confronting some of the most complex health problems of India and of humanity.

CENTRALISED CORE RESEARCH FACILITY (CCRF) for Advanced Technologies

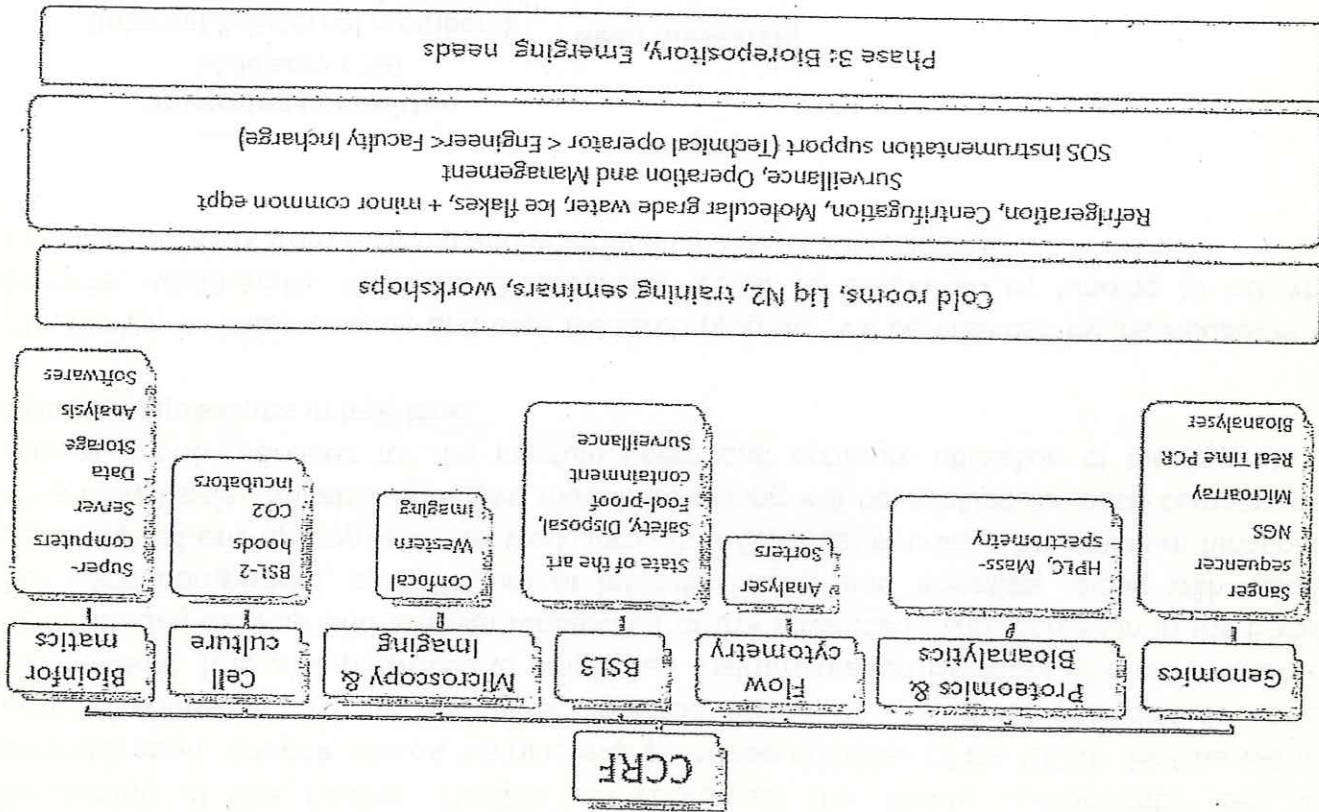


Fig. 1. Components of proposed CCRF

The details for individual components are provided in Annex 1 to Annex 9.

Governance

The key to successful operation of the CCRF is in its governance. The proposed governance model is shown in Fig. 2. It is expected that this model will provide optimum functioning, output and productivity along with capacity building and training in all components of the CCRF. The CCRF will be guided overall by the Director, Dean (Research), an independent Governing Body along with a Collegium of AllMS faculty, scientists. The Governing Committee will help in formulating overall policies and managerial decisions relating to the facility whereas the Science & Technology Advisory Board will monitor overall activities and progress of the CCRF and provide critical inputs as needed. The above two bodies will comprise of experienced officials, faculty, scientists including experts currently involved in operation of high-end instrumentation facilities in the country.



It is proposed that the CCRF Manager (Scientist) will play a key role in the day to day functioning of the Facility. He/She will coordinate the various components, liaise with administration, finance, stores, training and purchase activities of the CCRF. He/she will also prepare status reports as and when required based on the inputs provided by various components. It is also proposed to employ an Instrumentation Engineer who will provide on-site remedial backup and smooth functioning of the advanced instrumentation in the Facility. For each component, a Collegium of Institute faculty and scientists, along with industry partner(s) where appropriate, will work through a Scientist-in-charge for optimum functioning on a daily basis. Suitable operative models of pricing will be evolved for each component to ensure priority services for the institute users and optimum utilization of the facilities for external requisitions in free time.

The facility, its maintenance and core research program will be financed by the budget of the Institute. Additionally, its research programs would be supported by funding to individual Faculty/Scientists from national and international agencies/institutions.

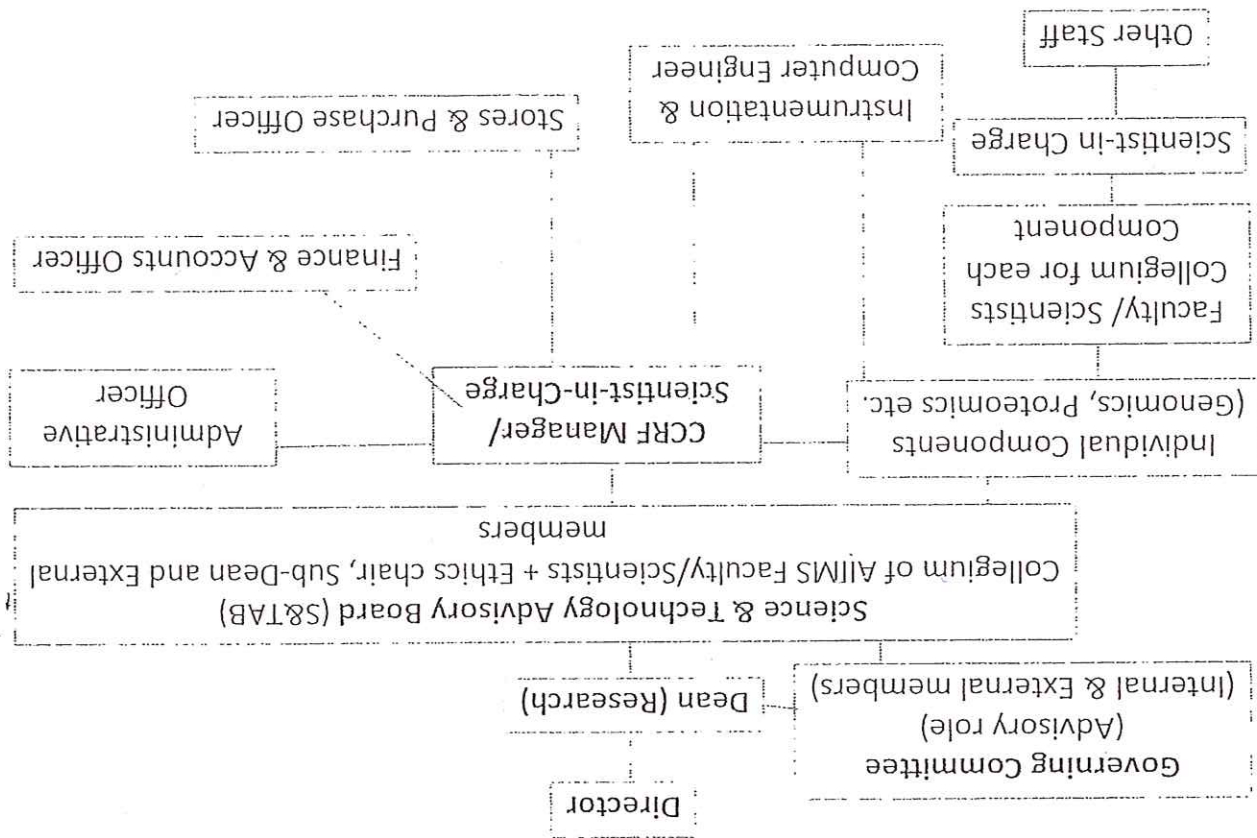


Fig. 2. Governance model for CCRF

Physical space

Space for the components of CCRF has been earmarked on the 9th Floor of the Convergence Block. The layout is below (Fig. 3).

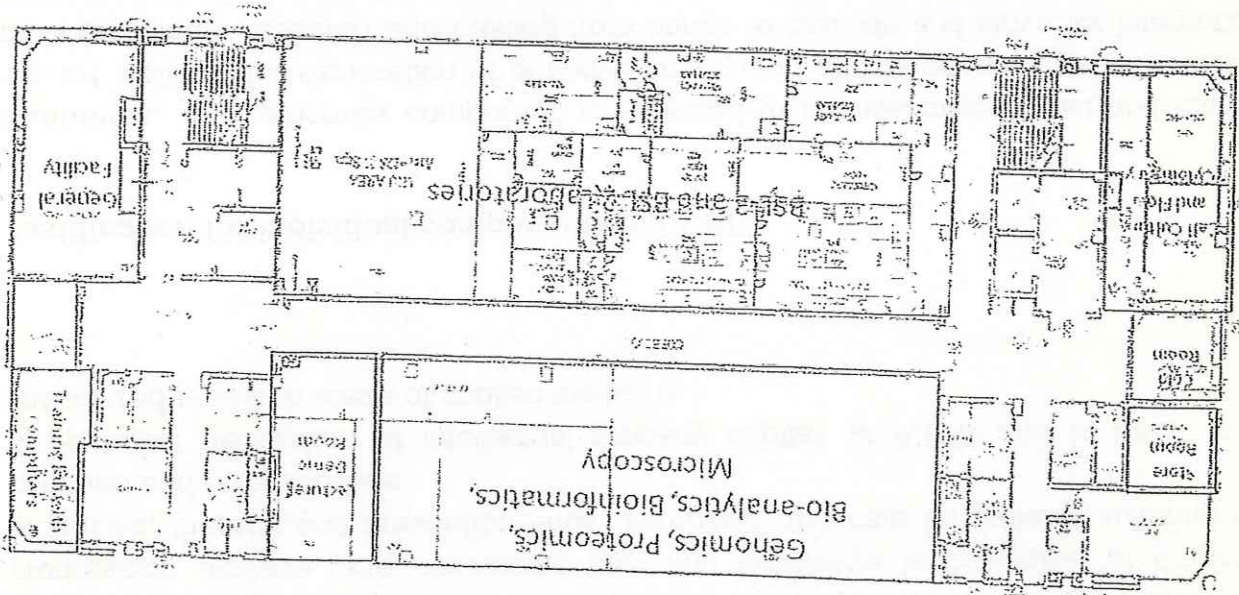


Fig. 3. Proposed CCRF Layout

3. JUSTIFICATION

The broad justification for establishing CCRF is to fulfill the mission of providing a quantum thrust to basic, clinical and translational research at AIIMS in the high priority areas of genomics, proteomics, immunology, cell and infection biology and bioinformatics using state-of-the-art platform technologies. The creation of CCRF would help place AIIMS at par with the world's best institutions in these highly competitive and promising fields within a few years.

Detailed justification for creation of CCRF:

- ❖ To create a comprehensive and state-of-the-art facility with most advanced platform technologies for performing cutting-edge bio-medical research using the most modern



- ❖ tools of genomics, proteomics, bioinformatics, microscopy, imaging, cell culture and analysis in-regulatory compliant environment that include BSL-3 and BSL-2 laboratories for handling infectious and contagious pathogens.
- ❖ To develop a pool of trained human resources, (faculty, scientists, technicians) with capacity for conducting high-end bio-medical research programs of national relevance.
- ❖ To boost PhD and post Doctoral program in biomedical research areas at AIIMS
- ❖ To build capacity for and extend technical expertise to AIIMS-like and other institutions of excellence in such research areas
- ❖ To elucidate genes, proteins and biological pathways involved in occurrence, and progression disease, and developing new and innovative technologies for diagnosis, prognosis, therapy and prevention, thus improving the care for patients suffering from common and rare diseases
- ❖ To boost generation of intellectual property capital, at AIIMS and in India, in the specialized research areas of applied medicine.

Justification for individual components of CCRF.

Genomics. The genomics component is expected to provide major thrust and state-of-the-art facilities for exploration of genomic information and to enhance patient services, multidisciplinary research and training from bench to bedside and strive for international standards of good laboratory and clinical practice. Next Generation Sequencing (NGS) has recently evolved to be a robust molecular technology platform with sequencing capabilities that are high throughput and that can read short to long fragment lengths. This technology platform will be used for a large number of clinical and research applications, including whole genome sequencing, clinical sequencing and diagnosis, exome, transcriptome analyses, Non invasive Prenatal testing, HLA sequencing, epigenetics, RNA-Seq, ChIP-Seq etc. This will enable fast sequencing of known genes and intergenic sequences across different samples and different diseases and to create large data sets, generating more comprehensive insights into the cellular, genomic and transcriptomic signatures of various diseases and developmental stages. The initial phase will be run in research mode with the ultimate goal of its gradual translation into patient care services. Training will also be an important integral objective of the facility. (Annex 1)

Proteomics. Proteomics involves protein profiling and identifying protein signatures in various physio-pathological conditions for biomarker discovery. This lays the basis for the design of antibody based assay kits for diagnostics, assessing prognosis and monitoring

Flow cytometry. Flow cytometry is a valuable and routine tool used by clinicians and researchers alike for diagnosis and monitoring of patients with hematological malignancies as well as in clinical studies involving immune component in patients with cancer, immune deficiency, autoimmunity, infectious diseases, allogeneic stem cell and organ transplants and beyond. At present, access to this high-end state-of-the-art technology is solely dependent on individual collaborations at AAIMS that limits the scope of harnessing its benefits to the fullest. Therefore, a centralized flow cytometry core facility is in very high demand in our premier institute. The goal of this shared Flow Cytometry core facility will be to provide help to the clinicians and researchers (both AAIMS and non-AAIMS) by a team of expert faculty members for comprehensive flow cytometric analysis and cell sorting. This will include experimental designing, fluorochrome selection, sample acquisition, data analysis as well as cell sorting. In addition, regular hands-on-training and consultation will be provided to the new users by the team of experts. Flow cytometry is suitable for analysis of single cell suspension to determine particle's relative size, relative granularity or internal complexity, and relative fluorescence intensity for immunophenotyping of pathological samples at a single cell level. Cell sorting allows isolation and collection of

Bio-analytics. This component will enable researchers to identify and generate unique fingerprints of natural products, biological and clinical specimens, permit forensic analysis of samples for the identification of poisons using GC-MS and LC-MS. Lipid analysis can be done in biological samples (blood, plasma, tissues, fluids), lipidsomics, analysis of pesticides, pesticide residues in food and environment samples. Analysis for the presence of drugs and drug metabolites, therapeutic gases, anesthetics, volatile solvents and breath test analysis for the possibility of bacterial metabolites etc can be done with very small quantities of samples. The GC-MS instrument is expected for the analysis of substances having higher lipid solubility, volatility or existing in gas phase would be of use to researchers working in the area of biochemisty, physiology, gastroenterology, nutrition forensic, biotechnology, pediatrics, dental science, anesthesiology, pharmacology and toxicology. Training will be an important activity of this component (Annex 3).

therapeutic efficacy of drugs. In this endeavor, mass-spectrometer is of paramount importance to identify these proteins that are expressed in pico-molar to femto molar range. The study of proteomics will be in consonance with genomics and metabolomic; thereby adding value to the current concept of personalized medicine. Mass spectrometer also have applications in emergency situations like traumatic brain injury, real time monitoring of anaesthetics during surgery, ischemic stroke, and genetic disorders. The instrument is crucial to patient care, research progress and medical education, all the three of which are institute's flagship mandate (Annex 2).

cells of interest from a heterogeneous mixture of cells for further analysis microscopically, biochemically or functionally. This state-of-the-art service has grown to be indispensable in terms of identifying the cells of interest in pathologic samples from patients, understanding their function, diagnosis of diseases. The development of a flow cytometry core facility at AAIMS is of enormous importance for young researchers and junior faculty, who will gain access to and be trained as well as oriented to this state of the art and high-end technology. In due course, the core facility may even become an important diagnostic service at AAIMS. (Annex 4)

BSL-3 and BSL-2 laboratories. The establishment of Central BSL 3 and BSL 2 laboratories is expected to fulfill an unmet need of Infectious Diseases researchers at AAIMS and to comply with National and international regulatory guidelines for safe handling clinical and biological material containing infectious and pathogenic organisms. Their establishment will provide a genuine boost to basic, clinical and translational research undertaken for the purpose of developing new diagnostics, vaccines and drugs and for clinical services. The AAIMS Institutional Biosafety Committee has directed its researchers to undertake such work in containment facilities appropriate for biosafety level of the organisms, which include TB, HIV-1, HIV-2 and HIV-TB and various viral and bacterial respiratory pathogens and contagious organisms. Faculty from various user Departments including Biochemistry, Biotechnology, Laboratory Medicine, Medicine, Microbiology, Transplant Immunology & Immunogenetics, have prepared the proposal to establish state of the art Biosafety Levels -3 and -2 laboratories on the 9th floor of the Convergence Block, AAIMS. The proposed equipment for these laboratories are based on the volume of work presently undertaken in various Departments and is required for basic, clinical and translational research. Dedicated equipment are essential for safe handling, culturing, manipulating processing of pathogenic and contagious organisms, which include TB and various viral and bacterial respiratory pathogens and for developing diagnostic and drug assays and screening systems. They include Biological safety cabinets, incubators, centrifuges, microscopes, electroporator, CO2 incubators, bead beaters, multi mode readers, deep freezers, autoclaves, pipette aids etc.. All equipment for BSL-3 TB/Bact, Virology and BSL-2 labs are to be purchased in one phase for proper functioning. Laboratories' construction was approved by the SFC in its meeting held on 26.05.2015.

(Annex 5)

Microscopy and Imaging. It is proposed to have an imaging platform that provides various imaging methods such as single photon/multiphoton fluorescence or imaging with UV lasers in simultaneous or sequential mode with a possibility to image live cells with and without labeling (by Coherent anti-Stokes Raman Scattering that visualizes vibrational

contrast between different molecules in the cells). This much needed state of the art facility will enable analysis of cells and tissues morphology, including live cells, that vary in physiological and pathological states, using various staining/ labelling approaches to localize to intracellular regions of interest. Examination of living cells will further provide insights into specific perturbations that occur in disease conditions. This technology will enable drawing extremely thin sections, as is done for transmission electron microscopy by optical sectioning, using confocal imaging technology. It will make possible reconstruction of cell status into a three-dimensional model that provides more information that can be analyzed with relevance to the condition of the cells and their organelles etc than a two-dimensional picture. Such knowledge will pave the way for devising disease control strategies involving intelligent inhibitor design etc. Training will be an important activity of this component. (Annex 6)

Cell culture. This will be a basic multi-user cell culture facility for handling samples common to most research and clinical laboratories, and is appropriate for agents that are non-hazardous/ non-infectious. This facility will fulfill an unmet need of young Faculty and researchers who require access to a cell-culture facility to address research questions on basic, clinical and translational relevance and will complement the BSL-2, Flow cytometry and Microscopy & Imaging facilities. (Annex 7)

Bioinformatics. The justification for this component is to provide state of the art central computational support for the processing and analysis of very large volumes of data generated from the Genomics, Proteomics, Bioanalytics facilities. This will be achieved by applying state-of-the-art tools as well as knowledge in computational biology and bioinformatics for in silico modeling, rational drug design, genome, transcriptome, proteome, metabolome data analysis, all of which are highly relevant to obtaining insights into disease and infection processes. The Staff will interact closely with Faculty/Scientists of AIIMS to derive maximum insights into disease mechanisms and processes and provide solutions in patient care. Training will be an important activity of this component. This component is proposed to comprise central high end servers which will serve as the central facility to store, seamlessly transfer data and subsequently carry out secondary and tertiary analysis of large volumes of data generated utilizing the CCRF infrastructure (Annex 8)

General facilities. One of the most important activities of the CCRF will be to organise regular teaching and training programs for all the CCRF components. Dedicated seminar and lecture/demonstration rooms are proposed for scientific/training discussions and workshops. This component of CCRF will provide basic equipment facility for general processing of biological samples, water plant, ice making machine, cold cabinets, liquid nitrogen etc. This common facility will help ensure optimum utilization of the CCRF and progressive planning for the AIIMS. (Annex 9)

4. REFERENCE OF ANY SIMILAR APPROVED PROPOSAL

None for CCRF.

Kindly note that construction of BSL-3 and BSL-2 laboratories (a component of CCRF) has been approved by the SFC at the meeting held on 26.05.2015. A proposal for Equipment, Staff and Consumables for these laboratories is included in this proposal. The details are provided in Annex 5.

5. INTER DEPARTMENTAL CONSULTATIONS

Prof. S.K. Acharya, Dean (Research) formulated a sub-committee for Establishment of Centralized Core Research Facility comprising Faculty and Scientists from various Departments under the Chairpersonship of Prof. Jaya Tyagi. This proposal has been prepared by the stake holders. Details of the Faculty/Scientists who participated in formulating this proposal are provided in Annex 10.

FINANCIAL IMPLICATION

6.

The compiled financial implication of all Components (Genomics, Proteomics etc. in Phase I and Phase II under various heads is summarized below. The details of individual components are provided in Annexures 11 and 12.

	Phase I (approx.in Lakhs)	Phase II (approx.in Lakhs)
Equipment	2944.5	3195.6
Staff (annual)	176.79	65.6
Consumables (annual)	179.6	233.6

Total in Rs. (Crores) ~33.53 ~34.95

GRAND TOTAL (BOTH PHASES) in Rs. (Crores) ~68.48

DR. JAYA SIVASWAMI TRAGI
Professor
Department of Biotechnology
All India Institute of Medical Sciences
Ansar Nagar, New Delhi-110 029

Jaya Sivaswami Tragi
14/1/16

NOTE FOR THE STANDING FINANCE COMMITTEE

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ITEM NO. SFC-211/20

Construction of Convention Centre at Masjid Moth
Campus of AIIMS, New Delhi

NOTE FOR STANDING FINANCE COMMITTEE, AIMS

F.No. 5FC-21/20

**SUBJECT :- CONSTRUCTION OF CONVENTION CENTRE AT MASJID
MOTH CAMPUS OF AIMS NEW DELHI .**

1. INTRODUCTION

1.1 The Master Plan of the Masjid Moth Campus had been approved by the NDMC. The plan envisaged creation of facilities that are under different stages of implementation. The table below shows the proposed facilities to set-up and the respective buildings structure with current status.

Facilities	Structure	Status
Underground Parking	3 level	Completed & Functional
Dining Block	G+2	Completed
New Hostel Blocks	G+5 (Expandable to 10 floor)	Advanced stage of completion
Surgical Block	G+8	Work in progress
Mother & Child Block	G+8	Work in progress
New OPD Block	G+9	Work in progress
Night shelter at Trauma	G+10	Work in progress
Expansion of Trauma Centre	G+7	Work in progress
Emergency-cum-Diagnostic Centre	G+9	Concept approval
Geriatrics Block	G+9	Concept approval

With the expansion planned at Masjid Moth Campus the area above the underground parking seems to be under utilised. Hence a proposal for harnessing the potential has been mooted.

2. PROPOSAL

2.1 Presently, the Institute has only one Auditorium hall in its existing campus with a capacity of around 900 persons. With each discipline emerging as a super-speciality along with sub-specialities gaining ground, a single convention Centre makes it rather difficult to hold conferences/symposiums/workshops etc at national/international levels simultaneously.

This leads to requirement for suitable space-hiring hotel spaces which in today's environment are becoming unceasing expensive besides effort involved in identifying one best suited for the purposes.

2.2. With the fast-paced technological advancements in medical field as also information technology making greater invroads at all stages- diagnostics, treatments, procedures, recovery/rehabilitation alike, there is increased need for sharing of information/interaction at all levels viz academics, researchers and faculties for keeping themselves correct/updated. Moreover, the institute has been witnessing substantial expansion.

2.3. In view thereof, there is an urgent need to set up a Convention Centre, captive to the Institute typically offering sufficient floor area to accommodate attendees for holding conferences concurrently. The proposed convention Centre shall be state-of-the-art, offering large banquet/exhibition spaces, versatile conferences halls, cafe and five dining spaces. It shall also provide guest rooms, facility for conducting yoga classes, auditorium and terrace swimming pool.

2.4. The convention centre would simplify the process of event planning with on-site event, audio/visual, security and telecommunications teams professionally trained and ready to meet the critical staffing for meetings and exhibitions. Wireless and Ethernet cabling at the centre shall ensure wireless internet besides exclusive catering-services to meet the need of the event (s).

2.5. Moreover, since Centre is to be constructed above the 3-level basement parking (with capacity to accommodate 434 cars, the facility can be availed by the guest/attendees to the events. The centre shall be environmentally-friendly building conforming to GRHA norms with thoughtfully planned amenities.

2.6 THE PROPOSED FACILITIES AT CONVENTION CENTRE

Sl. No.	Floors	Wing - A	Wing - B	Wing - C	Area in Sqmt.
1	GROUND FLOOR	1 Conference Hall	3 Conference+ Indoor Hall	Banquet	7135.59
2	FIRST FLOOR	2 Conference Hall	4 Conference Hall	Banquet	6351.53
3	SECOND FLOOR	2 Conference Hall	4 Conference Hall	3 Conference Hall/ Yoga	6351.53

Centre					
3 Conference Hall	4 Fine Dining	25 Rooms		THIRD FLOOR	4
Auditorium	38 Rooms	25 Rooms		FOURTH FLOOR	5
Auditorium	38 Rooms	25 Rooms		FIFTH FLOOR	6
Swimming Pool		TERRACE			7
					Grand Total
					34223.82

2.7 The proposed Convention Centre is proposed to be constructed over the existing Underground Parking (UGP). The existing Underground parking consist of three (03) floor below the ground level and was designed considering all load as per relevant IS code. The roof slab i.e. ground level slab of UGP was designed for Fire Tender Load and other loads for future expansion.

2.8 The proposed Convention Centre consist of Ground+5 storey building and is to be planned for Conference Hall (23 nos.), Cafe+Dining (5 nos.), Yoga Centre, Guest Rooms (150 nos.), Banquet (2 nos.), Auditorium (1 no.), Swimming Pool (1 nos.) and other associated facilities.

2.9 Since the proposed Convention Center is to be constructed over the existing UGP, so it will need structural design considering existing structural system, re-strengthening of existing columns/beams, addition/omission of columns as per architectural requirement.

2.10 IMPLEMENTATION SCHEDULE

Keeping in view various activities associated with construction of the Convention Centre an implementation schedule has been drawn up. The schedule/ plan envisage commissioning of the institute in about 24 months from the date of decision to go ahead has been taken, broadly as under:

Pre-construction Phase

Including necessary approvals after submission of final report, development of concept designs, preparation of tender documents, and award of work : 6 Months

Construction Phase

- Construction Works including Commissioning of Services ; i.e., obtaining clearances/certificates from local statutory bodies etc

18 Months

Procurement of Furniture etc Installation & Commissioning (concurrent activities)

3. JUSTIFICATION

The need for the Convention Hall and allied facilities of banquet, conference halls etc is very pressing. For International conferences Departments are forced to hire venues outside AIIMS premises.

4. REFERENCE OF ANY SIMILAR APPROVED PROPOSAL

Nil.

5. INTERDEPARTMENTAL CONSULTATIONS

No inter departmental consultation is required as it is a need based requirement for which due approvals from the statutory bodies shall have to be obtained.

6. FINANCIAL IMPLICATION

6.1 An Estimated cost of Rs. 265.00 crore has been submitted by HSCC. Detail of the cost is enclosed as Annexure- I.

ABSTRACT OF ESTIMATED CAPITAL OUTLAY

S.No	Item	Total Cost (Rs in Lac)
A	Building and services	
I	Civil and internal services	11534.05
II	External Development Works	277.84
III	PHE and Fire Fighting works	911.71
IV	Electrical works	2831.49
V	Air-conditioning/Ventilation	2031.40
	Sub-total (I to V)	17586.49



vi	Add for superior specification like Italian flooring, bath room fittings, curtains, blinds, internal texture, paints, wall papers, wall panelings etc	2000.00
vii	Furniture including Acoustic Treatment, Auditorium Chairs etc	2000.00
viii	IT Infrastructure	250.00
	Sub-total (i to ix)	21836.49
ix	Add for cost of strengthening/retrofitting	676.00
	Sub-total	22512.49
x	Add for contingencies @3% on D	675.37
	Add for Service Tax @ 5.8% on D	1305.72
	Sub-total	24493.59
xii	Project Consultancy Costs	
a	Add for Project Consultancy Charges @ 7% (plus Service Tax @ 14.5%)	1963.16
	Total (Building and Services)	26456.75
	SAY	265
		Cr

7. COMMENTS / OBSERVATION OF FINANCE DIVISION WITH DUE APPROVAL OF SR. F.A.

The estimated cost for the proposed centre comes to Rs 7196 per Sq ft (Rs 77431 per Sq Mts) excluding land cost. The project consultancy charges @ 7 % plus service tax comes to about 8.015 % of the cost. The competent Authority may take a view on this issue on the basis of PMC awarded recently in other projects. In principle Finance Division have no objection to concur the concept proposal at projected cost of Rs 265 crore worked out by M/S HSCC.

8. APPROVAL SOUGHT - 464

Approval is sought for -

a) In Principle Approval for the concept proposal at projected cost of Rs 265 crore.

9. This has the approval of Director.

Signature

Sign. of HOD/S.E.

NOTE FOR THE STANDING FINANCE COMMITTEE

ITEM NO. SFC-211/21

Additional Hostel Block at AIMS Masjid Moth Campus
(3rd Call)

NOTE FOR GOVERNING BODY ON

Item No GB./

SUBJECT :- ADDITIONAL HOSTEL BLOCK AT AIIMS MASJID MOTH

1. INTRODUCTION

1.1 The AIIMS offers undergraduate and post graduate teaching courses. The annual intake of MBBS UG course is 50 per year. The annual intake for the MD/MS PG courses at present is 139 seats (Total 415 seats in three years). For implementation of Recommendations of the Oversight Committee of the Government of India the total number of UG & PG seats proposed to be increased per annum. In five years time, the annual increase will lead to an additional 722 students/resident doctors being catered to on the campus. In view thereof, it was suggested to enhance the existing hostel facilities in the campus.

1.2 Already there is a proposal for construction of three hostels with a capacity to accommodate 555 resident doctors. There is shortfall in the demand versus supply resulting in a waiting list of more than 1000 resident doctors/ other PG courses students. Thus even after construction of the said 555 room hostels there is likelihood of short fall of approx. 450 rooms.

1.3 For the same a hostel block No 4 is proposed at Masjid Moth. This eleven storied block would accommodate 309 resident doctors/students.

1.4 An Item for construction of additional hostel block was put up to the 205th SFC held on 30th May 2014 for 11 storied block having 309 units of accommodation. The proposed block for Rs 38.40 crore had been therein approved.

1.5 This is the third call of tenders for the said work. In the first call single tender was received and the bids were recalled. In the second call rates received were higher than the justified rates (Rs 31, 89,77,638 i.e 7.67 % above the estimated cost and 7.39 % above the justified cost.) and bids were cancelled. In the 209th SFC meeting the bid received subsequent to second call were put up for consideration and on account of

failure of the subsequent negotiations with the L-1 Bidder it was decided to go in for fresh bids.

1.6 Accordingly HSCC had been asked to call the tender for the same.

2. PROPOSAL

2.1 Tenders for the said Proposal has been invited by Project Consultant, Hospital Services Consultancy Corporation (HSCC). In response to press notice two firms had been found as prospective bidders.

1. M/s Globe Civil Projects (Pvt.) Ltd.
2. M/s N.N. Buildcon (Pvt.) Ltd.

With due approval of competent authority as per the recommendation of HSCC who had done the technical parameter scrutiny, the approval had been conveyed to them for opening of the financial bids of both firms. Financial bids of two firms have been opened & the quoted rates of the firms are as below :-

Sr. No	Name of bidder	Total Quoted Amount by bidders. (in Rs.)	Discount If any (%)	Net Amount after discount (in Rs.)	Percentage (%) above/below from estimate cost put to tender	Status
1.	M/s Globe Civil Projects (Pvt.) Ltd.	30,06,03,713.00	Civil@ 0.00% PHE@ 0.00%	29,88,23,945.74	0.87% above	L-2
3.	M/s N.N. Buildcon (Pvt.) Ltd.	29,85,99,100.95	NIL	29,85,99,100.95	0.80% above	L-1

2.2 HSCC, the project consultants have submitted their recommendations, a gist of the same is Annexed-A, herewith. The L1 bidder is @0.80% above the Est. Cost. M/s N.N. Buildcon (Pvt.) Ltd. at its quoted amount of Rs. 29,85,99,100.95 (Rupees Twenty Nine Crores, Eighty five Lacs, Ninety Nine Thousand, One Hundred and

Ninety Five Paise Only) against the Estimated cost of Rs.29,62,41,856.15 (Say Rs.29.62 Cr.) duly evaluated by ESD of AIIMS.

3. ADMINISTRATIVE COMMENTS

Construction of three blocks of hostel is under way to create 555 living units for the resident doctors/other PG students. In spite of these upcoming additional hostels, there will be a huge waiting list. The said additional block of 309 units is part of pursuit for Augmentation of inadequate hostel accommodation

4. WHETHER PROPOSAL HAS THE APPROVAL OF CONCERNED COMMITTEE VIZ. ESTATE COMMITTEE/ ACADEMIC COMMITTEE/ SFC ETC.

Proposal has been approved in the 21st SFC held on 9th & 13th April May 2016, vide Agenda item No. 10

5. APPROVAL SOUGHT

Approval is sought for award of work of Construction of Additional Hostel at Masjid Moth at cost of Rs. 29,85,99,100.95 (Rupees Twenty Nine Crores, Eighty five Lacs, Ninety Nine Thousand, One Hundred and Ninety Five Paise Only). to M/ s N.N. Buildcon (Pvt.) Ltd.

6. This has the approval of Director.

(Signature of Head of Centre /Unit /Deptt.)
(Er.M.Rastogi, Superintending Engineer, 9868397842)

No. F. 31-18/2002

NOTE FOR THE STANDING FINANCE COMMITTEE

Item No. FO/211/22

TO CONSIDER THE PROPOSAL FOR REIMBURSEMENT OF MEDICAL EXPENSES INCURRED BY SH. ANIL KUMAR JUNIOR ENGINEER AT THE AIMS, NEW DELHI FOR UN-RELATED BONE MARROW TRANSPLANTATION AT APOLLO HOSPITAL, NEW DELHI.

1. INTRODUCTION

Sh. Anil Kumar, Junior Engineer informed vide his letter dated 31.01.2015 requested that her wife Mrs. Jyoti Sharma 35 Y (EHS No. R-30072) was admitted on 09.12.2014 for treatment under Dr. M. Mahapatra, (Consultant), Hematology, Room No. 11 and was diagnosed MDS/RAED II. The treatment planned for the patient was Stem Cell/Bone Marrow Transplantation and there was no matched sibling donor available in her family (Copy of report issued by HLA-DNA lab report enclosed).

Sh. Anil Kumar, J.E has further informed that he has been told by consultant (Dr. M. Mahapatra) of Hematology that un-related Stem Cell Transplantation procedure was not being done by hematology department of AIMS. The patient was took to Apollo Hospital by the family for further management.

Sh. Anil Kumar, Junior Engineer has now approached for reimbursement of medical expenses for treatment at Apollo Hospital vide his letter dated 31.01.2015 (Annexure-I).

In response of this, Sh. Anil Kumar was advised vide letter No. F. 126/Treatment/2015-Estt(I) dated 10.03.2015 to approach Dr. Lallit Kumar, Prof. & Head, Deptt. Of Medical Oncology, AIMS for further management and it was clarified that it was not possible to grant approval for her treatment in the private hospital vide (Copy enclosed at Annexure-II) and copy of letter given by Sh. Lallit Kumar, Prof. & Head, Deptt. Of Medical Oncology, AIMS is enclosed at Annexure-III.

Copy of the request for reimbursement of medical expenses incurred at Apollo Hospital along with above Annexure I, II & III are enclosed below for reference.

ADMINISTRATIVE COMMENTS

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2.1 As per his request addressed to M.S. (Hospital) dated 31.01.2015 Sh. Anil Kumar, J.E. claimed that he was advised by the then Consultant Hematology Department, the said was confirmed by M.S. (Hospital) in his remarks on the said letter. (Enclosed Annexure - 1)

2.2 Enclosed Annexure - 2, letter No. F-16/Treatment/2015-Estt- (H) dated 10.03.2015 by M.S. (Hospital) addressed to Sh. Anil Kumar, J.E. referring the letter issued by Dr. Lalit Kumar, Prof. & Head, Dept. of Medical Oncology, AIMS wherein he advised for evaluation and further treatment at BRA IRCHA, AIMS and regretted the request of Sh. Anil Kumar being EHS beneficiary patient for grant of approval for treatment at private hospital.

2.3 Enclosed Annexure - 3, letter dated 09.03.15 of Dr. Lalit Kumar, Prof. & Head, Dept. of Medical Oncology, AIMS advising him for admission for evaluation and further treatment for allogeneic bone marrow (Stem Cell) Transplantation.

2.4 In response of letter forwarded by Estt. I seeking the action taken report in the matter raised in the charter of demand raised by Officer Association, AIMS, Sh. Sanjay Arya, Professor, Dept. of Hospital Administration & Officer Incharge (EHS) Letter No. T6/Treatment/2015-Estt. (H) dated 11.09.15 informing that Director, AIMS had decided that matter may be put up as an agenda note in the SFC for consideration (F.R.).

2.5 The patient Mrs. Jyoti Sharma wife of Sh. Anil Kumar is EHS Beneficiary under EHS No. R-30072.

2.6 The said is being raised by Officer Associations of AIMS in their Charter of Demands

PROPOSAL

The matter is put for reimbursement of medical expenses incurred by Sh. Anil Kumar, J.E. for treatment of her wife at Apollo Hospital, New Delhi.

APPROVAL SOUGHT

The proposal is therefore, placed before the Standing Finance Committee for kind consideration and approval please.

To consider the minutes of 114th Standing Academic
Committee held on 16.06.2016

ITEM NO. GB-153/8

NOTE FOR THE GOVERNING BODY

To consider the appeal submitted by Dr. Arvind Kumar, Assistant Professor of Medicine for quashing the penalty imposed on him on account of imputation of misconduct during treatment of a patient at the AIIMS, New Delhi

ITEM NO. GB-153/9

NOTE FOR THE GOVERNING BODY

NOTE FOR GOVERNING BODY

Item No. GB/153/9

TO CONSIDER THE APPEAL SUBMITTED BY DR. ARVIND KUMAR, ASSISTANT PROFESSOR OF MEDICINE FOR QUASHING THE PENALTY IMPOSED ON HIM ON ACCOUNT OF IMPUTATION OF MISCONDUCT DURING TREATMENT OF A PATIENT AT THE AIIMS, NEW DELHI.

- Dr. Arvind Kumar was appointed to the post of Assistant Professor of Medicine w.e.f. 05.06.2015.

- The Director constituted an Inquiry Committee under the Chairmanship of Prof. V.K. Paul, Head, Department of Pediatrics to enquire into the complaints made by the relatives of a patient Sh. Bharat Agaria who died during treatment on 31.08.2015 at the Institute. The Committee finalized its report in its final meeting held on 22nd September, 2015 and submitted it to the Director on the same date.

- Based on the findings of the Committee, a charge sheet was issued vide Order No. F-6-124/2014-Estt.I dated 08.10.2015 to Dr. Arvind Kumar on account of imputation of misconduct and misbehavior as mentioned above.

- With the approval of the President, AIIMS (being Disciplinary Authority), penalty of "Stoppage of 2 increments for a period of two years without cumulative effect" has been imposed on him vide Order dated 23.12.2015.

- Dr. Arvind Kumar vide his letter dated 04.02.2016 has submitted an appeal under Rule 23 of CCS (CC&A) Rule, 1965 for quashing the penalty imposed on him on account of imputation of misconduct during treatment of a patient at the AIIMS, New Delhi. A copy of the appeal is enclosed.

- The Appeal of Dr. Arvind Kumar, Assistant Professor of Medicine for removal of penalty imposed on him on account of imputation of misconduct is placed before the Governing Body for consideration and order being the Appellate Authority in terms of Schedule II to AIIMS, Regulations, 1999.

X-----X-----X

CONFIDENTIAL
Dated: 04-02-16
MOST URGENT

(Through HOD Medicine, AIIMS, New Delhi)

Subject: Appeal [Under Rule 23CCS (CCA)] Against the Order Dated 23 December 2015
(Ref.No.F.6-124/2014-Estt.1) From Office of the Director, AIIMS, New Delhi.

Respected Sir/Madam,

I am Assistant Professor in the department of Medicine. I have been carrying out my duties to the best of my ability and as per the highest traditions of the AIIMS. No complaint has ever been made against me either by any of the patients or by any faculty member or students till date.

Sir I am aggrieved by the order dated 23/12/2015 vide which I have been imposed with the punishment of stoppage of two increments for the wrong, which was never committed by me. It would not be out of place to mention here that before imposing the punishment upon me the authorities had not even supplied the documents to me, which formed the basis of imposing punishment upon me despite my repeated requests, and thereby violated the principles of natural justice and also my fundamental rights.

Sir it is further respectfully submitted that the allegation in the memorandum of charge that I was not involved in the care of the patient Bharat Agria per se is not based on true facts and had the documents been properly looked into by the enquiry committee without bias, the said fact would have been clearly established.

Sir I wish to draw your kind attention that I was consultant on call on 30/08/2015 and in the evening round with medical team of unit-3, I attended the case of Mr. Bharat and I was also informed by resident doctors on duty that the Head of Unit, Professor Naveet wig is also informed and is guiding the team.

The patient was evaluated by me and with prompt and adequate resuscitation the patient showed some signs of improvement. Thereafter I deputed Senior Resident Doctor (SR), Dr Prasan Kumar Panda to continuously supervise the patient and transferred him to C2 ICU under supervision. I asked the resident doctor (posted under unit-III) to keep me updated about the clinical state of the patient as per clinical management protocol of the Institute I have observed.

Subsequently along with other Junior Resident Doctors I continued clinical rounds & managed other patients including sick dengue patients (around 35 in number) admitted in different wards. Amidst the round, I kept on taking feedback about the patient Mr. Bharat

8/11/2
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S. K. S. K.

To
The Governing Body
All India Institute of Medical Sciences
New Delhi

478

from Resident Doctors. Throughout the care of the patient from emergency ward to the transfer to ICU, senior resident doctor regularly updated the Head of Unit, Professor Naveet Wig for his expert guidance and management of the patient. While I was attending other sick patients it was further informed by the Senior Resident Doctor (SR) that Professor Naveet Wig has already arrived bedside to see the patient in C2 ICU. That as the head of unit was supervising the treatment of the patient I attended around 35 other patients who were also in serious condition and successfully managed them.

That upon the direction of Prof. Wig, Consultant and our Unit Head, who subsequently prescribed the line of treatment and took the decision which I was bound to follow and were duly followed in the case of Mr. Bharat also. Starting from initial guidance in emergency ward, then bedside treatment supervision in ICU followed by the transfer of the Patient to AB-8 ICU was done with expert opinion of the Unit Head.

It is further respectfully submitted that unfortunately the patient Mr. Agria expired despite my best effort. I performed my duties efficiently and professionally and the additionally deceased received best of the treatment under the expert and able hands of Prof. Naveet Wig the head of the unit assisted by the whole unit including me.

Sir it is pertinent to mention here that although I had to take care of 35 other serious patients admitted in different wards I maintained touch with resident doctor on call till I was in clinical round in the ward till 11:00pm.

In view of aforementioned circumstances I am most respectfully submitting my appeal to all members of Governing Body of AIIMS, New Delhi that punishments imposed upon me vide order Ref.No.F-6-124/2014-Estt.,dated23/12/15 from Office of the Director, AIIMS, New Delhi may kindly be withdrawn in the interest of justice and equity. I promise to maintain high the standard of care in the institute to the best of my ability in future.

The above submission is for your kind perusal.

Sincerely yours
[Signature]
9/12/15
Dr. Arvind Kumar

Assistant Professor
Dept. of Medicine
AIIMS, New Delhi-110029
Email-linktoarvind@gmail.com
Phone: 9266899264

Forwarded
Biswas
4/2/16

Enclosures: 1. Received Copy of my submission dated 23/10/15
2. Copy of order dated 23/12/15(Ref.No.F-6-124/2014-Estt.)

[Handwritten notes]
23/10/15
23/12/15
23/12/15

is further submitted that in the evening round with medical team of unit-3, the case of Mr. Bharat Agrta was briefed to me by resident doctors on duty and the resident doctor also told that the Head of Unit, Professor Naveet Wig has also been informed and is guiding the team. I evaluated the patient and formulated the initial treatment plan (with all inputs), which involved prompt and adequate resuscitation, Mr. Bharat showed some signs of improvement (compared to previous status in emergency department). In view of young age and sick state of the patient I also deputed the Senior Resident Doctor (SR), Dr Prasan Kumar Panda to continuously supervise the patient and transfer to C2 ICU under supervision, once bed is arranged for the same and asked the resident to keep me also updated (along with Unit Head) about the clinical state of the patient. I along with other Junior Resident Doctors continued rounds & managed other sick dengue patients and rest other patients (around 35 in number) admitted in different wards of hospital.

Amidst the round, I stepped back to enquire about the specific patient Mr. Bharat, where in I was informed by the SR that the patient has been transferred to ICU and throughout the care of the patient from emergency ward to the transfer to ICU the SR regularly updated the Head of Unit, Professor Naveet Wig for his expert guidance. I was also informed by the SR that Professor Naveet Wig has already arrived at bedside to see the patient in ICU. Satisfied in the knowledge that the continuity of care under the medicine team was preserved to the utmost satisfaction right from the point of contact to medicine unit-3 to the supervised transfer to ICU and finally patient being seen by Head of the Unit and communications being conveyed to Head of the Unit, I proceeded to see the rest of the sick dengue and other patients and completed my round with full dedication and devotion.

Therefore the allegation that I was not involved in the management of the said patient after admission to ICU is absolutely wrong. Further for an impression under the said allegation that I stopped performing my duty after admission of the said patient into ICU, it is submitted that the said impression is wrong as I proceeded to see other sick patients in the different wards only after I made it sure that the said patient is under an expert hand i.e. under Unit Head. It is submitted that my involvement in the management of the said patient in ICU is evident from the very fact that I made it sure that the said patient is properly taken care of in ICU and is under an expert hand of Unit Head.

As Prof. Wig is Senior Consultant and our Unit Head, the line of treatment and decision taken by him had to be followed and they were duly followed in the case of Mr. Bharat also. Starting from initial guidance in emergency ward to bedside treatment supervision in ICU, followed by the transfer of the Patient to AB-8 ICU (under Department of Anesthesiology) were done with expert opinion and advice of the Unit Head.

All India Institute of Medical Sciences
Ansari Nagar, New Delhi

CHIEF ADMIN. OFFICER
FILE/LETTER : RECEIVED ON
23 OCT 2015
By No. AAIMS, NEW DELHI-110029

To
Sh. K.K. Vaid
Chief Administrative Officers
All India Institute of Medical Sciences
Ansari Nagar, New Delhi - 110029

(Through HOD Medicine)

Sub: Submission of Representation in Reference to Memorandum no. F.6-124/2014/Estt I
(F cell) Dated 8.10.2015 and O.M. no. F.6-124/2014/Estt-I Dated 19.10.2015.

Dear Sir,

I have received the above memorandum in which it is alleged through a statement of imputation of charges that I was not involved in the management of patient Mr. Bharat Agria S/o Shri. Harish Chander on 30/08/15 after admission to C2 ICU. I was suggested to submit my representation. In this regard I had requested a copy of the enquiry committee report and case sheet (with 3 request letter given to concerned authority on 09th, 12th and 19th October 2015) but the same has been denied by the competent authority and was asked to submit my reply immediately (letter F.6-124/2014/Estt-I dated 19/10/15), therefore I request you to provide the same for any further clarification. At the outset, it is submitted that the allegation is wrong to best of my understanding. The following paragraphs will disclose my points which are as under:

I had appeared before the Enquiry Committee minutes after a telephonic call from the department of pediatrics office and had explained to them orally and also gave in writing. As Assistant Professor of Medicine, I realize my duties and have been discharging my responsibilities faithfully with care and concern. Because of the morbidity caused by the dengue epidemic, I was attentive and careful regarding all the patients including Mr. Bharat Agria.

I have been discharging my duties with sincerity and dedication ever since I was a post graduate student (at Allgarh Muslim University; 2007-10), a senior resident (Maulana Azad Medical college, New Delhi 2010-13) and then for one year as contractual Assistant Professor here at AIIMS, there had never been any lapse in my duty as a doctor which could be verified from the said authorities.

The patient came to AIIMS, Department of Emergency Medicine on 28/08/15 and again on 30/08/15 at around 6 AM. The Medicine Department Unit-3 was contacted in the evening hours of 30/08/15 and before that he was under treatment of Department of Emergency Medicine for 2 and a half days.

23/10/15
Sh. K.K. Vaid

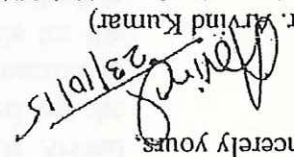
On busy admission day of unit-3 (Sunday 30/08/15) with so many sick patients already admitted in wards and heavy rush in Emergency ward. I did my duties as on call consultant of Medicine with utmost concern and sincerity. assessing and evaluating all the patients in morning round starting from around 9 AM to 2 PM and then again in evening round approx w.e.f 6:30 pm up to around 11:00 pm with medicine team. There has been no lapse on my part along with the team in managing all patients. Unfortunately, on 31.08.2015, Late Mr. Bharat Agria passed away. He was taken care of with full involvement and dedication by me and the entire team of the concerned Medicine Unit and continuity of care was always maintained. On an admission day, as a duty consultant I have done my duty with full dedication towards the care of all the patients including Late Mr. Bharat Agria.

I believe the sequence of events explained above would help you to understand the continuity of care with full involvement and dedication by me and entire team in coherence for each and every patient including late Mr. Bharat Agria. I am shocked and pained due to baseless allegations made against me despite providing clinical care to each and every patient with best of my abilities.

The above submissions are for your kind perusal.

Thanking you,

Sincerely yours,


23/10/15

(Dr. Arvind Kumar)

Assistant Professor (doj) 05/06/15)

Dept. of Medicine

AIIMS, New Delhi - 110 029

E-mail id: linktoarvind@gmail.com

Phone no: 09266899264

Dated the 23rd Dec 2015

ORDER

WHEREAS Dr. Arvind Kumar, Assistant Professor of Medicine has been charge sheeted under Rule 16 of the CCS (CCA) Rules, 1965 vide this office memorandum of even number dated the 8th October, 2015 and he has been asked to submit his representation on the following statement of imputation of misconduct:-

Statement of Imputation of Misconduct of Misbehavior:-

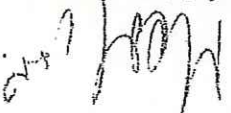
"Mr. Bharat Arga S/o Shri Harish Chander, who had visited Department of Emergency Medicine on 28th August, 2015 and 30th August, 2015 before being admitted in C2 ICU on the evening of 30th August, 2015 and latter shifted to AB-8 ICU had unfortunately died on 31st August, 2015. Dr. Arvind Kumar, Assistant Professor in the Department of Medicine and Consultant on Call Medicine Unit-III was on round in the New Emergency Ward around 6.35 P.M. when he evaluated the patient along-with Dr. Prasan Panda. Dr. Arvind Kumar guided the team in planning the management and transfer of the patient to C2 ICU, however, after this he was not involved in the care of the patient though he was on clinical round up-to 11 P.M. Having admitted a patient to the ICU, Dr. Arvind Kumar, Assistant Professor, Medicine Unit-III should have followed up the patient as the role of Consultant in the care of patients should be proactive in order to ensure highest quality of clinical care and to be role models for the residents. The above act of Dr. Arvind Kumar is a case of negligence which is unbecoming of an AIIMS faculty and thus violation of Rule 3 of CCS (Conduct) Rules".

WHEREAS, Dr. Arvind Kumar, Assistant Professor of Medicine had submitted his reply dated 23.10.2015 and explained his position. The reply of Dr. Arvind Kumar has been considered by the President, AIIMS, New Delhi being Disciplinary Authority and after careful consideration of statement of imputation of misconduct, submission by Dr. Arvind Kumar and all other relevant material/facts/records and circumstances of the case, has reached to the conclusion that the representation dated 23.10.2015 submitted by Dr. Arvind Kumar, Assistant Professor of Medicine is unsatisfactory.

(P.T.O.)

Now, therefore, after careful consideration of statement of imputation of misconduct, submission of Dr. Arvind Kumar, Assistant Professor of Medicine and all other relevant material/facts/records and circumstances of the case, the President, AIMS, New Delhi being Disciplinary Authority in exercise of the powers conferred by Rule 15 of the CCS (CCA) Rules, 1965 read with Regulation 33. (2) of the All India Institute of Medical Sciences Regulations, 1999 (as amended) now for good and sufficient reasons has decided to impose the penalty of "Stoppage of 2 increments for a period of 2 years with-out cumulative effect". Accordingly, the penalty of "Stoppage of 2 increments for a period of 2 years with-out cumulative effect" is hereby imposed on Dr. Arvind Kumar, Assistant Professor of Medicine. He will be entitled for his next increment on July 1, 2018 with-out any arrears of pay while regarding his past increment benefits.

A copy of this order may be added to the confidential rolls of Dr. Arvind Kumar, Assistant Professor of Medicine.

For and on behalf of the
 President, AIMS

 (Prof. M.C. MISRA)
 DIRECTOR

Dr. Arvind Kumar,
 Assistant Professor
 Thru: The HOD of Medicine

Copy to:-

1. The Administrative Officer, ARC Cell (for ACR Dossier of personal concerned)
2. ~~The Assistant Administrative Officer, Vigilance Cell, AIMS~~
3. The Accounts Section-II & III

To consider the issue of seniority among the Professors in
the Department of C.T.V.S. at the AIIMS, New Delhi!

ITEM NO. GB-153/10

NOTE FOR THE GOVERNING BODY

NOTE FOR GOVERNING BODY

Item No. GB/153/10

TO CONSIDER THE ISSUE OF SENIORITY AMONG THE PROFESSORS IN THE DEPARTMENT OF C.T.V.S AT THE AIIMS, NEW DELHI.

INTRODUCTION

1.1 The Chairman, Governing Body in its 152nd meeting held on 13.04.2015 while confirming the final minutes of the 151st Governing Body meeting held on 12th May, 2014, directed that the facts regarding the seniority of Dr. A.K. Bisoi Professor, CTVS may be presented to the Governing Body in the 153rd Meeting.

2.

ADMINISTRATIVE COMMENTS

2.1 The members of the Standing Selection Committee including experts in its meeting held on 12.09.20015 while considering the candidatures of the applicants for the post of Additional Professor in the Department of C.T.V.S. under the mode of direct recruitment, graded the candidates as under:

Members of the Selection Committee including Experts (7 in numbers)						
Dr. S.K. Choudhary	A+	A+	A+	A+	A+	A
Dr. Ujjwal K. Choudhary	A+	A+	A+	A+	A+	A
Dr. A.K. Bisoi	A+	A+	A+	A+	A+	A+

However, the order of merit of the candidates drawn by the Standing Selection Committee was as under:

1. Dr. S.K. Choudhary
2. Dr. U.K. Chowdhury
3. Dr. A.K. Bisoi

The aforesaid recommendations of the Standing Selection Committee were approved by the Governing Body in its meeting held on 23.09.2005.

- 2.2 Dr. A.K. Bisoi, however, represented from time to time for his seniority over Dr. S.K. Choudhary & U.K. Choudhary to the post of Additional Professors appointed under the mode of Direct Recruitment on the basis of grading secured by him from the members of the Selection Committee including experts. His representations have been examined by the Governing Body four times. The deliberations of the Governing Body on the aforesaid issue on all four occasions are as under:
- 2.3 The representation of Dr. A.K. Bisoi on the subject matter was firstly placed before the Governing Body vide Item No. GB-146/1(S) in its meeting held on 16.01.2012. The Governing Body decided as under:
- "The representation were discussed at length and the GB found merit in the claim of Dr. A.K. Bisoi as he was rated best among three Additional Professor recruited to the post of under direct recruitment with him in the year 2005. However, few members were of the view that they did not get enough time to go through the agenda as the same was circulated during the meeting itself and they needed to examine the claim in detail before taking a decision. A recent court order in a similarly placed case also needed to be examined. Hence the item will be placed again in the next GB."
- 2.4 The representation of Dr. A.K. Bisoi along-with another representation received from Dr. Ujjwal K. Chowdhury on the issue under reference, were again placed before the Governing Body vide Agenda Item No. 147/6 in its meeting held on 14.04.2012. The Governing Body decided as under:
- "The Governing Body considered the representations submitted by Dr. A.K. Bisoi and U.K. Choudhary. It also considered the judgement of the Delhi High Court of 9th January, 2012 in the case of filed by Dr. Dalip Kr. Parida. After examining all aspects including the Institute Body's Resolution dated 15.01.1997, the advice of the Director, the representations submitted by Dr. A.K. Bisoi and Dr. U.K. Choudhary, the Governing Body decided that inter-se-seniority of Dr. Shiv Kr. Choudhary, Dr. U.K. Choudhary and Dr. A.K. Bisoi would be maintained as had been recommended by the Standing Selection Committee in the year 2005."
- 2.5 The Governing Body vide agenda item No. GB-148/8 in its meeting held on 22.10.2012 while taking note of the Action Taken on the decision of the Governing Body dated 14.04.2012 on the issue in question, however, decided as under:

"The Director informed that the issue was considered by the Governing Body in its earlier meeting and the decision was conveyed to the person concerned, but, Dr. A.K. Bisoi has again made a representation. Smt. Sushma Swaraj was of the view that the issue should be re-visited. She suggested that a Committee consisting of Health Secretary and the Director, AIMS should be constituted to look into the matter. Dr. S.P. Agarwal expressed concern that if this issue was re-visited, then there may be large number of representations for revisiting other similar issues. Smt. Sushma Swaraj opined that the Governing Body should consider and decide the issue for a logical conclusion. In view of the above deliberation, it was decided by the Governing Body that a Committee consisting of i) Health Secretary; ii) Director, AIMS; and iii) Dr. S.P. Agarwal would examine the facts/records and place their report before the Governing Body."

2.6 As per the aforesaid decision of the Governing Body, a Committee consisting of the members as directed by the Governing Body under the Chairmanship of Sh. P.K. Pradhan, the then Secretary (Health), was constituted. The Committee met on 23rd January, 2013 and 29th January, 2013 at the Chamber of the then Secretary (Health) and discussed the issue in detail.

2.7 The Committee submitted its report and the same was placed before the Governing Body vide Item No. GB-149/6 in its meeting held on 19.07.2013 for consideration. The Governing Body decided as under:

"The Governing Body in its meeting held on 22nd October, 2012 had constituted a Committee consisting of Health Secretary, Director, AIMS, New Delhi and Dr. S.P. Agarwal to examine facts/records on this issue and place their report before the Governing Body. The said report was placed for consideration.

Initiating the discussion on the subject, Smt. Sushma Swaraj observed that the mandate of the Committee was to examine the facts/records with regard to issue of seniority of Additional Professors in the Department of CTVS and to place the report before the Committee. This Committee was not required to give any recommendations and therefore, the Committee had gone beyond its mandate by giving recommendations like the Rotation of Headship of Departments. Smt. Swaraj added that the Committee had clearly stated that grading of Dr. A.K. Bisoi, if the grading of experts were taken into consideration, was bit higher than that of Dr. U.K. Choudhary & Dr. S.K. Choudhary. However, the Committee observed that it was not an isolated case, but the Committee was not in a position to provide an explanation for the decision taken by the Standing Selection Committee in the year 2005. Smt. Swaraj concluded that Dr. A.K. Bisoi had a claim to seniority as per facts/records mentioned in the Committee Report.

Chairman observed that this was not the only isolated case and there were other cases where the sum of grades given by SSC members and the final outcome of the Standing Selection Committee did not match. Dr. R.C. Deka, Director added that it appeared that the Standing Selection Committee, in this case, did not follow the guidelines approved by the Institute Body in 1997. He also submitted that in a direct selection only merit was counted in defining seniority at each level of selection.

The majority of Members present in the Governing Body meeting held view that it would not be appropriate to sit in judgement over the decision of Standing Selection Committee taken 7-8 years ago.

Smt. Sushma Swaraj pointed out that the issue here is of correct fixation of seniority strictly in accordance with the binding policy decision of 1997. In this case, neither the merit list nor the seniority was ever formally published or confirmed by the Governing Body. The issue of seniority can be raised by any faculty at any point of time after the appointment. This is the usual practice followed everywhere in the Government Institutions and Departments. The Governing Body has followed this decision and correctly fixed the seniority in a similar case earlier. As such, there is no reason why the same should not be done in the present case.

x x x x x

It was accordingly decided not to make any changes nor to redefine seniority of the 3 Professors which was decided by then GB on the basis of the recommendations of the Standing Selection Committee."

Further, a reference vide letter dated 23.08.2013 forwarding therewith a letter of PMO along-with representation submitted by Dr. A.K. Bisoi on the issue of inter-se-seniority in the Dept. of CTVS was received from the MoHFW for para-wise comments. Accordingly, a para-wise reply was prepared and forwarded to the Under Secretary, Ministry of Health & Family Welfare vide this office letter No. F.20-5/2013(A)-Estt.I dated 05.03.2014.

It is evident from the above submission that the representations of Dr. A.K. Bisoi, Professor of C.T.V.S. on the issue of fixation of his seniority among the Professors in the Department of C.T.V.S. have been considered and examined by the Governing Body on various occasions and decision thereon has been taken as enumerated in foregoing paragraphs.

The Ministry of Health and Family Welfare, Govt. of India vide their letter dated 02.04.2014, however, forwarded a copy of PMO ID No. 520/31/C/75/2011-ES-II dated 07.03.2014 wherein the Ministry, with the approval of the Secretary (HFMI) directed that the matter be decided by the Governing Body of AIIMS, New Delhi and action taken report in the matter be furnished to the Ministry within one fortnight (Annexure-I).

2.10

2.9

2.8

2.11 Dr. A.K. Bisoi also represented vide his letter dated 05.05.2014 that his seniority to the post of Additional Professor (CTVS), appointed under the mode of Direct Recruitment may be corrected and formal order to this effect may be issued (Annexure-II).

2.12 His representation was again placed vide Agenda Item No. 6 before the Governing Body in its 151st meeting held on 12.05.2014. The Governing Body decided as under:

"After discussion, the Governing Body reiterated its decision taken in the 149th meeting of G.B. held on 19.07.2013. It was unanimously decided that, this matter need not be discussed again."

However, in view of the directives of the Chairman, Governing Body, the aforesaid facts are placed before the Governing Body for perusal.

Copy to:
Prime Minister's Office
(Dr. P. Shakti Ahamed, Director)
South Block, New Delhi

Encls: As above: 01 page

Under Secretary to Govt. of India
(S.N. Sharma)
Ph.: 23061883

Yours faithfully,

The matter has been examined in this Ministry and it is directed with the approval of Secretary (HFV) that the matter be decided by the GB of AIIMS, New Delhi. It is, therefore, requested that urgent steps be taken and action report in the matter be furnished to this Ministry within one fortnight.

I am directed to forward herewith a copy of PMO ID No. S20/31/C/75/2011-ES-II dated 7.3.2014 regarding representation of Dr. A.K. Bisoi, Professor, CTVS Department for fixation of seniority, wherein it has been observed by PMO that "after examination of the complaint and response received from the Ministry, it appears that prima facie, there is reason to revisit the case based on the guidelines/binding norms approved by the Institute Body in 1997". PMO have desired that the issue be revisited and action taken report submitted within a month.

Sub: PMO reference regarding seniority issue and violation of selection/promotion procedures for faculty at AIIMS, New Delhi - regarding.

The Director
All India Institute of Medical Sciences,
Ansari Nagar,
New Delhi-110029

To

Nitinan Bhawan, New Delhi
Dated, the 2nd of April, 2014

No. V-160203/2012-MB-I
Government of India
Ministry of Health & Family Welfare
(MB-I Section)

4/4/14
E.O. - 70257



485

Handwritten signature/initials at the bottom left.

NEW DELHI-110 101
SOUTH BLOCK

PRIME MINISTER'S OFFICE

Office of Secretary (H&FW)
TS No. 51680/14
Date 10/03/14

486
51680
10/3/14

Subject: Representation of Dr. A.K. Bisoi, Professor, CTVS Department, AIIMS, New Delhi - fixation of seniority

Reference is invited to Ministry of Health & Family Welfare's OM No. V-160203/3/2012-ME-1 dated 21.2.2014 on the above subject.

2. The undersigned is directed to convey that after examination of the complaint and the response received from the Ministry, it appears that prima facie, there is reason to revisit the case based on the guidelines/binding norms approved by the Institute Body in 1997.

3. The Ministry is, therefore, requested to revisit the issue and submit an action taken report in a month.

(Dr. P. Shakil Ahamed)
Director
Tel: 23012613

Secretary, Department of Health & Family Welfare
PMO ID No. 520/31/C/75/2011-ES-II
Dated: 7.3.2014

AIIMS
Professor, CTVS
(Dr. A.K. Bisoi)

in 1997.

While respectfully reiterating my complaint / representation for fixation of my seniority correctly and issuance of formal orders in that behalf, I am once again requesting you to provide me all the relevant communications / directions through which the Institute is obliged and has been required to revisit the instant issue on the basis of the binding norms stipulated by the Institute Body

It is re-emphasized that its stands affirmed on the record of the Institute that having secured highest grades in a direct selection process, I am entitled to be the senior most candidate in the list of the selected candidates. There is error made by the Selection Committee while making recommendation for appointment in 2005. Now it is obligatory on the part of AIIMS Administration to carry out the ministerial exercise of correcting the seniority and to issue formal orders in this behalf notifying my name as the senior most Additional Professor selected directly in the year 2005 and to continue to maintain the same seniority at the level of Professor.

I had requested for making available the copies of the relevant documents regarding the decision of the competent authority to revisit the entire case of correct fixation of my seniority being agitated by me through my representations including my representation dt. 14.11.13.

In continuation of my representations on the above-mentioned subject including my representation dated 14.11.13, I had met your goodself to know further progress in this regard. I was informed that the authorities have reaffirmed merit in my case and the issue is being revisited by the competent authority on the basis of the binding norms approved by the Institute Body in 1997 and the decision on my representation shall be intimated to me shortly.

Sir,

RECEIVED
05 MAY 2014
G.O. - 72661
5/5/14

Ref: My representations dated 14.11.2013 and 11.04.2014

Sub : Correct fixation of seniority of Additional Professors in the Cardio-Thoracic and Vascular Surgery Department at AIIMS

The Director
All India Institute of Medical Sciences,
Ansari Nagar,
New Delhi-110 029.

RECEIVED
5/5/14
30 F 12661

Dated : 05th May, 2014

487

Amexmu-1

**Proposal to amend the MOU dated 13.04.2015 signed
between AIIMS, New Delhi and Tata Consultancy Services
Limited Mumbai (TCS) for up gradation of the IT Systems
and Management process in the Institute**

ITEM NO. GB-153/11

NOTE FOR THE GOVERNING BODY

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

LEGAL CELL

Item No. KGB-153/11

A Memorandum of Understanding was executed on 13th April, 2015

which came into force with effect from 1st Jan., 2015 between TCS and AIIMS

to stream line all OPDs at AIIMS framing certain terms and conditions as

enumerated in the Memorandum of Understanding.

The TCS and as well as AIIMS has felt the need to slightly amend the

terms and condition of MoU under Phase-2, as under

"TCS shall deploy the SAP expert team to do a due diligence for 2-3 weeks

starting from May, 2015 to understand the existing AIIMS tender/ AIIMS

process and baseline the scope. SAP Implementation plan will be detailed

after the due diligence. TCS will bring in the TCS expertise for SAP

implementation and support for next 3 years from the Effective Date.

AIIMS shall procure SAP License and provide TCS with all necessary

hardware, network, software licenses and corresponding AMC for no less

than 3 years from the Effective Date. AIIMS shall involve TCS in the

finalization of the Bill of Material with SAP and AIIMS.

TCS and AIIMS shall plan to have the implementation and roll out of all the

necessary modules within a time period not exceeding 3 years from the

Effective Date."

Moreover, it is submitted that All other terms and conditions of the MoU

shall remain unchanged and in full force from 1st Jan., 2015.

Therefore, a draft amendment agreement is placed on file for perusal and

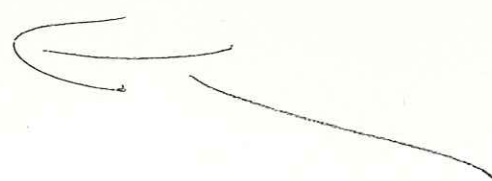
approval.

Dr. Anil K. Singh
16/2/16

D/CLM

gls
16/2/16

Dr. Anil K. Singh



3052/153
3052/153

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A. I. I. M. S.

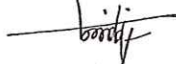


18/2/16
Office of M/o Health
No. 3052/153

Ref. notings on prepage regarding the proposal to amend the MOU dated 13.4.2015 signed between AIIMS, New Delhi, and Tata Consultancy Services Limited, Mumbai (TCS) for upgradation of the IT Systems and Management process in the Institute.

2. It is not clear from the note whether the initial MOU was signed with prior approval of HFM/President, AIIMS, New Delhi, if not, whether or not his prior approval was required, if not required, why then the proposal to amend the MOU is now being submitted to HFM/President. Further, financial implication of the MOU has not been spelt out either in the note or the MOU.

3. Clarification on the above points may please be furnished before the file is submitted to HFM/President, AIIMS, New Delhi, for his consideration.


(Dr. Amandeep Garg)
PS to Hon'ble HFM
February 24, 2016

Director,
AIIMS, New Delhi.

approval of President AIIMS is not
necessary in the case of Amendment
to MOU in the form of 13.4.2015
Amendment in compliance of AIIMS AIIMS.

Handwritten notes and signatures at the top of the page, including the name 'Dr. Amandeep Garg' and dates like '1/5' and '11/5'.

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI-29
(GENERAL SECTION)

Ref. preceding notes, Regarding the proposal to amend the MOU dated 13.04.2015 signed between AIIMS, New Delhi and Tata Consultancy Services Limited, Mumbai (TCS) for upgradation of the IT system and management process in the Institute.

The instant case was discussed and deliberated as Agenda Item No.GB-152/11 - "Proposal relating to digitalization of AIIMS by M/s TCS under Corporate Social Responsibility" during the 152nd Governing Body meeting of AIIMS, New Delhi held on 13.04.2015. Final minutes of the said GB Meeting is placed at F/X. The decision taken by Governing Body for Item No. 152/11 is as:

"Deputy Director Administration AIIMS presented the proposal for Digital AIIMS. The proposal contained 2 parts - collaboration with Ministry of IT and the UIDAI for establishing an on-line OPD Registration System with AADHAR basis, and collaboration with M/s TCS for workspace redesign to implement the on-line OPD Registration system and reduction of crowds at OPD. Health Secretary appreciated the efforts being undertaken at AIIMS towards the digitization by AIIMS; he further advised that paras 4.2, 4.3 and 6.5 of the draft MOUs may be reformulated and the provisions regarding termination and intellectual property rights may also be tightened. Chairman advised that a separate meeting on on-line OPD registration would be convened expeditiously in near future."

Submitted please.

Dr. D. D. Chatterjee (Admin.)

(Pallav Kumar Chittaj)
Administrative Officer

21/3/2015


Precedent in how the procedure of step
license by M/s may be retained in
consideration of procedure M/s on decision
of G.B. separate approval of G.B will be taken.
M/s
21/3/15

Proposed M/s
Proposed M/s

Sec. Health may also
examine. 02/3/15



AIIMS.
3101031010

Office of Secretary (HR&M)
Office No. 202
Date: 28/3/2015

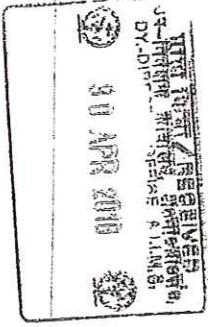
Office of M/s HR&M
Dy. No. 202
Date: 28/3/15

Ref. notings on preceding pages regarding the proposal to amend the MOU, dated 13.4.2015, signed between AIIMS, New Delhi, and Tata Consultancy Services Limited, Mumbai (TCS), for upgradation of the IT Systems and Management process in the Institute.

(Jagat Prakash Nadda)
Union Minister of Health & F.W.
April 23, 2016

[Handwritten signature]

Director,
AIIMS, New Delhi.



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2016/02/29/14/16

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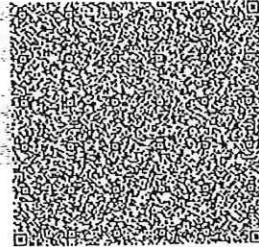
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IN-DL91873858641042N	Certificate No.
13-Apr-2015 01:50 PM	Certificate Issued Date
IMPACC (PF)/dl907913/ DELHI/ DL-DLH	Account Reference
SUBIN-DL90791380869011872779N	Unique Doc. Reference
TATA CONSULTANCY SERVICES LIMITED	Purchased by
Article 5 General Agreement	Description of Document
Not Applicable	Property Description
0	Consideration Price (Rs.)
(Zero)	First Party
TATA CONSULTANCY SERVICES LIMITED	Second Party
ALL INDIA INSTITUTE OF MEDICAL SCIENCES NEW DELHI	Stamp Duty Paid By
TATA CONSULTANCY SERVICES LIMITED	Stamp Duty Amount(Rs.)
300	
(Three Hundred only)	



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MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding ("MOU"), is made and entered into on 13th April, 2015, effective as of 1st January, 2015, by and between Tata Consultancy Services Limited, a company incorporated under the Companies Act 1956, having its corporate office located at TCS House, Raveline Street, Fort, Mumbai - 400 001 ("TCS") and The All India Institute of Medical Sciences New Delhi, a medical college and medical research public university located at Ansari Nagar, New Delhi - 110029 ("AIIMS").

V. SRINIVAS, IAS
 Director (Admin)
 Government of National Capital Territory of Delhi
 New Delhi-110029



Statutory Alert:

1. The authenticity of this Stamp Certificate should be verified at "www.shclststamp.com". Any discrepancy in the information provided on the website renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

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[Referred to as "Party" individually and "Parties" collectively.]

RECITALS:

1. TCS is among the leading global information technology organization engaged in the business of interalia consulting, developing, constructing, licensing, updating, enhancing, implementing, maintaining, supporting and marketing IT systems to clients;

2. WHEREAS AllMS is India's premier medical college and medical research public university based in New Delhi, India, which was established in 1956 and operates autonomously under the Ministry of Health and Family Welfare;

3. WHEREAS TCS is desirous of providing the services as outlined in TCS roles below, as part of its corporate social responsibility (CSR) to AllMS in accordance with the terms and conditions agreed in this MoU;

4. WHEREAS accordingly TCS & AllMS have agreed to enter into this MoU defining their respective roles in accordance with the terms and conditions agreed in this MoU.

NOW THE PARTIES HEREBY CONFIRM THEIR MUTUAL UNDERSTANDING AS FOLLOWS:

1. TCS Roles:

Phase I:
TCS scope of work under Phase 1 is as follows:

a. Streamlining of all OPDs of AllMS

- 1) Technology Track:
 - Conduct the initial study on the current IT systems and Management of AllMS.
 - Aid and augment the transformed OPD process using technology with tenets of consistency, usability and clarity.
 - Create MIS / dashboard that will approximately indicate the waiting time to the patients on number of hours before consultation.
- 2) Process Track:
 - Analyze the As-Is business processes of AllMS.
 - Process re-modelling for simplification and streamlining of OPD operations.
- 3) Change Management Track:
 - Devise the change & communication strategy based on AllMS readiness assessment.
 - Conduct change agents workshop as mutually agreed between the Parties, but shall not exceed 6 workshops (TCS shall not be providing any materials in this regard)



(Signature)
 V. SRINIVAS, IAS
 Dy. Director (Admn.)
 AllMS, New Delhi-29

V. SRINIVAS, IAS
 Director (Admin.)
 A.I.I.M.S., New Delhi-29



TCS shall deploy the SAP expert team to do a due diligence for 2-3 weeks starting from mid May 2015 to understand the existing AllIMS tender / AllIMS process and baseline the scope. SAP implementation plan will be detailed after the due diligence. TCS will bring in the TCS expertise for SAP implementation and support for next 3 years. TCS shall also for a maximum period of Three (3) years procure the SAP license to be used in AllIMS. TCS and AllIMS may mutually agree to extend the SAP support services contract at the end of 3rd year.

a. SAP ERP Implementation & Support:

On the completion of Phase 1, TCS shall undertake the below scope for Phase 2

Phase 2:

b. TCS shall also endeavor for boosting AllIMS current system performance by deploying necessary experts at its sole discretion to analyze the system performance and providing suitable recommendation to National Informatics Centre ("NIC") through AllIMS for stabilizing the system.

May 2015	Aug 2015	Oct 2015
RAK OPD, Medicine/Pediatrics, and PMR-OPD (Main AllIMS) PULHOKHAKLY OPD. (CN Centre)	CNC-OPD (CN Centre)	IRCH, RPC, and Dental Centres

Tentative Timeline of completion:

- shall jointly work to improve & stabilize the new process.
- TCS shall to a reasonable extent, work with AllIMS to launch the initial changed process which may be completed as per the tentative timelines specified below. Subsequently TCS and AllIMS shall jointly work to improve & stabilize the new process.
- compassion booths that may be established by AllIMS as per TCS recommendation
- TCS shall in consultation with AllIMS prepare the guidelines for AllIMS to work with Information & Broadcasting Ministry to deliver the communication through its different channels.
 - TCS shall in consultation with AllIMS, devise the required contents for the display & information boards which are within the AllIMS premises.
- 5) Physical Infrastructure Track:
- Work with AllIMS to the extent of identifying the locations for booths, waiting areas, UHID centres and advanced booking kiosks
 - TCS shall deploy 55 trainees in the care and companion booths and shall be ramped up to 100 trainees depending on the future requirement. The trainees will undergo the training by AllIMS as outlined in Sec 2.a and 2.b. These resources will be under the supervision of AllIMS employee and/or authorized personnel in the care and compassion booths that may be established by AllIMS as per TCS recommendation
- 4) Communications & Messaging Track:
- TCS shall in consultation with AllIMS prepare the guidelines for AllIMS to work with Information & Broadcasting Ministry to deliver the communication through its different channels.
 - TCS shall in consultation with AllIMS, devise the required contents for the display & information boards which are within the AllIMS premises.

TCS shall endeavor to complete the implementation by 31st Mar 2016. But the actual implementation dates may vary depending on the recommendations from the TCS expert team or various other factors and will be mutually agreed upon.

b. EMR Implementation & Support

AllIMS shall facilitate TCS to take over the ownership of EMR system as per the terms required by TCS from its current vendor/owner. TCS shall deploy 10 associates to do a detailed study and come up with detail plan for new and improved EMR system. TCS shall bring required technical expertise to improve the EMR system. TCS shall have the exclusive and irrevocable intellectual property and ownership rights on the said EMR system. TCS shall grant a non-exclusive, revocable, royalty free license for AllIMS, Delhi with only the right to use, install, perform and display in connection with the use for which it is provided. TCS shall provide corresponding support for EMR system for a maximum period of Three (3) years from the date EMR system is taken over by TCS.

2. AllIMS Role:

- a. AllIMS shall be responsible to provide training for all of TCS resources in the areas such as OPD / IPD Processes, Ward Management, Operations, Finance etc. Detailed training requirements will be laid out by TCS and communicated to AllIMS. AllIMS shall form a core team of Doctors & Nurses and other practitioners to plan and execute the training.
- b. AllIMS shall through a mutually agreed format, certify TCS resources in writing on the day of completion of the training and assessment.
- c. AllIMS shall be solely and entirely responsible for all approvals, acceptance, implementation and use of any and all recommendations/developments provided by TCS hereto.
- d. AllIMS shall at no cost provide TCS with, software products/licenses, office space and all other infrastructure (including connectivity) as required by TCS.
- e. AllIMS shall deploy its dedicated employee/authorized personnel to assist TCS resources.
- f. AllIMS shall provide the required staff, as per the process requirements recommended by TCS and accepted by AllIMS from time to time.
- g. AllIMS shall allow TCS to reuse their existing infrastructure, IT systems etc.,
- h. AllIMS shall keep TCS informed and educated on the dos and don'ts and precautionary steps that TCS associates shall follow to protect themselves from infectious diseases.

c. Infrastructure
TCS shall do a detailed Infrastructure study in Phase 2 and will come up with proper recommendations.



A.I.I.M.S., New Delhi-29
Dr. M. M. S. Srivastava
Dr. Director (Admin.)
Dr. M. M. S. Srivastava
V. SRINIVAS, IAS
S. SRINIVAS, M.R.S.

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3. Term:

This MoU is effective as of 01st January 2015 ("Effective Date") and shall expire on 31st March 2016 unless terminated earlier as set forth below. However this MoU may be extended at the sole discretion of and as per the terms acceptable to TCS.

4. Termination of MoU:

4.1 In the event of a material breach by AllMS of the provisions of this MoU, TCS may terminate this MoU, upon written notice to AllMS if AllMS fails to cure such breach within fifteen (15) days following receipt of written notice from the TCS requiring the remedy.

4.2 Notwithstanding the foregoing, AllMS and TCS may terminate this MoU, at any time for convenience, without giving any reason, upon sixty (60) days prior written notice to the other Party.

4.3 Upon termination of this MoU for whatever reason or expiration of this MoU, AllMS shall promptly deliver to TCS all the proprietary/confidential information of TCS along with any copies thereof or destroy the proprietary/confidential information where delivering back is not possible.

4.4 Upon termination of this MoU for whatever reason or expiration of this MoU, TCS shall promptly deliver to AllMS all the proprietary/confidential information of AllMS along with any copies thereof or destroy the proprietary/confidential information where delivering back is not possible.

5. Obligation of Confidentiality:

5.1 The AllMS acknowledges and agrees that all tangible and intangible information obtained, developed or disclosed, including but not limited to all documents, data, papers, statements, trade secrets and processes of TCS, in connection with the performance of its role under this MoU or otherwise, shall be considered at all times to be confidential and proprietary information ("Confidential Information") of TCS.

5.2 AllMS shall maintain in confidence, Confidential Information and materials made available to it by TCS under this MoU. AllMS shall not divulge, disclose or part with to any third party or make use of it in any other manner, other than for the purpose of this MoU, any information obtained/gathered by it in the course of performance of its obligations under this MoU. AllMS agrees that money damages would not be a sufficient remedy for any breach of this clause by it or its officers, employees and that in addition to the remedies provided in this MoU and any other remedies, TCS shall be entitled to the remedy of specific performance and/or injunctive or other equitable relief.



[Handwritten Signature]
S. Srinivas, M.A.
V. SRINIVAS, IAS
Director (Admin.)
Dy. Director (Admin.)
A.I.I.M.S., New Delhi-29



A.I.I.M.S., New Delhi-29
 Dy. Director (Admin.)
 V. SRINIVAS, IAS
 29.01.2011

[Handwritten signature]

- 5.3 AllMS hereby agrees that its obligations under this provision shall survive in perpetuity.
- 6. Intellectual property rights:
 - 6.1 AllMS agrees that all intellectual property rights in (a) the TCS proprietary products, (b) any development whatsoever made by TCS within or outside the AllMS owned products or material, and (c) process improvements recommended here to by TCS, including any improvements, modifications or enhancements carried out thereto while performing its role under this MoU and all other material or properties of TCS used in training or/and performing its role under the MoU (collectively "TCS Proprietary Materials") shall at all times vest in and belong to TCS. AllMS agrees and undertakes that it shall assist TCS to protect the intellectual property rights of TCS as above.
 - 6.2 To the extent any TCS Proprietary Materials or a portion thereof is provided here to, TCS hereby grants to AllMS a non-exclusive, revocable, royalty free license, with only the right to use, install, perform and display any such TCS Proprietary Materials in connection with the use for which it is provided.
 - 6.3 AllMS shall make available to TCS all software and/or materials required for TCS to perform its role here to and AllMS warrants that all such software and/or materials is owned by it or has appropriate license to use it including permitting TCS to use it for the purposes of performing its role here to. Further, AllMS shall indemnify and keep indemnified, defend and hold harmless TCS against each and every claim, liability, cost, expense or demand brought or made against or incurred by TCS pursuant to any claim made by the owner/licensor of such software and/or materials or any third parties for reasons whatsoever including but not limited to infringement claims.
 - 6.4 AllMS agrees that money damages would not be a sufficient remedy for any breach of this clause by it or its officers, employees and/or personnel's and that in addition to the remedies provided in this MoU and any other remedies, TCS shall be entitled to the specific performance and injunctive or other equitable relief as a remedy for any such breach.
 - 6.5 AllMS hereby agrees and confirms that at no cost, TCS shall have exclusive and irrevocable right to take over ownership of any or all of AllMS owned proprietary products and/or materials. Further, AllMS hereby irrevocably and unconditionally agree to assign the ownership of its proprietary products and/or materials by executing separate agreement/s/documents with TCS at any time as required and as per the terms and conditions provided by TCS.

7. Dispute Resolution:
 This MOU shall be governed by and interpreted in accordance with the laws of India. The Parties agree that the courts at Delhi, India shall have exclusive jurisdiction to settle any dispute or claim that arises out of or in connection with this MOU.

8. Indemnity:
 8.1 AllMS agrees to indemnify and keep indemnified, defend and hold harmless TCS from and against any and all losses, claims, expenses and damages resulting from TCS's performance, non-performance, observance or non-observance of the terms of this MOU.
 8.2 AllMS shall indemnify and keep indemnified, defend and hold harmless TCS, its officer, agents and employees against all proceedings, costs, expenses, liabilities, injury or damage arising out of the breach or negligent performance or failure in performance by AllMS of the terms of this MOU.

9. Disclaimer of Warranty:
 TCS's performance of its role here to is on "AS IS" basis, without warranty of any kind (express or implied), including but not limited to the warranties of merchantability, fitness for a particular use or purpose and non-infringement of third party rights, or that any of the recommendations, process improvements, development work, software and or other material provided by it be error free. This disclaimer of warranty constitutes an essential part of this MOU.

10. Consequential Damages:
 Notwithstanding any provision to the contrary in this MOU, in no event and under no circumstances shall TCS be made liable to AllMS for any indirect, incidental, special, consequential, reliance or cover damages, including but not limited to loss of profits, loss of use, loss of business, loss of data, loss of contracts, loss of revenues, loss of (anticipated) savings, or for consequential, indirect or punitive damages, arising out of or in connection with this MOU, irrespective whether such claims for such damages be based on contract, tort or otherwise at law.

11. No Obligation/Limitation of Liability:
 It is clearly agreed between the Parties that TCS shall have no obligation or liability of any nature whatsoever towards AllMS or any third parties resulting from or arising from or under this MOU including resulting from termination of this MOU.



(Signature)
V. SRINIVAS, IAS
 Dy. Director (Admn.)
 A.I.I.M.S., New Delhi-29

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12. Modification to the MoU:

No modification, variation or amendment of this MoU can be made unless such modification, variation or amendment is in writing and executed by the parties to this MoU.

13. Notice:

Any notice or request required or permitted to be given or made under this MoU to TCS or AllMS shall be in writing and sent at the addresses mentioned above. Any notice given to TCS shall also be copied to:

General Counsel,
Tata Consultancy Services Limited,
TCS House, Raveline Street, Fort, Mumbai - 400 001.
Fax No. - 022-6778 9000.
MIS
Any notice given to MIS shall also be copied to:
Director,
AllMS, Ansari Nagar
New Delhi- 110029

Such notice or request shall be deemed to have been duly given or made when it shall be delivered by hand, mail or fax to the Party to which it is required or permitted to be given.

14. Waiver:

Failure or neglect by TCS to enforce at any time of the provisions hereof shall not be construed nor shall be deemed to be waiver of its rights hereunder nor in any way affect the validity of the whole or any part of this MoU nor prejudice TCS rights to take subsequent action.

15. Severability:

In the event that any of these terms, conditions or provisions here to shall be determined invalid, unlawful or unenforceable, such term, condition or provision shall be severed from the remaining terms, conditions and provisions which shall continue to be valid to the fullest extent permitted by law. The Parties shall mutually negotiate and agree on the alternate terms reasonably covering the subject covered by such severed terms.



[Signature]
A.I.I.M.S., New Delhi-29
Dr. Director (Admn.)
V. SRINIVAS, IAS
A.I.I.M.S., New Delhi-29

16. Relationship between the Parties:

The Parties acknowledge and agree that TCS and AllMS are independent parties under the provisions of this MoU. The Parties hereby agree that nothing contained herein shall be construed as establishing or creating between TCS and the AllMS relationship of master and servant or principal and agent or partnership. Further, either Parties undertakes not to make or enter into any statements, representations, agreements, arrangements, undertaking or understanding whatsoever on behalf of other Party or expose or commit other Party to any obligation or liability whatsoever. Nothing contained herein shall preclude TCS from participating in other same or similar relationships with third parties at any time, either during the term of or after the expiration or termination of this MoU. Similarly, nothing contained herein shall preclude AllMS from participating in other same or similar relationships with third parties after the expiration or termination of this MoU

17. Competency of Parties:
Each Party to this MoU acknowledges that they are competent to enter into this MoU in the eyes of law.

18. 18.1 Tata Code: The business activities of TCS are self-regulated by the "Tata Code of Conduct." [relevant text at Annexure A] AllMS undertakes to comply with the said Code and shall ensure that all activities under this MoU are carried out in strict compliance with the principles of the said Code. In association with and on behalf of TCS, AllMS shall conduct itself in an ethical manner and shall not indulge in any illegal or unlawful or unethical practices or indulge in any act or omission which in any way impact on the reputation or goodwill of TCS.

18.2 AllMS and TCS shall mutually discuss and agree upon a definitive list of AllMS code of conduct to the extent applicable for the engagement hereto which shall be detailed out in Annexure B hereunder. In association with and on behalf of AllMS, TCS shall conduct itself in an ethical manner and shall not indulge in any illegal or unlawful or unethical practices or indulge in any act or omission, which in any way impact on the reputation or goodwill of AllMS.



[Handwritten signature]
V. SRINIVAS, IAS
A.I.I.M.S., New Delhi-29
29. 07. 07. 2007
Dr. Director (Admn.)
A.I.I.M.S. (MUMBAI)



Dr. Anand, M.D.
 V. SRINIVAS, IAS
 Director (Admin.)
 A.I.M.S., New Delhi-29

<p>Title: <u>Deputy Director</u> ADMINISTRATION AIMS</p> <p>Name: <u>V. SRINIVAS</u></p> <p>By: <u>[Signature]</u></p> <p>All India Institute of Medical Sciences New Delhi</p>	<p>Title: <u>EXECUTIVE VICE PRESIDENT</u> GLOBAL HEAD - HR, TCS</p> <p>Name: <u>Atul Mukherjee</u></p> <p>By: <u>[Signature]</u></p> <p>Tata Consultancy Services Limited</p>
---	---

19. Entire Agreement:

This MOU inclusive of Annexure A and B, comprises the whole and complete understanding of the Parties. In case of any inconsistency between the terms and conditions of the MOU and AIMS code of conduct contained hereto, the terms and conditions of the MOU shall prevail. It replaces all previous understandings, promises or commitments [whether oral or written] between the Parties.

TCS and the AIMS shall faithfully consult each other to clarify any matters of concern in the areas not stipulated in this MOU.

IN WITNESS WHEREOF, the Parties hereto have caused this MOU to be executed by their duly authorized representatives as of the Effective Date.

10::

Relevant text from the TATA Code of Conduct

GIFTS AND DONATIONS

A TATA COMPANY and its employees shall neither receive nor offer or make, directly or indirectly, any illegal payments, remuneration, gifts, donations or comparable benefits which are intended to or perceived to obtain business or uncompetitive favors for the conduct of its business. However, a TATA COMPANY and its employees may accept and offer nominal gifts, which are customarily given and are of commemorative nature for special events

GOVERNMENT AGENCIES

A TATA COMPANY and its employees shall not offer or give any COMPANY funds or property as donation to any government agencies or their representatives, directly or through intermediaries, in order to obtain any favourable performance of official duties.

THIRD PARTY REPRESENTATION

Parties which have business dealings with the TATA Group but are not members of the Group such as consultants, agents, sales representatives, distributors, COMPANYS, suppliers, etc. shall not be authorized to represent a TATA COMPANY if their business conduct and ethics are known to be inconsistent with the Code.

ETHICAL CONDUCT

Every employee of a TATA COMPANY, which shall include Whole-time Directors and the Managing Director, shall deal on behalf of the COMPANY with professionalism, honesty, integrity as well as high moral and ethical standards. Such conduct shall be fair and transparent and be perceived to be as such by third parties.

Every employee shall be responsible for the implementation of and compliance with the Code in his professional environment. Failure to adhere to the Code could attract the most severe consequences including termination of employment.

REGULATORY COMPLIANCE

Every employee of a TATA COMPANY shall, in his business conduct, comply with all applicable laws and regulations, both in letter and in spirit, in all the territories in which he operates. If the ethical and professional standards set out in the applicable laws and regulations are below that of the Code then the standards of the Code shall prevail.



(Signature)
V. SRINIVAS, IAS
A.I.M.S., New Delhi-29
Dr. Director (Admn.)
21.07.2011

CONCURRENT EMPLOYMENT

An employee of a TATA COMPANY shall not, without the prior approval of the Managing Director of the COMPANY, accept employment or a position of responsibility (such as a consultant or a director) with any other COMPANY, nor provide "free-lance" services to anyone. In the case of a Whole-time Director or the Managing Director such prior approval must be obtained from the Board of Directors of the COMPANY.

CONFLICT OF INTEREST

An employee of a TATA COMPANY shall not engage in any business, relationship or activity, which might detrimentally conflict with the interest of his COMPANY or the Group. A conflict of interest, actual or potential, may arise where, directly or indirectly, (a) an employee of a TATA COMPANY engages in a business, relationship or activity with anyone who is party to a transaction with his COMPANY, (b) an employee is in a position to derive a personal benefit or a benefit to any of his relatives by making or influencing decisions relating to any transaction, and (c) an independent judgment of the COMPANY's or Group's best interest cannot be exercised.

REPORTING CONCERNS

An employee of a TATA COMPANY shall promptly report to the management any actual or possible violation of the Code or an event he becomes aware of that could affect the business or reputation of his or any other TATA



[Handwritten signature]
V. SRINIVAS, IAS
A.I.M.S., New Delhi-29
Dr. Director (Admn.)
A.I.M.S., New Delhi-29

To consider the proposal for grant of Voluntary Retirement
to Dr. Parmod Kumar Bithal, Professor & Head,
Department of Nuro-Anaesthesia from the service of this
Institute w.e.f. 09.07.2016 (F.N.)

ITEM NO. GB-153/12

NOTE FOR THE GOVERNING BODY

NOTE FOR THE GOVERNING BODY

Item No. G.B/153/12

TO CONSIDER THE PROPOSAL FOR GRANT OF VOLUNTARY RETIREMENT TO DR. PARMOD KUMAR BITHAL, PROFESSOR & HEAD, DEPARTMENT OF NEURO-ANESTHESIA FROM THE SERVICE OF THIS INSTITUTE W.E.F. 09.07.2016 (F.N.).

INTRODUCTION

1.1 Dr. P.K. Bitthal, Professor & Head, Department of Neuro-Anaesthesia vide his letter dated the 3rd May, 2016 has informed that his service at AIIMS, New Delhi would be coming to end after one year. Since he is getting an offer for a foreign assignment and therefore, requested that he may be granted voluntary retirement from the service of this Institute w.e.f. 09.07.2016. His request has been forwarded & recommended by the Chief of Neuro-Sciences Centre. A copy of request of Dr. P.K. Bitthal is enclosed.

1.2 Dr. P.K. Bitthal joined the Institute on 29.03.1985 as a faculty member and presently working till-date. His period of service rendered from 29.03.1985 till-date has been verified by the Accounts Section (Audit), AIIMS stating that he had availed 4 years and 04 months of Extra Ordinary Leave Without Pay in different spells. Therefore, he has completed more than 27 years of service at this Institute. Hence, he possesses requisite qualifying service for seeking voluntary retirement from the services of the Institute. Neither he was under bond and nor any disciplinary proceedings/vigilance case is pending against him, as per office records. His date of birth is 27.08.1952 and he is due for superannuation from the service of this Institute on 31.08.2017 (65 years).

1.3 In accordance with the Schedule-II of the AIIMS Regulations, 1999 (as amended), the Governing Body is the appointing authority of Group 'A' Officers & hence competent authority to permit the faculty members to seek voluntary retirement from the service of the Institute.

2.1 The Regulation 30 (4) of the AIMS Regulations, 1999 (as amended) provides that "any Institute employee may, by giving notice of not less than three months in writing to the appointing authority, retire from service after he/she has attained the age of 50 years, if he/she is in Group 'A' or Group 'B' service post and had entered the service of the Institute before attaining the age of thirty-five year, and in all other cases after he/she has attained the age of 55 years".

2.2 However, Rule-48-A of the CCS (Pension) Rules, 1972 a Government servant after completing 20 years of qualifying service can seek voluntary retirement from the service by giving notice of not less than three months in writing to the Appointing Authority. The Appointing Authority at its discretion can accept a notice of less than three months, but commutation of pension can be applied for only after the expiry of normal notice period of three months. Dr. P.K. Bitthal had qualifying service of more than 27 years at present. Hence, he possesses the requisite qualifying service for seeking voluntary retirement from the services of the Institute. No vigilance case is pending against her.

2.3. According to Rule of 10 of CCS (Pension) Rules, 1972 if a pensioner who, immediately before his/her retirement was a member of the Central Service Group 'A' wishes to accept any commercial employment before the expiry of one year from the date of his/her retirement, he/she shall obtain the previous sanction of the Government of such acceptance by submitting an application in Form-25.

2.4 Regulation 35 of the AIMS Regulations, 1999 (as amended) provides as under:-

"In respect of matters not provided for in these regulations, the rules as applicable to the Central Government servants regarding the general condition of service, pay, allowances including travelling and daily allowances, leave salary, joining time, foreign service terms and orders and decisions issued in this regard by the Central Government from time to time shall apply to the employees of the Institute".

2.5 In view of the above, it is proposed that Dr. P.K. Bithal, Professor & Head, Department of Neuro-Anaesthesia may be granted voluntary retirement from the service of this Institute w.e.f. 09.07.2016 (forenoon), subject to the condition that he will be required to take 'No Objection' from the Institute in the event of his accepting any commercial employment within one year from the date of his voluntary retirement in accordance with the Rule of 10 of CCS (Pension) Rules, 1972 and Regulation No. 35 of the AIMS Regulations, 1999 (as amended). The notice period falls short i.e. from 09.07.2016 to 02.08.2016 may also be waived off, but the commutation of pension can only be allowed after expiry of normal notice period i.e. on 03.08.2016.

APPROVAL SOUGHT

3.

The proposal as at 2.5 of the Administrative comments is placed before the Governing Body for consideration & approval.

2

Mr. B.S.

Head, Deptt. of Neurology & Chief Neurosciences Centre
A.I.I.M.S., New Delhi-110029
Prof. K. Prasad

Forwarded & recommended
4/24/16

Prof and Head Neuroanaesthesiology and Critical care

Dr Parmod Bitthal

Best Regards

This is to bring to your kind attention that my service at the AIIMS would be coming to end after one year. Since, I am getting an offer for a foreign assignment, I, therefore, request you kindly accept my request to take voluntary retirement. Please accept my three months notice from 9th Apr 2016. I may please be relieved on 9th July 2016. I shall be highly grateful to you.

Sir

Through proper channel

Sub : Voluntary retirement

New Delhi

AIIMS

The Director

To

3rd May 2016

Faculty Cell
AIIMS, New Delhi-110029
On Date: 4/24/16
No. / File / No. / Letter / No. / Retired

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Brief note on status of projects at AIIMS

ITEM NO. GB-153/13

NOTE FOR THE GOVERNING BODY

F.No.Engg/ Projects/2016-17

NOTE FOR GOVERNING BODY ON

Item No GB/153/13

SUBJECT :- BRIEF NOTE ON STATUS OF PROJECTS AT AIIMS

BACKGROUND

• Various projects are in the active stage of construction whereas some are at advanced stage of award and planning. The projects are in two major schemes-

1. Projects under grant of EFC approval received for implementing the recommendations made by the oversight committee pursuant to which an CCEA approval of Rs 750 crore was sanctioned. Item is being taken up separately as an agenda item The components of the said sanctioned scheme was as below-

Proposal No.	FACILITY	Proposed Location
1	Augmentation Block-I for Pediatrics / Obstetrics & Gynecology	Masjid Moth Campus
2	Augmentation Block-II for Teaching resources.	East Ansari Nagar Campus
3	Augmentation Block-III for General Surgery	Masjid Moth Campus
4	Houses Type IV, V & VI at Ayurvigyan Nagar	To be taken up under Redevelopment head
5	Hostels & Dining Block at Masjid Moth Campus	Masjid Moth Campus.
6	Strengthening of Various Departments	East Ansari Nagar Campus

2. Projects under Plan head of the AIIMS as, have been in inception since XIth and XIIth five year plans

- A status report of the said projects is annexed herewith as Annexure I.
The same is put up to the SFC for kind information please.

STATUS OF OVERSIGHT COMMITTEE PROJECTS

Annexure- B

CREATION OF CAPITAL ASSETS

Sl. No	Name of Projects	Floor/ Area	Status / Awarded Cost/	Parking	Agency	Date of start	Date of Completion	Expected date of Completion	Payment made till date	Physical Progress of work.
1	Convergence Block	G+9+2 basements	Completed	Nil	M/s Nice Projects Pvt Ltd	30.07.13	1.11.13	15.10.2013	Rs.62.03 Cr (Including consultancy)	Completed (Additional work as per requirement of different deptt. Is in progress)
		Area-15730 Sqmt	Rs 60.00 crore.							
		Basement - 2900 Sqmt								
		Total 18618 Sqmt								
2	Hostel Block	G+10+2 basements	Awarded. All approvals received	128	M/s RBD, Realty and Infrastructure Ltd.,	2.04.12	1.12.13	One Block completed in February 2016.	Rs.54.04 Cr (Including consultancy)	50% completed . Balance work from 5 th floor to 10 th floor has been awarded)
		Area-8218 Sqmt	Rs 72.84 crore.							
		Basement - 4935Sqmt			M/s Globe Civil Projects Pvt. Ltd			Balance Aug 2016		
					Pvt. Ltd			In all		
					Rs. 32.08					

	Total 31161 Sqmt	Awarded. All approvals received	140	M/S Apex Constructi ons.	1.03.12	2.04.12	Oct-13	Rs.13.79 Cr (Including consultancy)	100% completed	
										Thro' HSCC
3	Dining Block	G+2 + 2 basements Area- 26345sqmt Basement - 5672 Sqmt	Total 8306 Sq Mts	Rs 12.0 crore	Thro' HSCC	1.03.12	2.04.12	Oct-13	Rs.13.79 Cr (Including consultancy)	100% completed
4	Surgical Block	G+9 + 3 basements	Awarded. All approvals received.	M/S Apex Constructi ons.	Sep-13	Apr-15	Sep 2016	Rs.49.54 Cr (Including consultancy)	Work in progress 70% completed	
										Area- 12437Sqmt Basement - 4404 Sqmt
Total 16841 Sqmt										

5	Construction of Houses at A.V Nagar	G+11 (Type IV- 264 houses) (Type V-44 houses) (Type VI- 44 houses.)	Plans submitted to MCD. Forwarded to DFS. Estimated cost Rs 430 crore approx.	704	Thro' CPWD	--	--	--	Rs.2.04 Cr (for consultancy)	Master Plan of A.V. Nagar and the Type designs are to be finally approved by SDMC. Tenders floated CPWD has been asked not to proceed further, inview of project is to be taken up under Redevelopment plan .
6	Mother & Child Block	G+8+3 Basements	Awarded. All approvals received		M/s Ahluwalia Contracts (India) Ltd.	11.05.15	10.05.17	10.05.17	Rs.37.48 Cr (including consultancy)	Work in progress. 17% completed
		Area-39824 Sqmt	Awarded cost - Rs.204.44 crore	450						
		Basement - 15176 Sqmt								
		Total 55000 Sq Mts Approx.								

STATUS OF AIIMS PROJECTS (PLAN)

CREATION OF CAPITAL ASSETS

Sl. No	Name of Projects	Floor/ Area	Status / Awarded Cost	Parking	Agency	Date of start	Date of Completion	Expected date of Completion	Payment made till date	Physical Progress of work.
1	Covering of of Nallha Phase-I	Covering of 600 mtrs of Nallah from South Ex to Dental college	Approval received from MCD		M/s Rama Constructi on Co.	Mar-05	Mar-07	Oct-08	22.50 Crore (Incl. allied work taken up as per site requirement)	Completed
3	Construction of 8 NOS of lifts for Ward Block	Work had been got done on deposit basis	All approvals are in place		CPWD	Mar-05	Mar-07	Mar-10	6.50 Crore (Incl. Consultancy)	Completed
4	Construction of U.G. Multilevel car Parking	Three level 450 car parking Area 23,129.00 Sqmtr	Final completion received from NDMC and inaugurated	450 cars	M/s V3S Infratech Ltd	1.11.11	31.10.12	30.10.12	61.49 Cr. (Incl. Consultancy)	Completed
5	Out Reach OPD at Badsha Jhajjar	Single storied building of 4500 Sqmtr	Awarded cost 9.50 Cr. Revised cost after deviation Rs.12.00 Cr	50 cars	M/s Kumar Infratech & Constructi on Pvt. Ltd.			Nov-12	Rs 14.57 Cr (Incl. Consultancy)	Completed

6	Renovation of RAK OPD	Single storied building developing of sample Collection centre and EHS facility	Awarded cost 15.84 Cr. Revised cost after deviation Rs.19.76 Cr		M/s Nice Projects Pvt. Ltd.	2009	2010	2010	19.76 Crore (Incl. Consultancy)	Completed
7	Covering of Nallah Ph-II	Pier and slab structure	Awarded. Approval of MCD obtained for the covering. For Rs 24.50 crore	350 cars	M/S Rama Constr. Pvt Ltd.	Jun-11	May 2012.	August 2013.	Rs.26.95 Cr (Incl. allied works as per site requirement)	Completed main work, ancillary work are in progress, Cost increased due to shifting of services, deposits made to MCD & BSES etc.,
					Thro' CPWD Project Consultants					
8	Tunnel Link between AIIMS & JPNTC	Cut and cover method and partially on surface.	Awarded.		M/S Valecha Constructors.	Nov. 2011	Oct-12	July 2015.	Rs.39.15 Cr (including consultancy)	100% completed Only connection of road from Safdarjung Hospital to Trauma Centre is to be done on surface connecting factory road. Likely to be completed by May
					Thro' DMRC					
			Rs 38.89 crore	Nil						

										2016.
9	Renovation of CT-2 in CNC		Awarded cost 4.00 Cr. Total Project cost Rs.9.00 Cr	---	M/s Kumar Infrotech & Constructi on Pvt. Ltd.	8.05.13	7.09.13	Dec-14	Rs.6.15 crore (Including consultancy)	100% completed & operational
10	Private Ward (Revised proposal)	G+9+3 Basement	All approval received		M/s Era Infra Engg Ltd.	19.01.15	18.01.17	18.01.17	Rs.10.17 crore (including consultancy)	Contract terminated, Under retender stage .
		Area-1334 Sqmt Basement - 5059 Total 18403 Sq Mts	Rs.92.04 crore.	180 cars						
11	OPD At Masjid Moth	G+8+3 basements Area 35255.0	Approval of DUAC granted.	958 cars	M/s Ahluwalia Contracts	11.05.15	10.05.17	10.05.17	Rs.80.30 Cr for (Incl.	Work is in progress. 29%

		Sqmt Basement Total 93351.62 Sqmt	Final Plans approved by DFS & NDMC. Rs.293.57 Cr.crore		(India) Ltd.				consultancy)	completed
	Trauma Expansion	G+7	Approval of DFS obtained. Approval of DUAC granted. Final Plans approved by NDMC.		M/s Kumar InfraTech & Constructi on Pvt. Ltd.	06.06.14	5 th Jan 2016	Aug 2016	Rs.16.68 Cr including consultancy	Work awarded and 65 % of work completed.
12		Area-7000 Sqmt	Agmt amount – Rs.28.48 crore							
	Dharamshala At Trauma Centre	LG+G+9 floors 288 beds in dormitory ,90 family suites and 4 multipurpose halls.	Approval of DFS obtained. Approval of DUAC granted. Final Plans approved	--	M/s Kumar InfraTech & Constructi on Pvt. Ltd.	04.08.14	March 2016	Aug 2016	Rs 20.98 crore including consultancy	Work in progress, 65 % . (Under CSR Head sponsored project by Power Grid Corporation for Rs 29.0
13										

	Area- 8504 Sqmts	Rs.23.46 crore	by NDMC.										
													(crore.)
14	Cafeteria	B+G+2	Approval of DUAC granted. Final approved received from NDMC. Rs -10.49 Cr		--		M/s Lakshmi Builders	17.02.15	16.05.16	16.05.16		Rs.2.54 Cr.	Work is in progress 80% structure completed.
15	Construction of OPD, Hostel and Flats at Ballabgarh	G+1 Floor OPD & Ground + 3 storied Hostel & Flats.	All approval are in place Rs.12.44 Cr				M/s S.S. Total Constructi on India Pvt. Ltd	08.03.2014	07.03.2015	Jun-16		Rs.10.23 Crore	Work Substantially completed
16	Face uplifting		Est. Cost				M/s The	12.01.15	11.07.15	11.07.16		Rs 1.50 crore	Under Progress

	of gate No.1 and to improve façade of AIIMS.		Rs.4.00 crore	Creators								
17	National Cancer Institute at Jhajjar Haryana (AIIMS-II)	G+7 (Hosp. Area 1,42,900 Sqm approx.) G + 10 (Resd. Area 1,06,150 Sqmt)	All approvals received EFC approved for Rs.2035.00 crore	M/s Shapporji Pallonji	16.12.15	March 2018	March 2018	Rs 60.00 crore	Work awarded for Hospital package for Rs.505.58Cr. to L1 bidder and is under progress 10% completed			
	Residential Package		Item is being taken up separately as an agenda item for award in 211 th SFC						L1 bidder is M/s Ahluwalia Contracts (India) Ltd. at its quoted amount is Rs. 312,99,58,385.75			
	Estimated cost of Rs.285.07 Crore								Item taken up in 211 th SFC for award of work.			

18	Additional Hostel No. 4	G+10+2 basement.	Final approval received from NDMC on 19.10.14							Tenders reinvited, financial bids opened. Item taken up in 211 th SFC for award of work.
			Est. Cost Rs. 25.00 crore							
19	Geriatrics Block		Final approval received from NDMC on 19.10.14							Approval received in last 210 th SFC, tender preparation is under process.
20	Emergency cum diagnostic block	G+10	DUAC approval received 23 rd January 2015. (Est. cost Engg. 565.00 Cr.)							NDMC approval underway. Detailed project report under preparation. Item taken up in 211 th SFC.

Administrative matters of AIIMS to be presented by Dy.
Director (Admn.)

ITEM NO. GB-153/14

NOTE FOR THE GOVERNING BODY

