

HARYANA VIDHAN SABHA

**SUBJECT COMMITTEE ON EDUCATION, TECHNICAL
EDUCATION, VOCATIONAL EDUCATION, MEDICAL EDUCATION
AND HEALTH SERVICES.**

(2019-2020)

(FIFTH REPORT)

ON

**EDUCATION AND HEALTH SERVICES DEPARTMENT & HARYANA
SHEHERI VIKAS PRADIKARAN DEPARTMENT**



(Presented to the House on 4th March, 2020)

**HARYANA VIDHAN SABHA SECRETARIAT
CHANDGIARH 2020**

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COMPOSITION OF THE SUBJECT COMMITTEE ON EDUCATION TECHNICAL EDUCATION, VOCATIONAL EDUCATION, MEDICAL EDUCATION AND HEALTH SERVICES.

(Constituted on 10th April, 2019 for the year 2019-2020)

CHAIRPERSON

1. Shri Umesh Aggarwal.

MEMBERS

1. Shri Kuldip Sharma
2. ** Smt. Shakuntala Khatak
3. Dr. Abhe Singh Yadav
4. Shri Om Prakash Yadav
5. Shri Subhash Sudha
6. Shri Ram Chand Kamboj
7. Prof. Ravinder Baliala
8. Shri Jasbir Deswal
9. ***Shri Shyam Singh

SPECIAL INVITEE

1. *Shri Pirthi Singh
2. *Shri Om Parkash Barwa
3. *Shri Balkaur Singh Kalanwali

*Nominated vide Notification No.HVS/Education & Health Services/1/2019-2020/44 dated 15th May, 2019.

**Regination vide Notification No.HVS/Education & Health Services/1/2019-2020/45 dated 15th May, 2019.

***Regination vide Notification No.HVS/Education & Health Services/1/2019-2020/54 dated 29th May, 2019.

SECRETARIAT

1. Shri Rajender Kumar Nandal, Secretary.
2. Smt. Pardeep Kaur, Under Secretary.

COMPOSITION OF THE SUBJECT COMMITTEE ON EDUCATION, TECHNICAL EDUCATION, VOCATIONAL EDUCATION, MEDICAL EDUCATION AND HEALTH SERVICES.

(Constituted on 4th December, 2019 for the remaining period of the year 2019-2020)

CHAIRPERSON

1. Smt. Seema Trikha.

MEMBERS

1. Shri Rajinder Singh Joon
2. Shri Gopal Kanda
3. Shri Vinod Bhayana
4. Shri Ram Kumar Gautam
5. Shri Narender Gupta
6. Shri Balbir Singh
7. Shri Varun Chaudhary
8. Shri Balraj Kundu

SPECIAL INVITEE

1. *Smt. Nirmal Rani
2. *Shri Laxman Singh Yadav

*Nominated vide Notification No.HVS/Education & Health Services/1/2019-2020/7 dated 13th January, 2020.

SECRETARIAT

1. Shri Rajender Kumar Nandal, Secretary.
2. Smt. Pardeep Kaur, Under Secretary.

INTRODUCTION

1. I, Seema Trikha, Chairperson of the Subject Committee on Education, Technical Education Vocational Education, Medical Education and Health Services having been authorized by the Committee in this behalf, present the Third Report of the Subject Committee on Education, Technical Education, Vocational Education, Medical Education, and Health Services.
2. The Committee considered and approved this report at their sitting held on 20th February, 2020
3. A brief record of the proceedings of the meetings of the Committee has been kept separately in the Haryana Vidhan Sabha Secretariat.
4. The Committee would like to express their thanks to the Government Officers and other representatives of Education, Health and Medical Education and Research Departments who appeared for oral evidence before them for the cooperation in giving information to the Committee.
5. The Committee is also thankful to the Secretary, Under Secretary and other Officials of Haryana Vidhan Sabha Secretariat.

Chandigarh:
The 20th Feb., 2020

(Seema Trikha)
Chairperson,
Subject Committee on Education,
Technical Education, Vocational Education,
Medical Education and Health Services

REPORT

The Subject Committee on Education, Technical Education Vocational Education, Medical Education and Health Services for the year 2019-2020 consisting of nine members and two Special Invitees were nominated by the Hon'ble Speaker, Haryana Vidhan Sabha on under Rule 279-A of the Rules of Procedure & Conduct of Business in the Haryana Legislative Assembly.

The Functions of the Committee are as under:-

1. to scrutinize the demands for grants;
2. to examine the working of these departments and to suggest measures for improvements in administration and in different programmes/schemes/projects
3. to examine legislation;
4. to advice Government on a question of policy or legislation on which Government may consult a Committee
5. to discuss generally and formulate view on-
 - a) State's Five Year Plan Programme relating to these departments and their implementation;
 - b) Report of Public Undertaking under these department;
 - c) Reports of any statutory or other body, including any Commission of Inquiry, which are laid before the House relating to these departments; and
 - d) Annual Performances Reports of these Departments.

The Subject Committee held 46 sittings during the year 2019-2020 (till finalization of the Report)

HEALTH SERVICES DEPARTMENT

The Committee discussed its scope and functions and framed the following questionnaires:-

1. The Action Taken Report by the department on the recommendations/ observations of the third report of the committee presented in the house on 15th March'2018.
2. What steps have been taken by Health Department to make the people aware about free treatment of BPL/EWS in Super-Speciality Hospitals, which have been allotted the subsidised land by Haryana Govt.?
3. District wise details of the BPL/EWS patients referred by CMOs to Super Speciality Hospitals, which have been allotted the subsidised land by Haryana Govt., along with the details of patients treated by specific Hospital in which they have been referred.
4. The copy of Act/Policy for Organ Transplantation of foreigner patients for private hospitals in the state to be supplied to the committee.
5. What is the policy in respect of Govt. Hospitals for purchase of the medicines?
6. District wise detail of spurious medicines confirmed/ noticed in the state?
7. District wise details of FIR registered under PCPNDT Act in last two years in the state
8. Details of complaints received against Medicity/ Fortis/ Artemis Hospitals along with the department action taken reports by in last two years be supplied to the committee.
9. If there are adverse comments against any Hospital/Doctor by the Medical Negligence Board, then what are the actions taken against those Hospitals/Doctors?
10. How many persons have been employed on-
 - (a) Out Source Policy/ Contractual Services in the Health Department in various categories from the last two years and what is the amount of money deposited in EPF/ESI for contractual services?
 - (b) What are the details of agencies empanelled by the Department for contractual services as said at 'a' above?

Reply recieved from the Health Services Department

QUESTION	REPLY	REMARKS
<p>Q. No.1:</p> <p>The Action Taken Report by the department on the recommendations/ observations of the third report of the committee presented in the house on 15th march'2018</p>	<p>The question marked at serial no. 1 in the questionnaire, received from Haryana Vidhan Sabha Secretariat, was not clear and has mentioned an invalid date, hence, an email was sent to the System Analyst for clarification. In response to this, two pages with heading "Observations/ Recommendations of the Committee" were received. The issues raised in the mail pertaining to health department at points 1, 2, 3, 6 and 7 were sent to the concerned branches of the office of DGHS and reply is summarised as below.</p> <p>-It is submitted that Dengue cases are confirmed by Health Department by Elisa based IgM and NS1 tests, as per the guidelines of NVBDCP.</p> <p>-During the year 2017 (Jan to Dec), total 4550 samples were found positive for Dengue, out of which 1533 samples were IgM positive and 3017 were NS1 positive. In most private hospitals/labs, Rapid Diagnostic Tests are done, which is not recommended for Dengue diagnosis as per NVBDCP & Govt. of India guidelines, moreover, these RDT are not confirmatory and also give high false positive results, resulting in high number of cases reported by the private labs.(Annexure- A)</p> <p>-Regular steps were undertaken for control of dengue as per guidelines in all the affected areas. Source reduction activities were carried out by Health Staff and domestic breeding checkers were deployed during transmission season. Total 92.51 lacs domiciliary visits (*i.e. total houses searched in repeated visits) were carried out in all the Districts (Annexure- B). Fogging is mainly recommended during outbreak situations, but not as a routine measures. Fogging was also carried out in all affected areas, wherever required.</p>	

QUESTION	REPLY	REMARKS
	<p>-During the financial year 2016-17, total budget amounting to Rs.200lacs was approved in RoP 2016-17 (Gol budget), out of which Rs.110.62 lacs were utilized. It is also submitted that Fogging is done by the department of ULB/PRIs, and the insecticide used for Fogging is provided by Health Department, 496 litres of Cyphenothrin insecticide was consumed during year 2016, costing 5.93 lacs. Besides this, Rs. 320 lacs were utilized from State Budget for indoor residual Spray (IRS) in high malaria affected areas (Cost for purchase of Deltamethrin Insecticide and spray wages for Seasonal Spray Staff)</p> <p>-Similarly, the expenditure incurred by AIDS Control Society during the year 2016-17 was 1612.65 lacs, out the total available Budget of 2193.0 lacs.</p> <p>-Point No. 6 of the question No. 1 is covered in the reply of question no. 3</p>	
<p>Q.No.2: What steps have been taken by Health Department to make the people aware about free treatment of BPL/EWS in Super-Speciality Hospitals, which have been allotted the subsidised land by Haryana Govt.</p>	<p>The Policy guidelines for providing free treatment to poor patients framed by Haryana State Vikas Pradhikaran (HSVP) [<i>previously known as Haryana Urban Development Authority (HUDA)</i>], and intimated to Health department on 13.08.2008, (Annexure- D) and also to all Deputy Commissioners of the State, however, that was probably not circulated to all Civil Surgeons from the office of DGHS. However, the copy of this Policy Guidelines was sent to all Civil Surgeons of the State of Haryana by Civil Surgeon Gurugram by email dated 28.08.2018.</p> <p>There are various steps in the form of IEC activities, taken by the Civil Surgeons of the State in spreading awareness about the free treatment of BPL/EWS patients in these Super Speciality Hospitals. Mainly, Civil Surgeon Gurugram has done IEC activities such as, displaying of Hoardings, Flex board in Civil Hospital and other Health Care</p>	

QUESTION	REPLY	REMARKS
	<p>facilities of the District Gurugram.</p> <p>As per the information received from Civil Surgeon Gurugram, the said 3 private Super Speciality Hospitals have also done similar IEC activities in their respective hospitals.</p> <p>As per the latest information received from HSVP vide letter dated 02.08.2018, regarding the issue of referring patients to these private hospitals, which have been allotted subsidised land by Govt. of Haryana, that there is no need of referrals from Civil Surgeons, meaning there by that eligible patients can directly approach these hospitals for treatment. (Annexure- E)</p> <p>In response to the letter received from HSVP dated 02.08.2018, the Health Department has written letter to HSVP seeking information of all the hospitals covered under this Policy and also requested to ensure wide publicity of this Policy in the whole state.</p> <p>The district wise detailed report is depicted in the table attached (Table-1)</p>	
<p>Q. No.3:</p> <p>District wise details of the BPL/EWS patients referred by CMOs to Super Speciality Hospitals, which have been allotted the subsidised land by Haryana Govt., along with the details of patients treated by specific Hospital in which they have been referred.</p>	<p>The detail of the BPL/EWS patients referred by Civil Surgeons of the State to the private Super Speciality hospitals, which have been allotted subsidised land by Haryana Govt., is depicted in the attached Table-2, along with number of BPL/EWS patients treated in these private Super Speciality Hospitals, as provided by the Civil Surgeon, Gurugram. The comprehensive report of the patients treated at these private Super Speciality hospitals is attached with. (Annexure –F)</p> <p>It is to be noted that the huge difference in the number of patients, referred and treated at these private Super Speciality hospitals is due to directly approaching of eligible patients without referrals.</p>	
<p>Q. No.4:</p> <p>The copy of Act/Policy for Organ</p>	<p>The copy of the Transplantation of Human Organs and Tissues Act, 1994 along with the Transplantation of Human Organs and</p>	

QUESTION	REPLY	REMARKS
<p>Transplantation of foreigner patients for private hospitals in the state to be supplied to the committee.</p>	<p>Tissues Rules, 2014 is annexed at Annexure-G.</p> <p>According to the Act (Rule no. 20), in case of foreigner patients i.e. when the proposed donor or the recipient are foreigners; the following procedure is followed-</p> <p>a) A senior Embassy official of the country of origin has to certify the relationship between the donor and recipient as per form 21 and in case a country does not have an Embassy in India, the certificate of relationship, in the same format, shall be issued by the Government of that country;</p> <p>b) The authorisation Committee shall examine the case of all Indian donors consenting to donors to a foreign national (who is a near relative), including national of Indian origin, with greater caution and such cases should be considered rarely on case to case basis:</p> <p>Provided that Indian living donors wanting to donate to a foreigner other than near relative shall not be considered.</p>	
<p>Q. No.5: What is the policy in respect of Govt. Hospitals for purchase of the medicines?</p>	<p>There are centralised purchase policies for the procurement of medicines as per the policy guidelines issued the Govt. and revised on 16.04.2015 vide Memo No. 15/15/2006-6HB-II, and the copy of the same is annexed at (Annexure- H).</p> <p>For the purchase of medicines & Equipment, an autonomous institute namely Haryana Medical Service Corporation Ltd., which was set up by the Govt. in the year of 2013-2014.</p>	
<p>Q.No.6: District wise detail of spurious medicines confirmed/ noticed in the state?</p>	<p>The detail of the spurious medicines with effect from April'2016 till date is tabulated at Annexure 'I'.</p>	

QUESTION	REPLY	REMARKS
Q.No.7: District wise details of FIR registered under PCPNDT Act in last two years in the state.	<p>The number of the FIRs registered under PCPNDT Act in last two years in all the districts of the State is illustrated in the Table-3. There have been 65 FIRs registered in year of 2017 and 61 in 2018, as reported by PCPNDT department.</p>	
Q.No.8: Details of complaints received against Medicity/ Fortis/ Artemis Hospitals along with the department action taken reports by in last two years be supplied to the committee.	<p>Information regarding the number of complaints received against Medicity/Fortis/Artemis hospitals is available from the District Gurugram are annexed at (Annexure- J).</p> <p>-The complaints were received by Civil Surgeon, Gurugram from Court, Police Department, Medical council of India and CM Window. The complaints are enquired by the District Medical Negligence Board and reports are submitted to the concerned Department, from which the complaints were received.</p> <p>-It is to be noted that Civil Surgeon has no power to take any punitive or administrative action against any hospital in case of any negligence. Civil Surgeon can take action only in case, where Government has issued instructions, as in case of Blood bank, Drugs or Ultrasound Centres.</p>	
Q.No.9: If there are adverse comments against any Hospital/Doctor by the Medical Negligence Board, then what are the actions taken against those Hospitals/Doctors?	<p>It is submitted that there is a Medical Negligence Board in each of the Districts. The number of complaints received for enquiry by these District Medical Negligence Boards is tabulated in the attached Table-4, along with the number of adverse reports, where negligence was found against Hospital/Doctor. The detail of such adverse reports is annexed at (Annexure-K).</p>	
Q.No.10: How many persons have been employed on- a) Out Source Policy/ Contractual Services in	<p>There were 4799 contractual employees in 2017, and 6665 in year 2018. A total amount of Rs.96128197.56 as EPF in 2017 and Rs.135522556 in 2018 was deposited. Similarly an amount in the tune of Rs.21373971.16 as ESI in 2017 and</p>	

QUESTION	REPLY	REMARKS
the Health Department in various categories from the last two years and what is the amount of money deposited in EPF/ESI for contractual services?	Rs.41924909.16 was deposited. (Annexure-L)	
Q.No.10: (b) What are the details of agencies empanelled by the Department for contractual services as said at 'a' above?	The details of the agencies engaged for the out sourcing services is annexed at Annexure- L.	

Table 1

S. No.	District	No. & Name of the Super Specialty Hospitals, which have been allotted the subsidised land by Govt. of Haryana	The steps taken by Civil Surgeons to make people aware about free treatment of BPL/EWS in these Super Specialty Hospitals
1	Ambala	NIL	NIL
2	Bhiwani	NIL	NIL
3	Faridabad	NIL	Meetings, Hoardings
4	Fatehabad	NIL	NIL
5	Gurugram	1.Fortis 2.Medanta 3.Artemis	Mail sent to all CS of state, Hoardings, Flex boards at CH, Display in OPD & Pharmacy, IEC materials displayed in said private hospitals.*
6	Hisar	NIL	NIL
7	Jhajjar	NIL	NIL
8	Jind	NIL	NIL
9	Kaithal	NIL	NIL
10	Karnal	NIL	NIL
11	Kurukshetra	NIL	NIL
12	Mewat	NIL	NIL
13	Narnaul	NIL	IEC activities, Display boards
14	Palwal	NIL	NIL
15	Panchkula	NIL	NIL
16	Panipat	NIL	NIL
17	Rewari	NIL	NIL
18	Rohtak	NIL	NIL
19	Sirsa	NIL	NIL
20	Sonepat	NIL	NIL
21	Yamunanagar	NIL	NIL

Table 2

S.No.	District	No. of EWS/BPL patients			
		Referred by CMOs		Treated at these Super Speciality Hospitals	
		2017	2018	2017	2018
1	Ambala	NIL	NIL	NIL	NIL
2	Bhiwani	NIL	NIL	NIL	NIL
3	Faridabad	NIL	NIL	NIL	NIL
4	Fatehabad	NIL	NIL	NIL	NIL
5	Gurugram	46	101	3009	5785
6	Hisar	NIL	NIL	NIL	NIL
7	Jhajjar	NIL	NIL	NIL	NIL
8	Jind	NIL	NIL	NIL	NIL
9	Kaithal	NIL	NIL	NIL	NIL
10	Karnal	NIL	NIL	NIL	NIL
11	Kurukshetra	NIL	NIL	NIL	NIL
12	Mewat	NIL	NIL	NIL	NIL
13	Narnaul	NIL	NIL	NIL	NIL
14	Palwal	NIL	NIL	NIL	NIL
15	Panchkula	NIL	NIL	NIL	NIL
16	Panipat	NIL	NIL	NIL	NIL
17	Rewari	NIL	NIL	NIL	NIL
18	Rohtak	NIL	NIL	NIL	NIL
19	Sirsa	NIL	NIL	NIL	NIL
20	Sonepat	NIL	NIL	NIL	NIL
21	Yamunanagar	NIL	NIL	NIL	NIL

Table 3

S. No.	Name of District	No. of FIRs under the PCPNDT Act		
		2017	2018	Total
1	Ambala	3	10	13
2	Bhiwani	4	1	5
3	Faridabad	0	0	0
4	Fatehabad	1	2	3
5	Gurugram	2	1	3
6	Hisar	4	5	9
7	Jhajjar	2	3	5
8	Jind	7	0	7
9	Kaithal	4	5	9
10	Karnal	4	3	7
11	Kurukshetra	6	1	7
12	Mewat	0	1	1
13	Narnaul	4	3	7
14	Palwal	1	2	3
15	Panchkula	0	0	0
16	Panipat	0	1	1
17	Rewari	5	0	5
18	Rohtak	1	8	9
19	Sirsa	4	2	6
20	Sonepat	10	11	21
21	Yamunanagar	3	2	5
Total		65	61	126

Table 4

S. No.	Name of District	Reports of Medical Negligence Board (ATRs attached separately)			
		No. of complaints received		No. of Adverse reports	
		2017	2018	2017	2018
1	Ambala	1	6	0	0
2	Bhiwani	0	0	-	-
3	Faridabad	0	0	-	-
4	Fatehabad	14	23	0	0
5	Gurugram	20	83	2	3
6	Hisar	3	2	0	1
7	Jhajjar	0	5	0	2
8	Jind	0	0	-	-
9	Kaithal	0	3	-	0
10	Karnal	0	0	-	-
11	Kurukshetra	0	0	-	-
12	Mewat	0	0	-	-
13	Narnaul	6	13	0	0
14	Palwal	21	16	0	0
15	Panchkula	3	2	0	1
16	Panipat	0	0	-	-
17	Rewari	-	-	-	-
18	Rohtak	0	5	-	0
19	Sirsa	-	-	-	-
20	Sonepat	0	0	-	-
21	Yamunanagar	40	32	0	0
TOTAL		108	190	2	7

Annexure A**District Wise Dengue Cases Reported during the Year 2017**

SI No.	District	Total Confirmed Dengue Cases in the District		
		IgM	NS1	Total
1	Ambala	116	209	325
2	Bhiwani	35	50	85
3	Faridabad	119	34	153
4	Fatehabad	130	289	419
5	Gurugram	15	51	66
6	Hissar	234	304	538
7	Jhajjar	9	102	111
8	Jind	50	85	135
9	Kaithal	59	98	157
10	Karnal	84	150	234
11	K.Shetra	162	166	328
12	Nuh	0	0	0
13	Narnaul	3	0	3
14	Palwal	2	1	3
15	Panchkula	63	130	193
16	Panipat	173	296	469
17	Rewari	6	131	137
18	Rohtak	208	698	906
19	Sirsa	8	156	164
20	Sonepat	15	39	54
21	Y. Nagar	42	28	70
Total		1533	3017	4550

Annexure B**District-wise detail of Domiciliary Visits for Source Reduction Activities**

Sl. No.	District	Domiciliary visits i.e. total houses searched in repeated visits by Health Staff and DBCs (weekly/ fortnightly/ monthly)
1	Ambala	98112
2	Bhiwani	699181
3	Faridabad	140560
4	Fatehabad	505800
5	Gurugram	411310
6	Hissar	437977
7	Jhajjar	612947
8	Jind	873899
9	Kaithal	910408
10	Karnal	304872
11	Kurukshetra	278599
12	Nuh	106542
13	Narnaul	278439
14	Palwal	106885
15	Panchkula	133051
16	Panipat	824964
17	Rewari	464594
18	Rohtak	814976
19	Sirsa	230116
20	Sonipat	908657
21	Y. Nagar	110027
Grand Total		9251916

Annexure D

POLICY GUIDELINES – PROVIDING FREE TREATMENT TO POOR PATIENTS

From

The Chief Administrator,
Haryana Urban Development Authority,
Panchkula

To

1. All the Administrators, HUDA in the State
2. All the Estate Officers, HUDA in the State

Memo No. A-Pwn- UB-II-08/29630-50

Dated 13-08-08

Subject: Policy Guidelines for ensuring implementation of terms and conditions of allotment regarding free treatment to the Poor persons or patients and making it mandatory for the Hospitals to maintain record and registers thereof.

1. This is in furtherance of this office memo no. A-14-97/16291-311 dated 12th May, 1997, 9687-94 dated 7th April, 1998 and A-1-98/32463 dated 6th November, 1998 on the subject cited above.
2. Whereas HUDA has been allotting sites in HUDA Sectors to various Hospitals with specific terms and conditions for providing free treatment to poor persons or patients in consonance with the guidelines issued on the subject from time to time. The matter pertaining to providing free treatment to poor patients by the hospitals which are allotted sites in HUDA Sectors has been engaging the attention of the Haryana Urban Development Authority since long. This issue was consequently placed before the Authority in its 101st meeting held under the chairmanship of the Chief Minister, Haryana on 11th June, 2008 under agenda item No. A-101" (3) Suppl. wherein detailed policy guidelines were approved for ensuring implementation of terms & conditions of allotment regarding free treatment to the poor persons or patients and making it mandatory for the Hospitals to maintain necessary records and registers thereof.
3. The following policy procedure is hereby prescribed.
 - I **Eligibility**
 - i) Any person having a BPL card, Class IV employees of Haryana Government or undertakings or any other person having monthly income not exceeding Rs. 5,000/- per month will be classified as belonging to weaker section of society and would be entitled for treatment as spelt out in the policy on the subject.
 - ii) The benefit under the policy will be restricted to poor persons of Haryana domicile only.
 - II **Outdoor Patients**

The Hospital Administration of those Hospitals which have been allotted sites in HUDA Sectors or any Urban Estate of Haryana shall provide free services to 20% of the total out-door patients being attended to by them on first come first serve basis to such patients.
 - III **Indoor Patients**

The Hospital Administration shall reserve 10% of the beds for free-of- cost to the members of the weaker sections of the society as defined above.
 - IV **Super Speciality Hospitals**
 - i) The Super Specialty Hospitals shall charge subsidized rates i.e. 30% of the normal charges for 20% of the functional beds in addition to providing free OPD services to 20% of patients of weaker sections of society as mentioned above.
 - ii) The patients under this category may be referred by the following
 - A) Chief Minister, Haryana.
 - B) Health Minister, Haryana.

- C) Civil Surgeon or Nodal Officer of the District.
 D) District Red Cross Society after approval by the President-cum-Deputy Commissioner.

V Emergency Treatment

It will, however, be mandatory for the Hospital Authorities to admit and provide treatment to the eligible patients brought to the hospital in emergent situations even without formal reference from the above authorities in advance. The formality of reference can be completed subsequently.

VI Monitoring Committee

- i) The following officers shall constitute the Monitoring Committee for ensuring the implementation of terms and conditions of the policy under reference.
 - A) Administrator, HUDA (Chairperson)
 - B) President of Distt. Red Cross Society or his Nominee (Member)
 - C) Civil Surgeon of the Distt. (Member)
 - D) Estate Officer, HUDA (Member Secretary).
 - ii) The Hospital Administration shall maintain a separate Register for such patients who have been provided free OPD/ Indoor beds/ super specially treatment.
 - iii) The register shall be made available for scrutiny from time to time by Administrator HUDA, Estate Officer and President Red Cross Society or his representative.
 - iv) The concerned Hospitals will submit quarterly report in this behalf to the concerned Estate Officer who will further transmit a copy to the respective Administrator, HUDA for verification of the implementation of the terms and conditions stipulated in the policy.
 - v) The Committee shall meet regularly at least once in a quarter to review the implementation of terms and conditions. The Hospital Administration shall supply such information as may be asked by the committee. The Committee shall also send its recommendations for better implementation of the services to poor patients to the chief Administrator HUDA from time to time.
 - vi) In case of Violation of these instructions, the Estate Officer, shall be competent to proceed for resumption of the plot (on the recommendations of this Committee) as per HUDA Rules and Regulations.
4. You are, therefore, requested to initiate appropriate steps to ensure the compliance of the policy guidelines in letter and spirit and communicate this policy to all such allottees by Regd. Post for strict compliance. You are further requested to send acknowledgement of the receipt of this communication along with action taken report by 31.08.08 positively.
 This may be given TOP PRIORITY.

(T.C. Gupta, IAS)
 Chief Administrator
 Haryana Urban Development Authority
 Panchkula
 Dated

Endst. No. A-pwn-UB-II-08/29051-29119

A copy of above is forwarded to the following for information and necessary action.

1. All Deputy Commissioners-cum- Presidents, Distt. Red Cross Societies in Haryana State.
2. The Director General, Health Services, Sector-6, Panchkula.
3. All Civil Surgeons in Haryana State.
4. The Chief Controller of Finance, HUDA, Panchkula.
5. The Chief Engineer, HUDA, Panchkula.
6. The Sr. Architect, HUDA, Panchkula.
7. The L.R. HUDA, (HQ), Panchkula.
8. The Enforcement Officer HUDA (HQ), Panchkula.
9. The Deputy ESA, HUDA (HQ), Panchkula.
10. Dy. Supdt. /All Assistants/ Record Keeper of Urban Branch, HUDA (HQ).

(A.K. Yadav, IAS)
 Administrator (HQ)
 for Chief Administrator
 HUDA, Panchkula

Internal Distribution-

- i) Sr. Secretary to Hon'ble CM/ chairman, HUDA for the information of the chairman.
- ii) PS/FCTCP for the information of FCTCP.

Annexure E



हरियाणा शहरी विकास प्राधिकरण
HSVP

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Address: C-3 HSVP HQ S
Panchkula

To

The Additional Chief Secretary,
Health Department, Haryana,
Chandigarh.

PRMS.17596
Dated 20/08/2024

Memo No. A-6-UB-2018/155646 Dated: 2/8/18

Subject: - Revised draft Policy Guidelines for ensuring implementation of terms & conditions of allotment regarding free treatment of the Poor persons of patients and making it mandatory for the Hospitals to maintain record and registers thereof.

1. The matter was taken up in the committee of Haryana Vidhan Sabha in its meeting held on 10.01.2018. It was observed that HSVP has issued policy guidelines in detail regarding free treatment to the poor persons/patients and making it mandatory for the hospitals to whom the site are allotted in Urban Estate to maintain records and register thereof vide memo no. A-Pwn-UB-II-8/29630-50 dated 13.08.2008.
2. As per policy guidelines, a monitoring committee consisting of President of District Red Cross Society or his nominee, Civil Surgeon of the District, Estate Officer, HSVP as members under the chairmanship of Administrator, HSVP has been constituted for ensuring the implementation of terms and conditions of the policy/instructions. The said committee shall have to meet at least once in a quarter to review the implementation of the terms and conditions of policy guidelines. As per information received, the said committee has conducted meetings on 10.06.2014, 29.01.2015, 16.09.2016, 07.12.2016, 23.08.2017 & 16.05.2018 under the chairmanship of Administrator, HSVP, Gurugram to ensure the implementation of the terms & conditions of the policy guidelines regarding free treatment to the poor persons/patients in respect of Medanta, Fortis, Gurugram and Pusanjaji Hospitals, Rewari.

It is mentioned here that as per policy of HSVP dated 06.11.1998 (copy enclosed), 50% of the hospital sites provided in an Urban Estate are reserved for Govt. Hospitals and balanced 50% sites are advertised for inviting applications for allotment of such sites. This policy has been revised and circulated vide letter dated 11.08.2016 (copy enclosed). The revised policy envisages that 50% sites earmarked for private hospitals shall be disposed of by way of limited auction.

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Ans

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(continued)
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28/11/2020

5 (800) 422-2525

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हरियाणा शहरी विकास प्राधिकरण
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4. Further, the scheme of Medicity was advertised under the policy dated 06.11.1998 for the first time on 31.03.2002 and the same remained opened upto 01.07.2002. Only one application of Max Health Care India Ltd., New Delhi was received for allotment of 10 acres Hospital site. The application was neither on the prescribed proforma nor earnest money was deposited with the application, therefore, the application was not considered.
5. The second advertisement was issued on 18.08.2002 in which no time limit was prescribed for applying for the super-specialty hospital sites. Again no application was received for the allotment of hospital sites.
6. The scheme was again advertised on 1.2.2004 without any closing date. Applications were invited for allotment of five hospital sites planned in Medi-City measuring 10.0 acres, 7.85 acres, 6.0 acres, 3.50 acres and 3.40 acres. The prescribed rate was Rs. 1.50 Crore per acre. In response to this advertisement, four applications were received from the following applicants:-
 - (i) Sh. Harpal Singh, Chairman, Fortis Health Care Ltd., New Delhi.
 - (ii) Sh. S. Ashoka Iyer, Chief Group Advisory Services, M/s Apollo Tyres Ltd., Gurgaon.
 - (iii) Dr. Kanwal Kishore and Dr. (Mrs.) Shanta Kishore, Sultanate of Oman.
 - (iv) Dr. Naresh Trehan, Executive Director, Escorts Heart Institute & Research Centre, New Delhi.
7. Applications of all the four applicants were examined by the screening committee in its meeting held on 09.07.2004. The committee unanimously recommended allotment of entire land measuring 43.0 acres to Dr. Naresh Trehan.
8. In its project report Dr. Trehan had asked to increase in FAR of the site from 1.50 to 2.50. A committee of Chief Controller of Finance, Chief Engineer and Chief Town Planner, HSVP was constituted to examine the request. The committee recommended variable FAR for different components and accordingly differential rates were charged as per following details:-

Major Components	Area (in acres).	FAR	Rates per acre (in crores)	Amount (in crores)
Hospital and Medical Education	25.0	2.5	1.65	41.25
Support area	5.0	1.5	1.08	5.40
Guest House	6.0	1.75	1.57	9.42
Residential accommodation	7.0	1.75	1.57	10.99
Total	43.0	-	-	67.06



हरियाणा शहरी विकास प्राधिकरण
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9. The matter regarding allotment of 43.0 acres of land to Dr. Naresh Trehan for development of Medicity with above referred FAR and rates was placed before the 92nd meeting of the Pradhikaran held on 02.08.2004 which was approved by the Pradhikaran. The land was allotted vide allotment letter no. 1704 dated 29.10.2004 (**copy enclosed**).
10. Now, the HSVP has formulated a draft revised policy guidelines of allotment of hospital sites regarding treatment to poor persons/patients to maintain their records and to make simpler and people friendly so as to provide benefits of medical facilities to them by the private hospitals established on the sites allotted by HSVP. A copy thereof is enclosed herewith for further necessary action.
11. It is therefore, requested that valuable comments of your office on the proposed policy may be offered, so that it could be finalized. In the revised policy, the issue of referral is being discontinued and any eligible person, as defined in the policy, can directly avail the benefit of the free treatment. It is also proposed that a regular agenda item may be included in the monthly meeting chaired by Deputy Commissioner, pertaining to the review of implementation of the policy parameters.

DA/ As above

(Shiv Prashad, HCS)
Administrator(HQ)
HSVP, Panchkula.

Endst No. A-6-UB-2018/

Dated:

A copy of above alongwith a copy of draft revised policy guidelines is forwarded to the Director General, Health Services, Haryana, Sector-6, Panchkula for information and necessary action.

DA/ As above

(Shiv Prashad, HCS)
Administrator(HQ)
HSVP, Panchkula.

Annexure F

Point No. 3. Details of BPL/EWS patients referred by Civil Surgeon to Super-Speciality Hospitals, which have been allotted the subsidised land by Govt. of Haryana

Name of the District- Gurgaon

Year	Name of the Super Speciality Hospital	No. of patients Referred to these Super Speciality Hospitals by Civil Surgeon	No. of patients treated in these Super Speciality Hospitals
2016	Artemis Hospital	15	307
✓ 2017	Artemis Hospital	30	504
✓ 2018	Artemis Hospital	48	1410
2016	Medanta Hospital	11	207
✓ 2017	Medanta Hospital	3	231
✓ 2018	Medanta Hospital	35	357
2016	Fortis Hospital	10	2520
✓ 2017	Fortis Hospital	13	2274
✓ 2018	Fortis Hospital	18	4018

[Signature]
[Signature]
 Medical Officer
 for District

Annexure G

**MINISTRY OF HEALTH AND FAMILY WELFARE
NOTIFICATION**

New Delhi, the 27th March, 2014.

G.S.R. 218 (E).— In exercise of the powers conferred by section 24 of the Transplantation of Human Organs Act, 1994 (42 of 1994) and in supersession of the Transplantation of Human Organs Rules, 1995, except as respects things done or omitted to be done before such supersession, the Central Government hereby makes the following rules, namely:-

1. Short title and commencement — (1) These rules may be called the Transplantation of Human Organs and Tissues Rules, 2014.

(2) They shall come into force on the date of their publication in the Official Gazette.

2. Definitions: - In these rules unless the context otherwise requires,—

- (a) “Act” means the Transplantation of Human Organs Act, 1994;
- (b) “cadaver(s)”, “organ(s)” and “tissue(s)” means human cadaver(s), human organ(s) and human tissue(s), respectively;
- (c) “competent authority” means the Head of the institution or hospital carrying out transplantation or committee constituted by the head of the institution or hospital for the purpose;
- (d) “Form” means a Form annexed to these rules;
- (e) National Accreditation Board for Testing and Calibration Laboratories (NABL) means the autonomous body established under the aegis of Department of Science and Technology, Government of India with the objective to provide Government, Regulators and Industry with a scheme of laboratory accreditation through third-party assessment for formally recognising the technical competence of laboratories and the accreditation services are provided for testing and calibration of medical laboratories in accordance with International Organisation for Standardisation (ISO) Standards;
- (f) “the technician who can enucleate cornea” means the technician with any of the following qualifications and experience who can harvest corneas (enucleate eyeballs or excise corneas), namely:-
 - (i) Ophthalmologists possessing a Doctor of Medicine (M.D) or Master of Surgery (M.S) in Ophthalmology or Diploma in Ophthalmology (D.O.); and
 - (ii) registered Doctors from all recognised systems of medicine, Nurses, Paramedical Ophthalmic Assistant, Ophthalmic Assistant, Optometrists, Refractionists, Paramedical Worker or Medical Technician with recognised qualification from all recognised systems of medicine, provided the person is duly trained to enucleate a donated cornea or eye from registered, authorised and functional eye Bank or Government medical college and, the training certificate should mention that he has acquired the required skills to independently conduct enucleation of the eye or removal of cornea from a cadaver;

- (g) words and expressions used and not defined in these rules, but defined in the Act, shall have the same meanings, respectively, assigned to them in the Act.
3. **Authority for removal of human organs or tissues.**—Subject to the provisions of Section 3 of the Act, a living person may authorise the removal of any organ or tissue of his or her body during his or her lifetime as per prevalent medical practices, for therapeutic purposes in the manner and on such conditions as specified in Form 1, 2 and 3.
 4. **Panel of experts for brain-stem death certification.**—For the purpose of certifying the brain-stem death, the Appropriate Authority shall maintain a panel of experts, in accordance with the provisions of the Act, to ensure efficient functioning of the Board of Medical Experts and it remains fully operational.
 5. **Duties of the registered medical practitioner.**— (1) The registered medical practitioner of the hospital having Intensive Care Unit facility, in consultation with transplant coordinator, if available, shall ascertain, after certification of brain stem death of the person in Intensive Care Unit, from his or her adult near relative or, if near relative is not available, then, any other person related by blood or marriage, and in case of unclaimed body, from the person in lawful possession of the body the following, namely:-
 - (a) whether the person had, in the presence of two or more witnesses (at least one of who is a near relative of such person), unequivocally authorised before his or her death as specified in Form 7 or in documents like driving license, etc. wherein the provision for donation may be incorporated after notification of these rules, the removal of his or her organ(s) or tissue(s) including eye, after his or her death, for therapeutic purposes and there is no reason to believe that the person had subsequently revoked the aforesaid authorisation;
 - (b) where the said authorisation was not made by the person to donate his or her organ(s) or tissue(s) after his or her death, then the registered medical practitioner in consultation with the transplant coordinator, if available, shall make the near relative or person in lawful possession of the body, aware of the option to authorise or decline the donation of such human organs or tissues or both (which can be used for therapeutic purposes) including eye or cornea of the deceased person and a declaration or authorisation to this effect shall be ascertained from the near relative or person in lawful possession of the body as per Form 8 to record the status of consent, and in case of an unclaimed body, authorisation shall be made in Form 9 by the authorised official as per sub-section (1) of section 5 of the Act;
 - (c) after the near relative or person in lawful possession of the body authorises removal and gives consent for donation of human organ(s) or tissue(s) of the deceased person, the registered medical practitioner through the transplant coordinator shall inform the authorised registered Human Organ Retrieval Centre through authorised coordinating organisation by available documentable mode of communication, for removal, storage or transportation of organ(s) or tissue(s).
- (2) The above mentioned duties shall also apply to the registered medical practitioner working in an Intensive Care Unit in a hospital not registered under this Act, from the date of notification of these rules.

(3) The registered medical practitioner shall, before removing any human organ or tissue from a living donor, shall satisfy himself –

- (a) that the donor has been explained of all possible side effects, hazards and complications and that the donor has given his or her authorisation in appropriate Form 1 for near relative donor or Form 2 for spousal donor or Form 3 for donor other than near relative;
- (b) that the physical and mental evaluation of the donor has been done, he or she is in proper state of health and it has been certified that he or she is not mentally challenged and that he or she is fit to donate the organ or tissue:

Provided that in case of doubt regarding mentally challenged status of the donor the registered medical practitioner may get the donor examined by a psychiatrist and the registered medical practitioner shall sign the certificate as prescribed in Form 4 for this purpose;

- (c) that the donor is a near relative of the recipient, as certified in Form 5, and that he or she has submitted an application in Form 11 jointly with the recipient and that the proposed donation has been approved by the competent authority as defined at rule 2(c) and specified in Form 19 and that the necessary documents as prescribed and medical tests, as required, to determine the factum of near relationship, have been examined to the satisfaction of the registered medical practitioner and the competent authority;
 - (d) that in case the recipient is spouse of the donor, the donor has given a statement to the effect that they are so related by signing a certificate in Form 2 and has submitted an application in Form 11 jointly with the recipient and that the proposed donation has been approved by the competent authority under the provisions of sub-rule (2) of rule 7;
 - (e) that in case of a donor who is other than a near relative and has signed Form 3 and submitted an application in Form 11 jointly with the recipient, the permission from the Authorisation Committee for the said donation has been obtained;
 - (f) that if a donor or recipient is a foreign national, the approval of the Authorisation Committee for the said donation has been obtained;
 - (g) living organ or tissue donation by minors shall not be permitted except on exceptional medical grounds to be recorded in detail with full justification and with prior approval of the Appropriate Authority and the State Government concerned.
- (4) A registered medical practitioner, before removing any organ or tissue from the body of a person after his or her death (deceased donor), in consultation with transplant coordinator, shall satisfy himself the following, namely:-
- (a) that caution has been taken to make inquiry, from near relative or person in lawful possession of the body of a person admitted in Intensive Care Unit, only after certification of Brain Stem death of the person that the donor had, in the presence of two or more witnesses (at least one of whom is a near relative of such person), unequivocally authorised before his or her death as specified in Form 7 or in documents like driving license etc. (wherein the provision for donation may be incorporated after notification of these rules), the removal of his or her organ(s) or

tissue(s) after his or her death, for therapeutic purposes and it has been ascertained that the donor has not subsequently revoked the aforesaid authorisation, and the consent of near relative or person in lawful possession of the body shall also be required notwithstanding the authorisation been made by deceased donor:

Provided that if the deceased person who had earlier given authorisation but had revoked it subsequently and if the person had given in writing that his organ should not be removed after his death, then, no organ or tissue will be removed even if consent is given by the near relative or person in lawful possession of the body;

- (b) that the near relative of the deceased person or the person lawfully in possession of the body of the deceased donor has signed the declaration as specified in Form 8.
- (c) that in the case of brain-stem death of the potential donor, a certificate as specified in Form 10 has been signed by all the members of the Board of Medical Experts referred to in sub-section (6) of section 3 of the Act:

Provided that where a neurologist or a neurosurgeon is not available, an anesthetist or intensivist who is not part of the transplant team nominated by the head of the hospital duly empanelled by Appropriate Authority may certify the brain stem death as a member of the said Board;

- (d) that in the case of brain-stem death of a person of less than eighteen years of age, a certificate specified in Form 10 has been signed by all the members of the Board of Medical Experts referred to in sub-section (6) of section 3 of the Act and an authority as specified in Form 8 has been signed by either of the parents of such person or any near relative authorised by the parent.

- 6. Procedure for donation of organ or tissue in medicolegal cases.—** (1) After the authority for removal of organs or tissues, as also the consent to donate organs from a brain-stem dead donor are obtained, the registered medical practitioner of the hospital shall make a request to the Station House Officer or Superintendent of Police or Deputy Inspector General of the area either directly or through the police post located in the hospital to facilitate timely retrieval of organs or tissue from the donor and a copy of such a request should also be sent to the designated post mortem doctor of area simultaneously.
- (2) It shall be ensured that, by retrieving organs, the determination of the cause of death is not jeopardised.
 - (3) The medical report in respect of the organs or tissues being retrieved shall be prepared at the time of retrieval by retrieving doctor (s) and shall be taken on record in postmortem notes by the registered medical practitioner doing postmortem.
 - (4) Wherever it is possible, attempt should be made to request the designated postmortem registered medical practitioner, even beyond office timing, to be present at the time of organ or tissue retrieval.
 - (5) In case a private retrieval hospital is not doing post mortem, they shall arrange transportation of body along with medical records, after organ or tissue retrieval, to the designated postmortem centre and the post mortem centre shall undertake the postmortem of such cases on priority, even beyond office timing, so that the body is handed over to the relatives with least inconvenience.

- 7. Authorisation Committee.—(1)** The medical practitioner who will be part of the organ transplantation team for carrying out transplantation operation shall not be a member of the Authorisation Committee constituted under the provisions of clauses (a) and (b) of sub-section(4) of section 9 of the Act.
- (2) When the proposed donor or recipient or both are not Indian nationals or citizens whether near relatives or otherwise, the Authorisation Committee shall consider all such requests and the transplantation shall not be permitted if the recipient is a foreign national and donor is an Indian national unless they are near relatives.
- (3) When the proposed donor and the recipient are not near relatives, the Authorisation Committee shall,-
- (i) evaluate that there is no commercial transaction between the recipient and the donor and that no payment has been made to the donor or promised to be made to the donor or any other person;
 - (ii) prepare an explanation of the link between them and the circumstances which led to the offer being made;
 - (iii) examine the reasons why the donor wishes to donate;
 - (iv) examine the documentary evidence of the link, e.g. proof that they have lived together, etc.;
 - (v) examine old photographs showing the donor and the recipient together;
 - (vi) evaluate that there is no middleman or tout involved;
 - (vii) evaluate that financial status of the donor and the recipient by asking them to give appropriate evidence of their vocation and income for the previous three financial years and any gross disparity between the status of the two must be evaluated in the backdrop of the objective of preventing commercial dealing;
 - (viii) ensure that the donor is not a drug addict;
 - (ix) ensure that the near relative or if near relative is not available, any adult person related to donor by blood or marriage of the proposed unrelated donor is interviewed regarding awareness about his or her intention to donate an organ or tissue, the authenticity of the link between the donor and the recipient, and the reasons for donation, and any strong views or disagreement or objection of such kin shall also be recorded and taken note of.
- (4) Cases of swap donation referred to under subsection (3A) of section 9 of the Act shall be approved by Authorisation Committee of hospital or district or State in which transplantation is proposed to be done and the donation of organs shall be permissible only from near relatives of the swap recipients.
- (5) When the recipient is in a critical condition in need of life saving organ transplantation within a week, the donor or recipient may approach hospital in-charge to expedite evaluation by the Authorisation Committee.
- 8. Removal and preservation of organs or tissues.—**The removal of the organ(s) or tissue(s) shall be permissible in any registered retrieval or transplant hospital or centre and preservation of such removed organ(s) or tissue(s) shall be ensured in registered retrieval or transplant centre or tissue bank according to current and accepted scientific methods in order to ensure viability for the purpose of transplantation.

9. **Cost for maintenance of cadaver or retrieval or transportation or preservation of organs or tissues.**—The cost for maintenance of the cadaver (brain-stem dead declared person), retrieval of organs or tissues, their transportation and preservation, shall not be borne by the donor family and may be borne by the recipient or institution or Government or non-Government organisation or society as decided by the respective State Government or Union territory Administration.
10. **Application for living donor transplantation.**— (1) The donor and the recipient shall make jointly an application to grant approval for removal and transplantation of a human organ, to the competent authority or Authorisation Committee as specified in Form 11 and the papers for approval of transplantation would be processed by the registered medical practitioner and administrative division of the Institution for transplantation.
 - (2) The competent authority or Authorisation Committee shall take a decision on such application in accordance with the rule 18.
 - (3) If some State wants to merge Form 11 with Form 1, Form 2 or Form 3, they may do so, provided the content of the recommended Forms are covered in the merged Form and the same is approved by the State Government concerned.
11. **Composition of Authorisation Committees.**—(1) There shall be one State level Authorisation Committee.
 - (2) Additional Authorisation Committees in the districts or Institutions or hospitals may be set up as per norms given below, which may be revised from time to time by the concerned State Government or Union territory Administration by notification.
 - (3) No member from transplant team of the institution should be a member of the respective Authorisation Committee. Authorisation Committee should be hospital based if the number of transplants is twenty five or more in a year at the respective transplantation centres, and if the number of organ transplants in an institution or hospital are less than twenty-five in a year, then the State or District level Authorisation Committee would grant approval(s).
12. **Composition of hospital based Authorisation Committees.**— The hospital based Authorisation Committee shall, as notified by the State Government in case of State and by the Union territory Administration in case of Union territory, consist of,—
 - (a) the Medical Director or Medical Superintendent or Head of the institution or hospital or a senior medical person officiating as Head - Chairperson;
 - (b) two senior medical practitioners from the same hospital who are not part of the transplant team – Member;
 - (c) two persons (preferably one woman) of high integrity, social standing and credibility, who have served in high ranking Government positions, such as in higher judiciary, senior cadre of police service or who have served as a reader or professor in University Grants Commission approved University or are self-employed professionals of repute such as lawyers, chartered accountants, doctors of Indian Medical Association, reputed non-Government organisation or renowned social worker - Member;
 - (d) Secretary (Health) or nominee and Director Health Services or nominee from State Government or Union territory Administration - Member.

- 13. Composition of State or District Level Authorisation Committees.—** The State or District Level Authorisation Committee shall, as notified by the State Government in case of State and by the Union territory Administration in case of Union territory, consist of,—
- (a) a Medical Practitioner officiating as Chief Medical Officer or any other equivalent post in the main or major Government hospital of the District – Chairperson;
 - (b) two senior registered medical practitioners to be chosen from the pool of such medical practitioners who are residing in the concerned District and who are not part of any transplant team—Member;
 - (c) two persons (preferably one woman) of high integrity, social standing and credibility, who have served in high ranking Government positions, such as in higher judiciary, senior cadre of police service or who have served as a reader or professor in University Grants Commission approved University or are self-employed professionals of repute such as lawyers, chartered accountants, doctors of Indian Medical Association, reputed non-Government organisation or renowned social worker - Member;
 - (d) Secretary (Health) or nominee and Director Health Services or nominee from State Government or Union territory Administration—Member :

Provided that effort shall be made by the State Government concerned to have most of the members' ex-officio so that the need to change the composition of Committee is less frequent.

- 14. Verification of residential status, etc.—**When the living donor is unrelated and if donor or recipient belongs to a State or Union territory, other than the State or Union territory where the transplantation is proposed to be undertaken, verification of residential status by Tehsildar or any other authorised officer for the purpose with a copy marked to the Appropriate Authority of the State or Union territory of domicile of donor or recipient for their information shall be required, as per Form 20 and in case of any doubt of organ trafficking, the Appropriate Authority of the State or Union territory of domicile or the Tehsildar or any other authorised officer shall inform police department for investigation and action as per the provisions of the Act.
- 15. Quorum of Authorisation Committee.—** The quorum of the Authorisation Committee should be minimum four and the quorum shall not be complete without the participation of the Chairman, the presence of Secretary (Health) or nominee and Director of Health Services or nominee.
- 16. Format of approval of Authorisation Committee.—** The format of the Authorisation Committee approval should be uniform in all the institutions in a State and the format may be notified by the respective State Government as per Form 18.
- 17. Scrutiny of applications by Authorisation Committee.— (1)** Secretariat of the Authorisation Committee shall circulate copies of all applications received from the proposed donors and recipients to all members of the Committee along with all annexures, which may have been filed along with the applications.

- (2) At the time of the meeting, the Authorisation Committee should take note of all relevant contents and documents in the course of its decision making process and in the event any document or information is found to be inadequate or doubtful, explanation should be sought from the applicant and if it is considered necessary that any fact or information requires to be verified in order to confirm its veracity or correctness, the same be ascertained through the concerned officer(s) of the State Government or Union territory Administration.
- 18. Procedure in case of near relatives.—** (1) Where the proposed transplant of organs is between near relatives related genetically, namely, grandmother, grandfather, mother, father, brother, sister, son, daughter, grandson and granddaughter, above the age of eighteen years, the competent authority as defined at rule 2(c) or Authorisation Committee (in case donor or recipient is a foreigner) shall evaluate;
- (i) documentary evidence of relationship e.g. relevant birth certificates, marriage certificate, other relationship certificate from Tehsildar or Sub-divisional magistrate or Metropolitan Magistrate or Sarpanch of the Panchayat, or similar other identity certificates like Electors Photo Identity Card or AADHAAR card; and
 - (ii) documentary evidence of identity and residence of the proposed donor, ration card or voters identity card or passport or driving license or PAN card or bank account and family photograph depicting the proposed donor and the proposed recipient along with another near relative, or similar other identity certificates like AADHAAR Card (issued by **Unique Identification Authority of India**).
- (2) If in the opinion of the competent authority, the relationship is not conclusively established after evaluating the above evidence, it may in its discretion direct further medical test, namely, Deoxyribonucleic Acid (DNA) Profiling.
- (3) The test referred to in sub-rule (2) shall be got done from a laboratory accredited with National Accreditation Board for Testing and Calibration Laboratories and certificate shall be given in Form 5.
- (4) If the documentary evidences and test referred to in sub-rules (1) and (2), respectively do not establish a genetic relationship between the donor and the recipient, the same procedure be adopted on preferably both or at least one parent, and if parents are not available, the same procedure be adopted on such relatives of donor and recipient as are available and are willing to be tested, failing which, genetic relationship between the donor and the recipient will be deemed to have not been established.
- (5) Where the proposed transplant is between a married couple the competent authority or Authorisation Committee (in case donor or recipient is a foreigner) must evaluate the factum and duration of marriage and ensure that documents such as marriage certificate, marriage photograph etc. are kept for records along with the information on the number and age of children and a family photograph depicting the entire family, birth certificate of children containing the particulars of parents and issue a certificate in Form 6 (for spousal donor).
- (6) Any document with regard to the proof of residence or domicile and particulars of parentage should be relatable to the photo identity of the applicant in order to ensure

that the documents pertain to the same person, who is the proposed donor and in the event of any inadequate or doubtful information to this effect, the Competent Authority or Authorisation Committee as the case may be, may in its discretion seek such other information or evidence as may be expedient and desirable in the peculiar facts of the case.

- (7) The medical practitioner who will be part of the organ transplantation team for carrying out transplantation operation shall not be a competent authority of the transplant hospital.
- (8) The competent authority may seek the assistance of the Authorisation Committee in its decision making, if required.

19. Procedure in case of transplant other than near relatives.—

Where the proposed transplant is between other than near relatives and all cases where the donor or recipient is foreign national (irrespective of them being near relative or otherwise), the approval will be granted by the Authorisation Committee of the hospital or if hospital based Authorisation Committee is not constituted, then by the District or State level Authorisation Committee.

20. Procedure in case of foreigners.—

When the proposed donor or the recipient are foreigners;

- (a) a senior Embassy official of the country of origin has to certify the relationship between the donor and the recipient as per Form 21 and in case a country does not have an Embassy in India, the certificate of relationship, in the same format, shall be issued by the Government of that country;
- (b) the Authorisation Committee shall examine the cases of all Indian donors consenting to donate organs to a foreign national (who is a near relative), including a foreign national of Indian origin, with greater caution and such cases should be considered rarely on case to case basis:

Provided that the Indian living donors wanting to donate to a foreigner other than near relative shall not be considered.

- 21. Eligibility of applicant to donate.—** In the course, of determining eligibility of the applicant to donate, the applicant should be personally interviewed by the Authorisation Committee which shall be videographed and minutes of the interview shall be recorded.
- 22. Precautions in case of woman donor.—** In case where the donor is a woman, greater precautions ought to be taken and her identity and independent consent should be confirmed by a person other than the recipient.
- 23. Decision of Authorisation Committee.—** (1) The Authorisation Committee (which is applicable only for living organ or tissue donor) should state in writing its reason for rejecting or approving the application of the proposed living donor in the prescribed Form 18 and all such approvals should be subject to the following conditions, namely:-
 - (i) the approved proposed donor would be subjected to all such medical tests as required at the relevant stages to determine his or her biological capacity and compatibility to donate the organ in question; the physical and mental evaluation

of the donor has been done to know whether he or she is in proper state of health and it has been certified by the registered medical practitioner in Form 4 that he or she is not mentally challenged and is fit to donate the organ or tissue: Provided that in case of doubt for mentally challenged status of the donor the registered medical practitioner or Authorisation Committee may get the donor examined by psychiatrist;

- (ii) all prescribed forms have been and would be filled up by all relevant persons involved in the process of transplantation;
 - (iii) all interviews to be video recorded.
- (2) The Authorisation Committee shall expedite its decision making process and use its discretion judiciously and pragmatically in all such cases where, the patient requires transplantation on urgent basis.
 - (3) Every authorised transplantation centre must have its own website and the Authorisation Committee is required to take final decision within twenty four hours of holding the meeting for grant of permission or rejection for transplant.
 - (4) The decision of the Authorisation Committee should be displayed on the notice board of the hospital or Institution immediately and should reflect on the website of the hospital or Institution within twenty four hours of taking the decision, while keeping the identity of the recipient and donor hidden.
- 24. Registration of hospital or tissue bank.—** (1) An application for registration shall be made to the Appropriate Authority as specified in Form 12 or Form 13 or Form 14 or Form 15, as applicable and the application shall be accompanied by fee as specified below, payable to the Appropriate Authority by means of a bank draft, which may be revised, if necessary by the Central or State Government, as the case may be:-
- (i) for Organ or Tissue or Cornea Transplant Centre: Rupees ten thousand;
 - (ii) for Tissue or Eye Bank: Rupees ten thousand;
 - (iii) for Non-Transplant Retrieval Centre: Nil.
- (2) The Appropriate Authority shall, after holding an inquiry and after satisfying itself that the applicant has complied with all the requirements, grant a certificate of registration as specified in Form 16 and it shall be valid for a period of five years from the date of its issue and shall be renewable.
 - (3) Before a hospital is registered under the provisions of this rule, it shall be mandatory for the hospital to appoint a transplant coordinator.
- 25. Renewal of registration of hospital or tissue bank.—** (1) An application for the renewal of a certificate of registration shall be made to the Appropriate Authority at least three months prior to the date of expiry of the original certificate of registration and shall be accompanied by a fee as specified below, payable to the Appropriate Authority by means of a bank draft, which may be revised, if necessary by the Central or State Government, as the case may be,-
- (i) for Organ or Tissue or Cornea Transplant Centre: Rupees five thousand;
 - (ii) for Tissue or Eye Bank: Rupees five thousand;
 - (iii) for Non-Transplant Retrieval Centre: Nil.

- (2) A renewal certificate of registration shall be as specified in Form 17 and shall be valid for a period of five years.
- (3) If, after an inquiry including inspection of the hospital or tissue bank and scrutiny of its past performance and after giving an opportunity to the applicant, the Appropriate Authority is satisfied that the applicant, since grant of certificate of registration under sub-rule (2) of rule 24 has not complied with the requirements of the Act and these rules and the conditions subject to which the certificate of registration has been granted, shall, for reasons to be recorded in writing, refuse to grant renewal of the certificate of registration.

26. Conditions and standards for grant of certificate of registration for organ or tissue transplantation centres.— (1) No hospital shall be granted a certificate of registration for organ transplantation unless it fulfills the following conditions and standards, namely:-

A. General manpower requirement specialised services and facilities:

- (a) Twenty-four hours availability of medical and surgical, (senior and junior) staff;
- (b) twenty-four hours availability of nursing staff (general and specialty trained);
- (c) twenty-four hours availability of Intensive Care Units with adequate equipment staff and support system, including specialists in anesthesiology and intensive care;
- (d) twenty-four hours availability of blood bank (in house or access) , laboratory with multiple discipline testing facilities including but not limited to - Microbiology, Bio-Chemistry, Pathology, Hematology and Radiology departments with trained staff;
- (e) twenty-four hours availability of Operation Theater facilities (OT facilities) for planned and emergency procedures with adequate staff, support system and equipment;
- (f) twenty-four hours availability of communication system, with power backup, including but not limited to multiple line telephones, public telephone systems, fax, computers and paper photo-imaging machine;
- (g) experts (other than the experts required for the relevant transplantation) of relevant and associated specialties including but not limited to and depending upon the requirements, the experts in internal medicine, diabetology, gastroenterology, nephrology, neurology, pediatrics, gynecology, immunology and cardiology, etc., shall be available in the transplantation centre;
- (h) one medical expert for respective organ or tissue transplant shall be available in the transplantation hospital; and
- (i) Human Leukocyte Antigen (HLA) matching facilities (in house or outsourced) shall be available.

B. Equipments:

Equipments as per current and expected scientific requirements specific to organ (s) or tissue (s) being transplanted and the transplant centre should ensure the availability of the accessories, spare-parts and back-up, maintenance and service support system in relation to all relevant equipments.

C. Experts and their qualifications:

- (a) Kidney Transplantation:
M.S. (Gen.) Surgery or equivalent qualification with three years post M.S. training in a recognised transplant center in India or abroad and having attended to adequate number of renal transplantation as an active member of team;
- (b) Transplantation of liver and other abdominal organs:
M.S. (Gen.) Surgery or equivalent qualification with three years post M.S. experience in the speciality and having one year training in the respective organ transplantation as an active member of team in an established transplant center;
- (c) Cardiac, Pulmonary, Cardio-Pulmonary Transplantation:
M.Ch. Cardio-thoracic and vascular surgery or equivalent qualification in India or abroad with at least three years' experience as an active member of the team performing an adequate number of open heart operations per year and well-versed with Coronary by-pass surgery and Heart-valve surgery;
- (d) the hospital registered under Clinical Establishment (Registration and Regulation) Act, 2010 (23 of 2010) shall also follow the minimum standards prescribed in respect of manpower, equipment, etc., as prescribed under that Act;
- (e) the hospital registered shall have to maintain documentation and records including reporting of adverse events.
- (2) No hospital shall be granted a certificate of registration for tissue transplantation under the Act unless it fulfills the following conditions and standards, namely:-
 - (a) Cornea Transplantation:
M.D. or M.S. or Diploma (DO) in ophthalmology or equivalent qualification with three months post M.D. or
M.S or DO training in Corneal transplant operations in a recognised hospital or institution;
 - (b) Other tissues such as heart valves, skin, bone, etc.:
Post graduate degree (MD or MS) or equivalent qualification in the respective specialty with three months post M.D. or M.S training in a recognised hospital carrying out respective tissue transplant operations and for heart valve transplantation, and the qualification and experience of expert shall be MCh degree in Cardiothoracic and Vascular Surgery (CTVS) or equivalent qualification with three months post MCh training in a recognised hospital carrying out heart valve transplantation;
 - (c) the Hospital registered under Clinical Establishment (Registration and Regulation) Act, 2010(23 of 2010) shall also follow the minimum standards prescribed in respect of manpower, equipment, etc., as prescribed under that Act;
 - (d) the Hospital registered shall have to maintain documentation and records including reporting of adverse events.

27. Conditions and standards for grant of certificate of registration for organ retrieval centres.—

- (1) The retrieval center shall be registered only for the purpose of retrieval of organ from deceased donors and the organ retrieval centre shall be a hospital having Intensive Care Unit (ICU) facilities along with manpower, infrastructure and equipment as required to diagnose and maintain the brain-stem dead person and to retrieve and transport organs and tissues including the facility for their temporary storage.
- (2) All hospitals registered as transplant centres shall automatically qualify as retrieval centres.
- (3) The retrieval centre should have linkages with nearby Government hospital designated for post-mortem, for retrieval in medico-legal cases.
- (4) Registration of hospital for surgical tissue harvesting from deceased person and for surgical tissue residues, that are routinely discarded, shall not be required.

28. Conditions and standards for grant of certificate of registration for tissue banks.—

A. Facility and premises:

- (1) Facilities must conform to the standards and guidelines laid down for the purpose and the States and Union territories may have separate registration fee and procedure to keep track of their tissue bank activities.
- (2) The respective State or Union territory Appropriate Authority may constitute an expert committee for advising on the matter related to tissue specific standards and related issues.
- (3) The tissue bank must have written guidelines and standard operating procedures for maintenance of its premises and facilities which include-
 - (a) controlled access;
 - (b) cleaning and maintenance systems;
 - (c) waste disposal;
 - (d) health and safety of staff;
 - (e) risk assessment protocol; and
 - (f) follow up protocol.
- (4) Equipments as per scientific requirements specific to tissue (s) being procured, processed, stored and distributed and the tissue bank should ensure the availability of the accessories, spare-parts and back-up, maintenance and service support for all equipments.
- (5) Air particle count and microbial colony count compliance shall be ensured for safety where necessary.
- (6) Storage area shall be designated to avoid contact with chemicals or atmospheric contamination and any known source of infection.
- (7) Storage facility shall be separate and distinguish tissues, held in quarantine, released and rejected.

B. Donor screening:

- (8) Complete screening of donor must be conducted including medical or social history and serological evaluation for medical conditions or disease processes that would contraindicate the donation of tissues and the report of corneas or eyes not found suitable for transplantation and their alternate use shall be certified by a committee of two Ophthalmologists.

C. Laboratory tests:

- (9) Facility for relevant Laboratory tests for blood and tissue samples shall be available and testing of blood and tissue samples shall begin at Donor Screening and continue during retrieval and throughout processing.

D. Procurement and other procedures:

- (10) Procurement of tissue must be carried out by registered health care professionals or technicians having necessary experience or special training.
- (11) Consent for the procurement shall be obtained.
- (12) Procurement records shall be maintained.
- (13) Standard operating procedure for following shall be followed, namely :-
 - (a) procurement or Retrieval and transplantation;
 - (b) processing and sterilisation;
 - (c) packaging, labeling and storage;
 - (d) distribution or allocation;
 - (e) transportation; and
 - (f) reporting of serious adverse reactions.

E. Documentation and Records:

- (14) A log of tissue received and distributed shall be maintained to enable traceability from the donor to the tissue and the tissue to the donor and the records shall also indicate the dates and the identities of the staff performing specific steps in the removal or processing or distribution of the tissues.

F. Data Protection and Confidentiality:

- (15) A unique donor identification number shall be used for each donor, and access to donor records shall be restricted.

G. Quality Management:

- (16) The Quality Management System shall define quality control procedures that include the following, namely:-
 - (a) environmental monitoring;
 - (b) equipment maintenance and monitoring;
 - (c) in –process controls monitoring;
 - (d) internal audits including reagent and supply monitoring;
 - (e) compliance with reference standards, local regulations, quality manuals or documented standard operating procedures; and
 - (f) monitoring work environment.

H. Recipient Information:

- (17) All tissue recipients shall be followed up and prompt and appropriate corrective and preventive actions taken in case of adverse events.

29. Qualification, role, etc., of transplant coordinator.— (1) The transplant coordinator shall be an employee of the registered hospital having qualification such as:

- (a) graduate of any recognised system of medicine; or
 - (b) Nurse; or
 - (c) Bachelor's degree in any subject and preferably Master's degree in Social work or Psychiatry or Sociology or Social Science or Public Health
- (2) The concerned organisation or institute shall ensure initial induction training followed by retraining at periodic interval and the transplant coordinator shall counsel and encourage the family members or near relatives of the deceased person to donate the human organ or tissue including eye or cornea and coordinate the process of donation and transplantation.
- (3) The transplant coordinator or counselor in a hospital registered for eye banking shall also have qualification specified in sub-rule (1).

30. Advisory committee of the Central or State Government to aid and advise appropriate authority.— (1) The Central Government and the State Government, as the case may be, shall constitute by notification an Advisory Committee under Chairpersonship of administrative expert not below the rank of Secretary to the State Government for a period of two years to aid and advise the Appropriate Authority and the two medical experts referred to in clause(b) of sub-section(2) of section 13A of the Act shall possess a postgraduate medical degree and at least five years' experience in the field of organ or tissue transplantation.

- (2) The terms and conditions for appointment to the Advisory Committee are as under:
 - (a) the Chairperson and members of the Committee shall be appointed for a period of two years;
 - (b) the Chairperson and members of the Committee shall be entitled to the air fare and other allowances to attend the meeting of the Committee equivalent to the officer of the level of the Joint Secretary to the Government of India;
 - (c) the Central Government or State Government or Union territory Administration shall have full powers to replace or remove the Chairperson and the members in cases of charges of corruption or any other charges after giving a reasonable opportunity of being heard;
 - (d) the Chairperson and members can also resign from the Committee for personal reasons;
 - (e) there shall not be a corruption or criminal case pending against Chairperson and members at the time of appointment;
 - (f) the Chairperson or any of the members shall cease to function if charges have been framed against him or her in a corruption or criminal case after having been given a reasonable opportunity of being heard.

31. Manner of establishing National or Regional or State Human Organs and Tissues Removal and Storage Networks and their functions.— (1) There shall be an apex national networking organisation at the centre, as the Central Government may by notification specify.

- (2) There shall also be regional and State level networking organisations where large number of transplantation of organ(s) or tissue (s) are performed as the Central Government may by notification specify.
- (3) The State units would be linked to hospitals, organ or tissue matching laboratories and tissue banks within their area and also to regional and national networking organisations.
- (4) The broad principles of organ allocation and sharing shall be as under,—
 - (a) The website of the transplantation center shall be linked to State or Regional cum

State or National networks through an online system for organ procurement, sharing and transplantation.

- (b) patient or recipient may get registered through any transplant centre, but only one centre of a State or region (if there is no centre in the State) and his or her details shall be made available online to the networking organisations, who shall allocate the registration number, which shall remain same even if patient changes hospital;
- (c) the allocation of the organ to be shared, is to be decided by the State networking organization and by the National networking organization in case of Delhi;
- (d) all recipients are to be listed for requests of organs from deceased donors, however priority is to be given in following order, namely:-
 - (i) those who do not have any suitable living donor among near relatives;
 - (ii) those who have a suitable living donor available among near relatives but the donor has refused in writing to donate; and
 - (iii) those who have a suitable living donor available and who has also not refused to donate in writing;
- (e) sequence of allocation of organs shall be in following order: State list----Regional List-----National List----Person of Indian Origin Foreigner;
- (f) the online system of networking and framework and formats of national registry as mentioned under rule

32 shall be developed by the apex networking organisation which shall be followed by the States Governments or Union territory Administrations and the allocation criteria may be State specific which shall be finalised and determined by the State Government, in consultation with the State level networking organisation, wherever such organisation exists:

- (5) Provided that the organ sharing and networking policy of States or locations of hospitals shall not be binding on the Armed Forces Medical Services (AFMS) and the armed forces shall be free to have their own policy of organ or tissue allocation and sharing, and the Director General Armed Forces Medical Services shall have its own networking between the Armed Forces Medical Services hospitals, who shall be permitted to accept organs when available from hospitals within their State jurisdiction. The networking organisations shall coordinate retrieval, storage, transportation, matching, allocation and transplantation of organs and tissues and shall develop norms and standard operating procedures for such activities and for tissues to the extent possible.
- (6) The networking organisations shall coordinate with respective State Government for establishing new transplant and retrieval centres and tissue banks and strengthening of existing ones.
- (7) There shall be designated organ and tissue retrieval teams in State or District or institution as per requirement, to be constituted by the State or Regional networking organisation.

- (8) For tissue retrieval, the retrieval teams shall be formed by the State Government or Union territory Administration where ever required.
- (9) Networking shall be e-enabled and accessible through dedicated website.
- (10) Reference or allocation criteria would be developed and updated regularly by networking organisations in consultation with the Central or State Government, as the case may be.
- (11) The networking organisation(s) shall undertake Information Education and Communication (IEC) Activities for promotion of deceased organ and tissue donation.
- (12) The networking organisation(s) shall maintain and update organ or tissue Donation and Transplant Registry at respective level.

32. Information to be included in National Registry regarding donors and recipients of human organ and tissue.— The national registry shall be based on the following, namely:-

Organ Transplant Registry:

- (1) The Organ Transplant Registry shall include demographic data about the patient, donor, hospitals, recipient and donor follow up details, transplant waiting list, etc., and the data shall be collected from all retrieval and transplant centers.
- (2) Data collection frequency, etc., will be as per the norms decided by the Advisory Committee which may preferably be through a web-based interface or paper submission and the information shall be maintained both specific organ wise and also in a consolidated format.
- (3) The hospital or Institution shall update its website regularly in respect of the total number of the transplantations done in that hospital or institution along with reasonable detail of each transplantation and the same data should be accessible for compilation, analysis and further use by authorised persons of respective State Governments and Central Government.
- (4) Yearly reports shall be published and also shared with the contributing units and other stakeholders and key events (new patients, deaths and transplants) shall be notified as soon as they occur in the hospital and this information shall be sent to the respective networking organisation, at least monthly.

Organ Donation Registry:

- (5) The Organ Donation Registry shall include demographic information on donor (both living and deceased), hospital, height and weight, occupation, primary cause of death in case of deceased donor, associated medical illnesses, relevant laboratory tests, donor maintenance details, driving license or any other document of pledging donation, donation requested by whom, transplant coordinator, organs or tissue retrieved, outcome of donated organ or tissue, details of recipient, etc.

Tissue Registry:

- (6) The Tissue Registry shall include demographic information on the tissue donor, site of tissue retrieval or donation, primary cause of death in case of deceased donor, donor maintenance details in case of brain stem dead donor, associated medical illnesses, relevant laboratory tests, driving license or any other document pledging donation, donation requested by whom, identity of counsellors, tissue(s) or organ(s) retrieved, demographic data about the tissue recipient, hospital conducting transplantation, transplant waiting list and priority list for critical patients, if these exist, indication(s) for transplant, outcome of transplanted tissue, etc.
- (7) Yearly reports in respect of National Registry shall be published and also shared with the contributing units and other stakeholders

Pledge for organ or tissue donation after death:

- (8) Those persons, who, during their lifetime have pledged to donate their organ(s) or tissue(s) after their death, shall in Form 7 deposit it in paper or electronic mode to the respective networking organisation(s) or institution where the pledge is made, who shall forward the same with the respective networking organisation and the pledger has the option to withdraw the pledge through intimation.
- (9) The Registry will be accessible on-line through dedicated website and shall be in conformation to globally maintained registry (ies), besides having national, regional and State level specificities.
- (10) National or regional registry shall be compiled based on similar registries at State level.
- (11) The identity of the people in the database shall not be put in public domain and measures shall be taken to ensure security of all collected information.
- (12) The information to be included shall be updated as per prevalent global practices from time to time.

33. Appeal.— (1) Any person aggrieved by an order of the Authorisation Committee under sub-section (6) of section 9 or by an order of the Appropriate Authority under sub-section (2) of section 15 or sub-section (2) of section 16 of the Act, may, within thirty days from the date of receipt of the order, prefer an appeal to the Central Government in case of the Union territories and respective State Government in case of States.

Every appeal shall be in writing and shall be accompanied by a copy of the order appealed against.

FORM 1

For organ or tissue donation from identified living near related donor*(to be completed by him or her)**(See rules 3 and 5(3)(a))*

My full name (proposed donor) is

and this is my photograph

To be affixed here.

Photograph of the
Donor (Attested by
Notary Public across the
photo after affixing)

My permanent home address is

.....

.....Tel:

My present address for correspondence is

.....

.....Tel:.....

Date of birth (day/month/year)

I enclose copies of the following documents: (attach attested photocopy of at least two of following relevant documents to indicate your near relationship):

- Ration/Consumer Card number and Date of issue and place:.....
and/or
- Voter's I-Card number, date of issue, Assembly constituency.....
and/or
- Passport number and country of issue.....
and/or
- Driving License number, Date of issue, licensing authority.....
and/or

- Permanent Account Number (PAN).....
and/or
- AADHAAR No.
and/or
- Any other valid proof of identity and address reflecting
near relationship
.....

I authorise removal for therapeutic purposes and consent to donate my

(Name of organ/tissue) to my relative..... (Specify son/daughter/father/ mother/
brother/sister/grand-father/grand-mother/grand-son/grand-daughter), whose particulars are as
follows and name is And Who was born on
.....(day/month/year) :

To be affixed
here.

Photograph of
the Recipient
(Attested by
Notary Public
across the photo
after affixing)

**The copies of following documents of recipient are enclosed (attach attested photocopy of
at least two relevant documents to indicate your near relationship):**

- Ration/Consumer Card number and Date of issue and place:.....
and/ or
- Voter's I-Card number, date of issue, Assembly constituency.....
and/or
- Passport number and country of issue.....
and/ or
- Driving License number, Date of issue, licensing authority.....
and/or
- Permanent Account Number (PAN)
and/or

- AADHAAR No (Issued by Unique Identification Authority of India).
and/or
- Any other valid proof of identity and address reflecting near relationship
.....

I solemnly affirm and declare that:

Sections 2, 9 and 19 of The Transplantation of Human Organs Act, 1994 have been explained to me and I confirm that:

1. I understand the nature of criminal offences referred to in the sections.
2. No payment as referred to in the sections of the Act has been made to me or will be made to me or any other person.
3. I am giving the consent and authorisation to remove my
(name of organ/tissue) of
my own free will without any undue pressure, inducement, influence or allurement.
4. I have been given a full explanation of the nature of the medical procedure involved and the risks involved for me in the removal of my (name of organ)/tissue). That explanation was given by
..... (name of registered medical practitioner).
5. I understand the nature of that medical procedure and of the risks to me as explained by that practitioner.
6. I understand that I may withdraw my consent to the removal of that organ at any time before the operation takes place.
7. I state that particulars filled by me in the form are true and correct to the best of my knowledge and belief and nothing material has been concealed by me.

.....
Date

.....
Signature of the prospective donor
(Full Name)

Note: To be sworn before Notary Public, who while attesting shall ensure that the person/persons swearing the affidavit(s) signs(s) on the Notary Register, as well.

FORM 2

For organ or tissue donation by living spousal donor*(To be completed by him/her) (See rules 3, 5(3)(a) and 5(3)(d))*

My full name (proposed donor) is

and this is my photograph

To be affixed here

Photograph of the
Donor (Attested by
Notary Public across the
photo after affixing)

My permanent home address is

.....

..... Tel:

My present address for correspondence is

.....

..... Tel:

Date of birth (day/month/year)

I authorize removal for therapeutic purposes and consent to donate my
..... (Name of organ) to my husband/wife
whose particulars are as follows and full name is Who
was born on (Day/month/year):

To be affixed
here

Photograph of the
Recipient (Attested by
Notary Public across the
photo after affixing)

I enclose copies of the following documents **(attach attested photocopy of at least two of following relevant documents to indicate the spousal relationship):**

- Ration/Consumer Card number and Date of issue and place:.....
and/or
- Voter's Identity-Card number, date of issue, Assembly constituency.....
and/or
- Passport number and country of issue.....
and/or
- Driving License number, Date of issue, licensing authority.....
and/or
- Permanent Account Number (PAN)
and/or
- AADHAAR No. (issued by Unique Identification Authority of India)
and/or
- Any other proof of identity and address establishing spousal relationship
I submit the following as evidence of being married to the recipient:-
 - (a) A certified copy of a marriage certificate
OR
 - (b) An affidavit of a 'near relative' confirming the status of marriage to be sworn before Class-I Magistrate/Notary Public.
 - (c) Family photographs
 - (d) Letter from Head of Gram Panchayat / Tehsildar / Block Development Officer/Member of Legislative Assembly/Member of Legislative Council (MLC)/Member of Parliament with seal certifying factum and status of marriage.
OR
 - (e) Other credible evidence

I solemnly affirm and declare that sections 2, 9 and 19 of the Transplantation of Human Organs Act, 1994 (42 of 1994), have been explained to me and I confirm that

1. I understand the nature of criminal offences referred to in the sections.
2. No payment of money or money's worth as referred to in the Sections of the Act has been made to me or will be made to me or any other person.

3. I am giving the authorisation to remove my..... (organ) and consent to donate the same
 ,of my own free will without any undue pressure, inducement, influence or allurement.
4. I have been given a full explanation of the nature of the medical procedure involved and the risks involved for me in the removal of my (organ). That explanation was given by
 (name of registered medical practitioner).
5. I understand the nature of that medical procedure and of the risks to me as explained by that practitioner.
6. I understand that I may withdraw my consent to the removal of that organ at any time before the operation takes place.
7. I state that particulars filled by me in the form are true and correct to to the best of my knowledge and nothing material has been concealed by me.

.....
 Signature of the prospective donor
 (Full Name)

.....
 Date

Note: To be sworn before Notary Public, who while attesting shall ensure that the person/persons swearing the affidavit(s) signs(s) on the Notary Register, as well

FORM 3

For organ or tissue donation by other than near relative living donor

(To be completed by him/her)
(See rules 3, 5(3)(a) and 5(3)(e))

My full name is
 and this is my photograph

To be affixed
 here

Photograph of the
 Donor (Attested by
 Notary Public across the
 photo after affixing)

My permanent home address is
 Tel:

My present address for correspondence is
 Tel:.....

Date of birth (day/month/year)

I enclose copies of the following documents: (attach attested photocopy of at least two of following relevant documents to prove your identity):

- Ration/Consumer Card number and Date of issue and place:.....

(Photocopy attached)

and/or

- Voter's I-Card number, date of issue, Assembly constituency.....

(Photocopy attached)

and/or

- Passport number and country of issue.....

(Photocopy attached)

and/or

- Driving Licence number, Date of issue, licensing authority.....

(Photocopy attached)

and/or

- PAN.....

- AADHAAR No.....

and/or

- Other proof of identity and address

Details of last three years income and vocation of donor (enclose documentary evidence)

.....

I authorize removal for therapeutic purposes and consent to donate my

(Name of organ/tissue) to a person whose full name is

and who was born on (day/month/year) and whose
 particulars are as follows:

To be affixed
here

Photograph of the
Recipient (Attested by
Notary Public across the
Photo after affixing)

(attach attested photocopy of at least two relevant documents to prove identity of recipient)

- Ration/Consumer Card number and Date of issue and place:.....
(Photocopy attached)

and/or

- Voter's I-Card number, date of issue, Assembly constituency.....
(Photocopy attached)

and/or

- Passport number and country of issue.....
(Photocopy attached)

and/or

- Driving Licence number, Date of issue, licensing authority.....
(Photocopy attached)

and/or

- PAN.....

and/or

- AADHAAR No.

and/or

- Other proof of identity and address

I solemnly affirm and declare that sections 2, 9 and 19 of the Transplantation of Human Organs Act, 1994 (42 of 1994), have been explained to me and I confirm that

1. I understand the nature of criminal offences referred to in the Sections.
2. No payment of money or money's worth as referred to in the Sections of the Act has been made to me or will be made to me or any other person.

3. I am giving the consent and authorisation to remove my
(name of organ/tissue) of
my own free will without any undue pressure, inducement, influence or allurement.
4. I have been given a full explanation of the nature of the medical procedure involved
and the risks involved for me in the removal of my (name of
organ/tissue). That explanation was given by
..... (name of registered medical practitioner).
5. I understand the nature of that medical procedure and of the risks to me as explained by
the practitioner.
6. I understand that I may withdraw my consent to the removal of that organ at any
time before the operation takes place.
7. I state that particulars filled by me in the form are true and correct to the best of my
knowledge and nothing material has been concealed by me.

.....

Signature of the prospective donor
(Full Name)

.....

Date

Note: To be sworn before Notary Public, who while attesting shall ensure that the
person/persons swearing the affidavit(s) signs(s) on the Notary Register, as well.

FORM 4**For certification of medical fitness of
living donor****(To be given by the Registered Medical Practitioner)**

[See proviso to rule 5(3)(b)]

I, Dr. possessing qualification of
 registered as medical practitioner at serial no. by the
 Medical Council, certify that I have examined Shri/ Smt./ Km. S/o,
 D/o, W/o Shri aged who has given informed consent for
 donation of his/her (Name of the organ) to Shri/Smt./Km
 who is a 'near relative' of the donor/other than near relative of the donor
 and has been approved by the competent authority or Authorisation Committee (as the case may
 be) and it is certified that the said donor is in proper state of health, not mentally challenged * and is
 medically fit to be subjected to the procedure of organ or tissue removal.

Place:.....

.....

Signature of Doctor

Date:

Seal

To be affixed
(pasted) here

To be affixed
(pasted) here

Photograph of the Donor
recipient (Attested by doctor)

Photograph of the
(Attested by the doctor)

The signatures and seal should partially appear on photograph and document without
 disfiguring the face in photograph.

* In case of doubt for mentally challenged status of the donor, the Registered Medical Practitioner
 may get the donor examined by psychiatrist.

FORM 5

For certification of genetic relationship of living donor with recipient *(To be filled by the head of Pathology Laboratory certifying relationship)*

[See rules 5(3)(c) and 18(3)]

I, Dr./Mr./Mr/Miss. working as at and possessing qualification of certify that Shri/ Smt./ Km. S/o, D/o, W/o Shri/ Smt. aged the donor and Shri/ Smt. S/o, D/o, W/o Shri/Smt..... aged the prospective recipient of the organ to be donated by the said donor are related to each other as brother/sister/mother/father/son/daughter, grandmother, grandfather, grandson and granddaughter as per their statement. The fact of this relationship has been established / not established by the results of the tests for DNA profiling. The results of the tests are attached.

Signature

(To be signed by the Head of the Laboratory)

Seal

Place

Date

FORM 6**For spousal living donor**

(to be filled by competent authority and Authorisation Committee,
of the hospital or district or state in case of foreigners)*

[See rule 18(2)]

I, Dr./Mr./Mrs/Miss. possessing qualification of
registered as medical practitioner at serial No. by the
Medical Council, certify that:-

Mr.....S/o.....aged resident of
..... Mrs. D/o, W/o aged
resident of are related to each other as spouse according to the
statement given by them and their statement has been confirmed by means of following evidence
before effecting the organ removal from the body of the said Shri/Smt/ (Applicable only in the
cases where considered necessary).

OR

In case the Clinical condition of Shri/Smt. mentioned
above is such that recording of his/her statement is not practicable, reliance will be placed on the
documentary evidence(s). (mention documentary evidence(s) here)
.....

- a. Marriage certificate indicate date of marriage
- b. Marriage photographs
- c. Date when transplantation was advised by the hospital (to be compared with duration
of marriage): d.Number and age of children and their birth certificates
- e. Any other document

Signature of competent authority/
Authorisation committee in case of
foreigners along with Seal/Stamp*

Place

Date

*Director or Medical Superintendent or In Charge of the hospital or the internal committee of the
hospital formed for the purpose.as defined under the rules of Transplantation of Human Organ
Act, 1994(42 of 1994).

FORM 7**For organ or tissue pledging***(To be filled by individual of age 18 year or above)***[See rule 5(4)(a)]****ORGAN(S) AND TISSUE(S) DONOR FORM****(To be filled in triplicate)****Registration Number (To be allotted by Organ Donor Registry).....**

I.....S/o,D/o,W/o.....aged.....

and date of birthresident ofin the
 presence of persons mentioned below hereby unequivocally authorise the removal of following
 organ(s) and/or tissue(s), from my body after being declared brain stem dead by the board of
 medical experts and consent to donate the same for therapeutic purposes.

Please tick as applicable

(Following tissues can also be
 donated after brain stem death as
 well as cardiac death)

Heart	<input type="checkbox"/>	Corneas/Eye Balls	<input type="checkbox"/>
Lungs	<input type="checkbox"/>	Skin	<input type="checkbox"/>
Kidneys	<input type="checkbox"/>	Bones	<input type="checkbox"/>
Liver	<input type="checkbox"/>	Heart Valves	<input type="checkbox"/>
Pancreas	<input type="checkbox"/>	Blood Vessels	<input type="checkbox"/>
Any Other Organ (Pl. specify)_____	<input type="checkbox"/>	Any other Tissue (Pl. specify)	<input type="checkbox"/>
All Organs	<input type="checkbox"/>	All Tissues	<input type="checkbox"/>

Address for correspondence.....

Telephone No.....

Email :

Dated:.....

My blood group is (if known).....

(Note: In case of online registration of pledge, one copy of the pledge will be retained by pledger, one by the institution where pledge is made and a hard copy signed by pledger and two witnesses shall be sent to the nodal networking organisation.)

(Signature of Witness 1)

1. Shri/Smt./Km..... S/o,D/o,W/o.....
aged.....resident of Telephone No.
Email:.....

(Signature of Witness 2)

2. Shri/Smt./Km..... S/o,D/o,W/o.....
aged.....resident of Telephone No.
Email:..... is a near relative to the donor as

Dated.....

Place

- Note:**
- (i) Organ donation is a family decision. Therefore, it is important that you discuss your decision with family members and loved ones so that it will be easier for them to follow through with your wishes.
 - (ii) One copy of the pledge form/pledge card to be with respective networking organisation, one copy to be retained by institution where the pledge is made and one copy to be handed over to the pledger.
 - (iii) The person making the pledge has the option to withdraw the pledge.

FORM 8**For Declaration cum consent**

(To be filled by near relative or lawful possessor of brain-stem dead person)

5(4)(b) and 5(4)(d)]

DECLARATION AND CONSENT FORM

I.....S/o,D/o,W/o.....aged.....
resident ofin the presence of persons mentioned below,
 hereby declare that:

1. I have been informed that my relative (specify relation)
 S/o,D/o,W/o.....aged.....has been declared
 brain-stem dead / dead.
2. To the best of my knowledge (Strike off whichever is not applicable):
 - a. He/She. (Name of the deceased)..... had / had not,
 authorised before his/her death, the removal of (Name of
 organ/tissue/both) of his/her body after his/her death for therapeutic
 purpose. The documentary proof of such authorisation is enclosed/not
 available
 - b. He/She. (Name of the deceased) had not revoked the authority as at
 No. 2 (a) above (If applicable) .
 - c. There are reasons to believe that no near relative of the said deceased
 person has objection to any of his/her organs/tissue being used for
 therapeutic purposes.
3. I have been informed that in the absence of such authorisation, I have the option
 to either authorise or decline donation of organ/tissue/both including eye/cornea
 of(Name of the deceased) for therapeutic purposes. I also
 understand that if corneas/eyes are not found suitable for therapeutic purpose,
 then may be used for education/research.
4. I hereby authorise / do not authorize removal of his/her body organ(s) and/or
 tissue(s), namely (Any organ and tissue/ Kidney /Liver /Heart /Lungs /Intestine
 /Cornea /Skin /Bone /Heart Valves /Any other; please specify).....
 for therapeutic purposes. I also give permission for drawing of a blood sample for
 serology testing and am willing to share social/behavioural and medical history to
 facilitate proper screening of the donor for safe transplantation of the organs/
 tissues.

Date.....

Signature of near relative /person in lawful
 possession of the dead body, and address
 for correspondence*.

Place

Telephone No.....

Email:

* in case of the minor the declaration shall be signed by one of the parent of the minor or any near relative authorised by the parent. In case the near relative or person in lawful possession of the body refuses to sign this form, the same shall be recorded in writing by the Registered Medical Practitioner on this Form.

(Signature of Witness 1)

1. Shri/Smt./Km..... S/o,D/o,W/o.....
 aged.....resident of Telephone No.
 Email:.....

(Signature of Witness 2)

2. Shri/Smt./Km..... S/o,D/o,W/o.....
 aged.....resident of Telephone No.
 Email:.....

FORM 9**For unclaimed body in a hospital or prison****(To be completed by person in lawful possession of the unclaimed body)***[see rule 5(1)(b)]*

I.....S/o,D/o,W/o..... aged.....
 resident ofhaving lawful possession of the dead body of
 Shri/Smt./Km S/o,D/o,W/o.....
 aged.....resident ofand having known that no person has
 come forward to claim the body of the deceased after 48 hours of death and there being no reason
 to believe that any person is likely to come to claim the body I hereby, authorise removal of his/her
 body organ(s) and/or tissue(s), namely for therapeutic purposes.

Dated :

Signature, Name, designation and
 Stamp of person in lawful possession
 of the dead body.

Place :

Address for correspondence

.....

.....

Telephone No.

Email

(Signature of Witness 1)

1. Shri/Smt./Km..... S/o,D/o,W/o.....
 aged.....resident of Telephone No.
 Email:.....

(Signature of Witness 2)

2. Shri/Smt./Km..... S/o,D/o,W/o.....
 aged.....resident of Telephone No.
 Email:.....

FORM 10**For certification of brain stem death****(To be filled by the board of medical experts certifying brain-stem death)***[See rules 5(4)(c) and 5(4)(d)]*

We, the following members of the Board of medical experts after careful personal examination hereby certify that Shri/Smt./Km..... aged about son of /wife of / daughter of Resident of is dead on account of permanent and irreversible cessation of all functions of the brain-stem. The tests carried out by us and the findings therein are recorded in the brain-stem death Certificate annexed hereto.

Dated

Signature.....

- | | |
|---|---|
| <p>1. R.M.P.- Incharge of the Hospital which brain-stem death has occurred.</p> <p>3. Neurologist/Neuro-Surgeon</p> | <p>2. R.M.P. nominated from the panel of In Names sent by the hospitals and approved by the Appropriate Authority.</p> <p>4. R.M.P. treating the aforesaid deceased person (where Neurologist/ Neurosurgeon is not available, any Surgeon or Physician and Anaesthetist or Intensivist, nominated by Medical Administrator Incharge from the panel of names sent by the hospital and approved by the Appropriate Authority shall be included)</p> |
|---|---|

BRAIN-STEM DEATH CERTIFICATE

(A) PATIENT DETAILS.....

- | | | |
|----|---|--|
| 1. | Name of the patient: | Mr./Ms..... |
| | S.O./D.O./W.O. | Mr./Ms..... |
| | Sex..... | Age..... |
| 2. | Home Address: |
.....
..... |
| 3. | Hospital Patient Registration Number (CR No.): | |
| 4. | Name and Address of next of kin or person responsible for the patient |
(if none exists, this must be specified)
..... |

5. Has the patient or next of kin agreed
to any donation of organ and/or tissue?
6. Is this a Medico-legal Case? Yes.....No.....
- (B) PRE-CONDITIONS:
1. Diagnosis: Did the patient suffer from any illness or accident that led to irreversible brain damage? Specify details
.....
.....
Date and time of accident/onset of illness.....
Date and onset of non-reversible coma.....
2. Findings of Board of Medical Experts:
First Medical Examination Second Medical Examination
- (1) The following reversible causes of coma have been excluded: Intoxication (Alcohol)
Depressant Drugs
Relaxants (Neuromuscular blocking agents) Primary Hypothermia
Hypovolaemic shock
Metabolic or endocrine disorders
Tests for absence of brain-stem functions
- (2) Coma
- (3) Cessation of spontaneous breathing
- (4) Pupillary size
- (5) Pupillary light reflexes
- (6) Doll's head eye movements
- (7) Corneal reflexes (Both sizes)
- (8) Motor response in any cranial nerve distribution, any responses to stimulation of face, limb or trunk.
- (9) Gag reflex
- (10) Cough (Tracheal)
- (11) Eye movements on caloric testing bilaterally.
- (12) Apnoea tests as specified.
- (13) Were any respiratory movements seen?
- Date and time of first testing:

Date and time of second testing:

This is to certify that the patient has been carefully examined twice after an interval of about six hours and on the basis of findings recorded above, Mr./Ms is declared brain-stem dead.

Date:

Signatures of members of Brain Stem Death (BSD) Certifying Board as under:

- | | |
|---|--|
| 1. Medical Administrator Incharge of the hospital | 2. Authorised specialist. |
| 3. Neurologist/Neuro-Surgeon | 4. Medical Officer treating the Patient. |

Note.

- I. Where Neurologist/Neurosurgeon is not available, then any Surgeon or Physician and Anaesthetist or Intensivist, nominated by Medical Administrator Incharge of the hospital shall be the member of the board of medical experts for brain-stem death certification.
- II. The minimum time interval between the first and second testing will be six hours in adults. In case of children 6 to 12 years of age, 1 to 5 years of age and infants, the time interval shall increase depending on the opinion of the above BSD experts.
- III. No.2 and No.3 will be co-opted by the Administrator Incharge of the hospital from the Panel of experts (Nominated by the hospital and approved by the Appropriate Authority).

For Declaration cum consent

(To be filled by near relative or lawful possessor of brain-stem dead person)

(Signature of Witness 1)

1. Shri/Smt./Km..... S/o,D/o,W/o.....
 aged.....resident of Telephone No.
 Email:.....

(Signature of Witness 2)

2. Shri/Smt./Km..... S/o,D/o,W/o.....
 aged.....resident of Telephone No.
 Email:.....

FORM 11**APPLICATION FOR APPROVAL OF TRANSPLANTATION FROM LIVING DONOR**

(To be completed by the proposed recipient and the proposed living donor)

[See rules 5(3)(d), 5(3)(e) and 10]

To be self
attested across
the affixed
photograph
without
disfiguring face

Photograph of the Donor

To be self
attested across
the affixed
photograph
without
disfiguring face

Photograph of the recipient

Whereas I S/o, D/o, W/o, Shri/Smt.
aged residing at have been
advised by my doctor that I am suffering from and may
be benefited by transplantation of into my body.

And whereas I S/o, D/o, W/o, Shri/Smt.
aged residing at by the following reason(s):-

- a) by virtue of being a near relative i.e.
- b) by reason of affection/attachment/other special reason as explained below :-

.....
.....
.....

I would therefore like to donate my (name of the organ)
to Shri/Smt. We (Donor) and
..... (Recipient) hereby apply to competent authority / Authorisation
Committee for permission for such transplantation to be carried out.

We solemnly affirm that the above decision has been taken without any undue pressure,
inducement, influence or allurement and that all possible consequences and options of organ
transplantation have been explained to us.

Instructions for the applicants:-

1. Form 11 must be submitted along with the completed Form 1 or Form 2 or Form 3 as may be applicable.
2. The applicable Form i.e. Form 1 or Form 2 or Form 3 as the case may be, should be accompanied with all documents mentioned in the applicable form and all relevant queries set out in the applicable form must be adequately answered.
3. Completed Form 5 must be submitted along with the laboratory report.
4. The doctor's advice recommending transplantation must be enclosed with the application.
5. In addition to above, in case the proposed transplant is between unrelated persons, appropriate evidence of vocation and income of the donor as well as the recipient for the last three years must be enclosed with this application. It is clarified that the evidence of income does not necessarily mean the proof of income tax returns, keeping in view that the applicant(s) in a given case may not be filing income tax returns.
6. The application shall be accepted for consideration by the competent authority / Authorisation Committee only if it is complete in all respects and any omission of the documents or the information required in the forms mentioned above, shall render the application incomplete.
7. When the donor is unrelated and the donor and/or recipient belong to a State/Union Territory other than the State/Union Territory, where the transplant is intended to take place, then the Tehsildar or the officer authorised for the purpose of the domicile state of the donor or recipient as the case may be, would provide the verification certificate of domicile of donor/recipient as the case may be as per Form 20. The approval for transplantation would be considered by the authorisation committee of the State/District/hospital (as the case may be) where the transplantation is intended to be done. Such verification Certificate will not be required for near relatives including cases involving swapping of organs (permissible between near relatives only).

We have read and understood the above instructions.

Signature of the Prospective Donor
for correspondence:

Date :

Place :

Signature of Prospective Recipient Address
Address for correspondence:

Date :

Place :

FORM 12**APPLICATION FOR REGISTRATION OF HOSPITAL TO CARRY OUT ORGAN OR TISSUE
TRANSPLANTATION OTHER THAN CORNEA****(To be filled by head of the institution)**

(See rule 24(1))

To

The Appropriate Authority for organ transplantation.....

(State or Union territory)

We hereby apply to be registered as an institution to carry out organ/tissue transplantation.

Name(s) of organ (s) or tissue (s) for which registration is required.....

The required data about the facilities available in the hospital are as follows:-

(A) HOSPITAL:

1. Name:
2. Location:
3. Government/Private:
4. Teaching/Non-teaching:
5. Approached by:

Road:	Yes	No
Rail:	Yes	No
Air:	Yes	No

6. Total bed strength:
7. Name of the disciplines in the hospital:
8. Annual budget:
9. Patient turn-over/year:

(B) SURGICAL FACILITIES:

1. No. of beds:
2. No. of permanent staff members with their designation:
3. No. of temporary staff with their designation:
4. No. of operations done per year:
5. Trained persons available for transplantation (Please specify
Organ for transplantation):

(C) MEDICAL FACILITIES:

1. No. of beds:

2. No. of permanent staff members with their designation:
 3. No. of temporary staff members with their designation:
 4. Patient turnover per year:
 5. Trained persons available for transplantation (Please specify Organ for transplantation):
 6. No. of potential transplant candidates admitted per year:
- (D) ANAESTHESIOLOGY:
1. No. of permanent staff members with their designations:
 2. No. of temporary staff members with their designations:
 3. Name and No. of operations performed:
 4. Name and No. of equipments available:
 5. Total No. of operation theatres in the hospital:
 6. No. of emergency operation-theatres:
 7. No. of separate transplant operation theatre:
- (E) I.C.U./H.D.U. FACILITIES:
1. I.C.U./H.D.U. facilities: Present..... Not present.....
 2. No. of I.C.U. and H.D.U. beds:
 3. Trained:-
 - Nurses:
 - Technicians:
 4. Name of equipment in I.C.U.
- (F) OTHER SUPPORTIVE FACILITIES:
- Data about facilities available in the hospital:
- (F1) LABORATORY FACILITIES:
1. No. of permanent staff with their-designations:
 2. No. of temporary staff with their designations:
 3. Names of the investigations carried out in the Department:
 4. Name and number of equipments available:
- (F2) IMAGING FACILITIES :
1. No. of permanent staff with their-designations:
 2. No. of temporary staff with their designations:
 3. Names of the investigations carried out in the Department:
 4. Name and number of equipments available:

(F3) HAEMATOLOGY FACILITIES:

1. No. of permanent staff with their-designations:
2. No. of temporary staff with their designations:
3. Names of the investigations carried out in the Department:
4. Name and number of equipments available:

(F4) BLOOD BANK FACILITIES (Inhouse or access): Yes No.....

(F5) DIALYSIS FACILITIES : Yes No.....

(F 6) Transplant coordinators (Eye Donation Counselors, in case of Cornea Transplantaion):

Yes No

Number Posted :

Number Trained

(F 7) OTHER SUPPORTIVE EXPERT PERSONNEL:

- | | |
|---------------------------|----------|
| 1. Nephrologist | Yes/No |
| 2. Neurologist | Yes/No |
| 3. Neuro-Surgeon | Yes/No |
| 4. Urologist | Yes/No |
| 5. G.I. Surgeon | Yes/No |
| 6. Paediatrician | Yes/No |
| 7. Physiotherapist | Yes/No |
| 8. Social Worker | Yes/No |
| 9. Immunologists | Yes/No |
| 10. Cardiologist | Yes/No |
| 11. Respiratory physician | Yes /No |
| 12. Others | Yes / No |

The above said information is true to the best of my knowledge and I have no objection to any scrutiny of our facility by authorised personnel. A Bank Draft/cheque of Rs. 10000/ (for new registration) and Rs. 5000 (for renewal) in favour of is enclosed.

Sd/-

HEAD OF THE INSTITUTION.

FORM 13**APPLICATION FOR REGISTRATION OF HOSPITAL TO CARRY OUT ORGAN/TISSUE RETRIEVAL OTHER THAN EYE/CORNEA RETRIEVAL***(To be filled by head of the institution)**(See rule 24(1))*

Note: Retrieval Hospitals may also be identified based on pre-defined criteria and registered as retrieval hospital by the appropriate authority.

To

The Appropriate Authority for organ transplantation.....

(State or Union territory)

We hereby apply to be registered as an institution to carry out organ/tissue retrieval.

The required data about the facilities available in the hospital are as follows:-

(A) HOSPITAL:

1. Name:
2. Location:
3. Government/Private:
4. Teaching/Non-teaching:
5. Approached by:

Road:	Yes	No
Rail:	Yes	No
Air:	Yes	No

6. Total bed strength:
7. Name of the disciplines in the hospital:
8. Annual budget:
9. Patient turn-over/year:

(B) SURGICAL FACILITIES:

1. No. of beds:
2. No. of permanent staff members with their designation:
3. No. of temporary staff with their designation:
4. No. of operations done per year:
5. Trained persons available for retrieval (Please specify Organ and/or tissue for retrieval):

(C) MEDICAL FACILITIES:

1. No. of beds:
2. No. of permanent staff members with their designation:
3. No. of temporary staff members with their designation:
4. Patient turnover per year:
5. Trained persons available for retrieval (Please specify Organ and/or tissue for retrieval):
6. No. of critical trauma cases admitted per year.
7. No. of brain stem death declared per year.

(D) ANAESTHESIOLOGY:

1. No. of permanent staff members with their designations:
2. No. of temporary staff members with their designations:
3. Name and No. of operations performed:
4. Name and No. of equipments available:
5. Total No. of operation theatres in the hospital:
6. No. of emergency operation-theatres:
7. No. of separate retrieval operation theatre:

(E) I.C.U./H.D.U. FACILITIES:

1. I.C.U./H.D.U. facilities: Present..... Not present.....
2. No. of I.C.U. and H.D.U. beds:
Technicians:
3. Name of equipment in I.C.U.

(F) OTHER SUPPORTIVE FACILITIES:

Data about facilities available in the hospital:

(F1) LABORATORY FACILITIES:

1. No. of permanent staff with their-designations:
2. No. of temporary staff with their designations:
3. Names of the investigations carried out in the Deptt.:
4. Name and number of equipments available:

(F2) IMAGING FACILITIES:

1. No. of permanent staff with their-designations:
2. No. of temporary staff with their designations:
3. Names of the investigations carried out in the Deptt.:

4. Name and number of equipments available:
- (F3) HAEMATOLOGY FACILITIES:
1. No. of permanent staff with their-designations:
 2. No. of temporary staff with their designations:
 3. Names of the investigations carried out in the Deptt.:
 4. Name and number of equipments available:
- (F4) BLOOD BANK FACILITIES: (in house or access) Yes No.....
- (F5) Transplant coordinators: Yes No
- Number Posted:
- Number Trained

The above said information is true to the best of my knowledge and I have no objection to any scrutiny of our facility by authorised personnel. I hereby give an undertaking that we shall make the facilities of the hospital including the retrieval team of the hospital available for retrieval of the organ/tissue as and when needed.

Sd/-

HEAD OF THE INSTITUTION

FORM 14**APPLICATION FOR REGISTRATION OF TISSUE BANKS OTHER THAN EYE BANKS***(To be filled by head of the institution)**(See rule 24(1))*

To

The Appropriate Authority for organ transplantation.....

(State or Union Territory)

We hereby apply to be registered as Tissue bank , Name :

Name(s) of tissue (s)(Bone, heart valves, skin, cornea etc) for which Registration is required.....

The required data about the facilities available in the institution are as follows:-

A. General Information :

1. Name
2. Address
3. Government/Private/NGO
4. Teaching /Non- teaching
5. Approached by:

Rail:	Yes	No
Road:	Yes	No
Air:	Yes	No

6. Information Education and Communication (IEC) for Tissue Donation 6.Type of tissue bank: Auto Logons /Allograph/Both

B. DONOR SCREENING REMOVAL OF TISSUE AND STORAGE:

- | | |
|--|--------|
| 1. Availability of adequate trained and qualified Personnel for removal Tissue (annex detail). | Yes/No |
| 2. Names, qualification and address of the doctors/technician who will be doing removal of tissue. (annex details) | Yes/No |
| 3. Facilities for removal of Tissues | Yes/No |
| 4. Whether register of recipient waiting list available. | Yes/No |
| 5. Telephone arrangement available. (Telephone Number) | Yes/No |
| 6. Availability of ambulance/ vehicle or funds to Pay taxi for collecting tissue from outside: | Yes/No |
| 7. Sets of instruments for removal of tissue | Yes/No |

- | | | |
|-----|---|--------|
| 8. | Facilities for processing of tissue | Yes/No |
| 9. | Refrigerator for preservation of tissue | Yes/No |
| 10. | Special containers for preservation of tissue during transit. | Yes/No |
| 11. | Suitable preservation media | Yes/No |
| 12. | Any other specific requirement as per tissue | Yes/No |
- C. PRESERVATIONS OF TISSUE
- | | | |
|--|---------------------------------------|--------|
| | Arrangement of preservation of Tissue | Yes/No |
|--|---------------------------------------|--------|
- D. RECORDS
- | | | |
|--|---|--|
| | Arrangement for maintaining the records | |
| | Arrangement for registration of cases, donors and follow up of cases. | |
- E. EQUIPMENT:
- | | | |
|--|-------------------------------------|--------|
| | Instruments specific for the tissue | Yes/No |
|--|-------------------------------------|--------|
- F. LABORATORY FACILITIES(If the information is exhaustive please annex it)
- | | | |
|------|---|--------|
| a. | Names of the investigations carried out in the department. | |
| b. | Facility for testing for : | |
| i. | Human Immunodeficiency Virus Type I and II | Yes/No |
| ii. | Hepatitis B Virus – HBc and HBs | |
| iii. | Hepatitis C Virus – HCV | |
| iv. | Syphilis – VDRL | |
| c. | If no where do you avail it ? Please mention name and address of institute. | |
| d. | Facility for culture and sensitivity of tissue | Yes/No |
- G. OTHER PERSONNEL
- | | | |
|----|---|--|
| 1. | No. of permanent staff member with their designation. | |
| 2. | No. of temporary staff with their designation | |
| 3. | No. of trained persons | |

ANY OTHER INFORMATION

The above said information is true to the best of my knowledge and I have no objection to any scrutiny of our facility by authorised personnel. A Bank Daft/cheque of Rs. 10000/ (for new registration) and Rs. 5000 (for renewal) in favour of is enclosed.

Sd/-

HEAD OF THE INSTITUTION

FORM 15**APPLICATION FOR REGISTRATION OF EYE BANK, CORNEAL TRANSPLANTATION CENTRE, EYE RETRIEVAL CENTRE UNDER TRANSPLANTATION OF HUMAN ORGANS ACT***[See rule 24(1)]***I. EYE BANKING:**

- A. EYE BANK and institution affiliated Ophthalmic / General Hospital
1. Name
 2. Address
 3. Government/Private/Voluntary
 4. Teaching /Non- teaching
 5. IEC for Eye Donation
- B. REMOVAL OF EYE BALLS AND STORAGE:
1. Availability of adequate trained and qualified personnel for removal of whole globe or corneal (annex detail) Yes/No
 2. Names, qualification and address of the designated staff who will be doing removal of whole globe / cornea retrieval. (annex details) Yes/No
 3. Availability of following as per requirement:
 - a. Whether register maintained for tissue request received from surgeon of corneal transplant centre. Yes/No
 - b. Telephone arrangement available. (Dedicated Telephone Number) Yes/No
 - c. Transport facility for collecting Eyeballs from outside: Yes/No
 - d. Sets of instruments for removal of whole globe / cornea as per requirement Yes/No
 - e. Special bottles with stands for preservation of Eye balls/ cornea during transit. Yes/No
 - f. Suitable preservation media Yes/No
 - g. Biomedical Waste Management. Yes/No
 - h. Uninterrupted Power supply. Yes/No
- C Manpower
1. Incharge / Director (Ophthalmologist) -1
 2. Eye Bank Technician- 2

3. Eye Donation Counselors (EDC)-2 per attached HCRP (Hospital Cornea Retrieval Cornea Programme) Hospital, who will be posted at eye Bank.
 4. Multi task Staff(MTS) -2
- D. Space requirement for eye Banks
(400sqft minimum)
- E. RECORDS
1. Arrangement for maintaining the records
 2. Arrangement for registration of pledges,/ donors and maintenance of utilization report
 3. Computer with internet facility and Printer
- F. EQUIPMENT:
1. Slit Lamp Biomicroscope-1
 2. Specular Microscope for Eye Bank-1
 3. Laminar flow(Class II)-1
 4. Sterilization facility (In-house or outsourced)
 5. Refrigerator with temperature monitoring for preservation of eye balls/Cornea-1
- G LABORATORY FACILITIES
1. Facility for HIV, Hepatitis B and C testing.
 2. If no where do you avail it? Please mention Name and address of institute.
 3. Facility for culture and sensitivity of Corneoscleral ring.
- H RENEWAL OF REGISTRATION:
- Period of renewal 5years after last registration.
- Minimum of 500 corneas to be collected in 5 years.
- Maintenance of eye bank standards(as per Guidelines)
- II. EYE RETRIEVAL CENTRE (ERC):**
- A. RETRIEVAL CENTRE– A Centre affiliated to an Eye Bank
1. Name
 2. Address
 3. Government/Private/Voluntary
 4. Teaching /Non- teaching
 5. Information, Education and Communication Activities for Eye Donation
 6. Name of Eye Bank to which ERC is affiliated.
- B REMOVAL OF EYE BALLS AND STORAGE:

1. Manpower : Adequate trained and qualified personnel for removal of eye balls/cornea (annex detail):
 - a. Incharge / Director) -1
 - b. Technician -1
 - c. MTS (Multi task Staff) -1
 2. Transport facility(or outsource) with storage medium
- C Names, qualification and address of the personnel who will be doing enucleation/ removal of cornea. (annex details)
- D AVAILABILITY OF FOLLOWING:
1. Telephone (Number)
 2. Ambulance/ vehicle or funds to pay taxi for collecting eyeballs from outside:
 3. Sets of instruments for removal of Eye Balls/cornea
 4. Special bottles with stands for preservation of
 5. Eye balls/ cornea during transit:
 6. Suitable preservation media
 7. Waste Disposal (Biomedical waste Management)
 8. Space requirement: Designated area
- E RECORDS
1. Arrangement for maintaining the records
- F EQUIPMENT:
1. Sterilization facility
 2. Refrigerator temperature control 24 hrs for preservation of Eye balls/Cornea. (power back up) - 1
 3. The retrieval centre is affiliated with an Eye bank and Eye Bank is only authorised to distribute corneas.
- III. CORNEAL TRANSPLANTATION CENTRE**
- A
1. Name of the Transplant Centre /hospital:
 2. Address:
 3. Government/Private/Voluntary:
 4. Teaching /Non- teaching:
 5. IEC for Eye Donation: Yes/No
 6. Name of the registered Eye Bank for procuring tissue:
- B Staff details:
1. No. of permanent staff member with their designation.

(Note : Eye Surgeon's Experience : 3 month post MD/MS/DNB/DO)

2. No. of temporary staff with their designation
 3. Trained persons for Keratoplasty and Corneal Transplantation with their names and qualifications: 2 (one Corneal Transplant surgeon should be on the pay roll of the Institute)
- C Equipment : Slit lamp, Clinical Specular, Keratoplasty or intraocular instruments
- D OT facilities
- E Safe Storage facility
- F Records Registration and follow up
- G Any other information

The above said information is true to the best of my knowledge and I have no objection to any scrutiny of our facility by authorised personnel. A Bank draft/cheque of Rs. 10000- for new registration and Rs 5000/ for renewal of registration drawn in favour of is enclosed.

Head of the Institute
(Name and designation)

FORM 16**CERTIFICATE OF REGISTRATION FOR PERFORMING ORGAN/TISSUE TRANSPLANTATION/
RETRIEVAL AND/OR TISSUE BANKING***(See rule 24(2))*

This is to certify that Hospital/Tissue Bank located at has been inspected and certificate of registration is granted for performing the organ/tissue retrieval/transplantation/banking of the following organ(s)/tissue(s) (mention the names) under the Transplantation of Human Organs Act, 1994 (42 of 1994):-

1.
2.
3.
4.

This certificate of registration is valid for a period of five years from the date of issue.

This permission is being given with the current facilities and staff shown in the present application form. Any reduction in the staff and/or facility must be brought to the notice of the undersigned.

Place.....

Signature of Appropriate Authority.....

Date.....

Seal:

FORM 17**Certificate of Renewal of Registration****(To be given by the appropriated authority on the letter head)***[See rule 25(2)]*

This is with reference to the application dated..... from.....
(Name of the hospital/tissue bank) for renewal of certificate of registration for performing organ(s)/tissue(s) retrieval/transplantation/banking under the Transplantation of Human Organs Act, 1994 (42 of 1994).

After having considered the facilities and standards of the above-said hospital/tissue bank, the Appropriate Authority hereby renews the certificate of registration of the said hospital/tissue bank for a period of five years.

This renewal is being given with the current facilities and staff shown in the present application form. Any reduction in the staff and/or facility must be brought to the notice of the undersigned.

Place.....

Signature of Appropriate Authority.....

Date.....

Seal:

FORM 18

Certificate by the Authorisation Committee of Hospital (If Hospital Authorisation committee is not available then the Authorisation Committee of the district/State) where the transplantation has to take place

(To be issued on the letter head)

[See rules 16 and 23]

This is to certify that as per application in form-10 for transplantation of (Name of Organ/tissue) from living donor, other than near relative/ swap donation cases/ all foreigner under the Transplantation of Human Organs Act,1994 (42 of 1994) submitted on by the donor and recipient, whose details and

photographs are given below, along with their identifications and verification documents, the case was considered after the personal interview of donor and recipient (if medically fit to be interviewed) and their relatives as applicable by the Authorisation Committee in the meeting held on dated.....

Details of Recipient

Name.....

Age.....

Sex

Father / Husband Name

.....

Address:

.....

.....

Hospital Reg. No

Relation of donor with Recipient

Details of Donor

Name:.....

Age

Sex

Father / Husband name

.....

Address:

.....

.....

Hospital Reg. No.....



Recipient



Donor

(Photo of recipient and donor must be signed and stamped across the photo after affixing)

Permission is granted, as to the best of knowledge of the members of the committee, donation is out of love and affection and there is no financial transaction between recipient and donor and there is no pressure on / coercion of the donor.

Permission is withheld pending submission of the following documents.....
 Permission is not granted
 for the following reasons.....

(Member)	(Member)	(Member)	(Member) Name and Designation
Health Secretary	DHS or Nominee	Name and Designatio	or Nominee Name

Date and place

(Signature and stamp of
competent authority)

FORM 19

Certificate by competent authority [as defined at rule 2(c)] For Indian near relative, other than spouse, cases (In case of spousal donor, Form 6 will be applicable)

[See rule 5(3)(c)]

(Format for the decision of Competent Authority)

This is to certify that as per application in Form-11 for transplantation of (Name of Organ or Tissue) from living donor who is a near relative of the recipient under the Transplantation of Human Organs Act, 1994(42 of 1994), submitted on by the donor and recipient, whose details and photographs are given below, along with their identifications and verifications documents, the case was considered after the personal interview of donor and recipient (if medically fit to be interviewed) by the competent authority in the meeting held on

.....	
Details of Recipient	Details of Donor
Name.....	Name:
Age.....	Age
Sex	Sex
Father or Husband Name	Father or Husband name
.....
Address:	Address:
.....
.....
.....
Hospital Reg. No	Hospital Reg. No.....
Relation of donor with Recipient	



Recipient



Donor

(Photo of recipient and donor must be signed and stamped across the photo after affixing)

Permission is granted, as to the best of knowledge of the members of the committee, donation is out of their being near relative and there is no financial transaction between recipient and donor and there is no pressure on / coercion of the donor.

Permission is withheld pending submission of following documents
..... Permission is not granted for
the following reasons.....

(Signature and stamp of competent authority)

Date and place

FORM 20**Verification certificate in respect of domicile status of recipient or donor**

[To be issued by tehsildar or any other authorised officer for the purpose (required only for the donor - other than near relative or recipient if they do not belong to the state where transplant hospital identified for operation is located)]

[See rule 14]

Part I (To be filled by applicant donor or recipient separately in triplicate)

In reference to application for verification of domicile status for donation of _____ (Name of organ/Tissue) from living donor (other than near relative) or recipient under Transplantation of Human Organ Act, 1994 (42 of 1994), submitted on (date)..... by the applicant donor or recipient, with following details and photograph , along with his or her identification and domicile status for verification

Details of Applicant Recipient or Donor Name.....

Age.....

Sex

Father or Husband Name

.....

Address:

.....

.....

.....

Hospital Reg. No.

.....

(Recent Photo of Applicant must be signed by him or her across the photo after affixing it)

The detail of my donor or recipient are as under and I have enclosed his or her self-signed recent photograph :

Name.....

Age.....

Sex

Father or Husband Name

.....

Address:

.....

.....

Hospital Reg. No

Signature of Applicant

Enclosure : Self signed copy of the donor or recipient for the applicant (to be enclosed)

Part II (To be filled by the certificate issuing authority):

The above request has been examined and it is certified that the domicile status of the applicant donor or recipient mentioned as above has been verified as under:

Name Son or Daughter or Wife of
 resident of village or ward,Tehsil or Taluka District State or
 UT..... and found correct or incorrect

Date

Authorised Signatory

Place

Name and Designation

Reference No

Office Stamp

2. The authorised signatory will hand over this verification certificate to the applicant or his or her representative for submission to the Chairperson of the Authorisation Committee of the hospital or district or state (as the case may be), where transplantation has to take place.
3. The authorised signatory shall keep one copy of the above verification certificate for his records and send a copy to the Secretary, Health and Family Welfare of the State Government (Attention Appropriate authority for organ transplant) for information.
4. In case of any suspicion of organ trading, the authorised signatory mentioned above or Appropriate Authority of the state may inform police for making enquiry and taking necessary action as per the Transplantation of Human Organs Act, 1994 (42 of 1994).

FORM 21

Certificate of relationship between donor and recipient in case of foreigners (To be issued by the Embassy concerned)

[See rule 20(a)]

The embassy of _____ (Name of Country) in India, is in receipt of an application received from _____ (Name of Organ donor and recipient) on _____ (Date) recommended by _____ (Name of Government Department of country of origin) for facilitation of donation of _____ (Name of Organ or Tissue) from living donor _____ (Name of donor) to the recipient _____ (Name of recipient) for therapeutic purposes under the Transplantation of Human Organ Act, 1994(42 of 1994). The details of donor and recipient and photographs are as given below.

Details of Recipient

Name.....

Age.....

Sex

Father or Husband Name

.....

Address:

.....

.....

.....



Recipient

Details of Donor

Name:.....

Age

Sex

Father or Husband name.....

.....

Address:

.....

.....

.....



Donor

(Photo of recipient and donor must be signed and stamped across the photo after affixing)

1. This is to certify that relationship between donor and Recipient is.....
2. The authenticity of following enclosed identification and verification documents is certified
 - a.
 - b.

‘No objection certificate’ is granted, as to the best of my knowledge, the donor is donating out of love and affection or affection and attachment towards the recipient, and there is no financial transaction between recipient and donor and there is no pressure on or coercion of the donor.

	(Signature of Senior Embassy Official)
Date:	Name:
Place:	Designation.....
	[No. S.12011/28/2012-MG/MS]

ARUN K. PANDA,
Jt. Secy.

Printed by the Manager, Government of India Press, Ring Road, Mayapuri, New Delhi-110064 and
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Annexure H



हरियाणा सरकार

Subject: Proposed revised guidelines for purchase at District level.

The guidelines for purchase at District level are proposed to be revised as follows.

1.0 BACKGROUND:

The funds for medicines, medical consumables and equipment and others are available under various budget heads. All these budget heads provide different guidelines for utilization of these funds. Need is felt to issue clarifications of guidelines issued for consolidated user fee and MMIY funds so as to mitigate the confusion of multiple guidelines.

2.0 SCOPE:

These guidelines will supersede all the previous guidelines issued by the Department vide Endst. no. MO/MA/MMIY/1-26 dated 30.12.2013 and other letters on this subject. The points over which these guidelines are silent, the previous guidelines will continue. And, the points on which there is contradiction with guidelines of Finance Department, State Finance Department Guidelines will prevail.

3.0 LIST OF FUNDS FOR WHICH CLARIFICATIONS ARE BEING ISSUED:

- 3.1 State Fund for Medicines 2210 (110-79)
- 3.2 State Fund for medicines for SC/ST 2210 (789-97)
- 3.3 State Fund 2210 (110-96)
- 3.4 Mukhyamantri Muft Ilaj Yojna (MMIY)
- 3.5 Various Heads of National Health Mission (NHM) funds
- 3.6 Consolidated User Fee Fund

4. PROCEDURE OF FUND UTILIZATION:

4.1 The State funds at 3.1, 3.2 and 3.3 will be kept at State Headquarters for purchase via HMSCL. Funds up to Rupees 500 lakhs can be disbursed to Districts for local purchase of minor equipment out of fund for purchase of Medical Equipment. Minor equipment is defined as single instance of purchase of equipment of value less than Rupees 50,000.

बेटी बचाओ — बेटी पढ़ाओ



हरियाणा सरकार

7. REVISION OF POWERS:

Civil Surgeon and District Health and Family Welfare Society will be overall responsible for proper utilization of funds.

S. No.	Level Of Institution	Authority to whom power delegated	Amount	Remarks
1	District Hospitals of 200 bedded and above.	Chairperson District Health and Family welfare society	Up to 20,00,000/- per month	On the recommendations of Purchase committee of Hospitals
2	District Hospitals of 200 bedded and above including Panchkula	Chairperson Hospital SKS	Up to 5,00,000/- per month	-do-
3	District Hospitals of 100 but below 200 bedded.	Chairperson District Health and Family welfare society	Up to 10,00,000/- per month	-do-
4	District Hospitals of 100 but below 200.	Chairperson (Hospital) SKS	Up to 3,00,000/- per month	-do-
5	Other Hospitals	Chairperson District Health and Family welfare society	Up to 7,00,000/- per month	-do-
6	Other Hospitals	Chairperson SKS(Hospital)	Up to 1,00,000/- per month	-do-
7	CHC/UHC/Polyclinic	Chairperson District Health and Family welfare society	Up to 5,00,000/- per month	-do-
8	CHC/UHC/Polyclinic	Chairperson SKS (CHC)/ UHC/Polyclinic	Up to 1,00,000/- per month	-do-
9	PHC/Dispensary	Chairperson District Health and Family welfare society	Up to 2,00,000/- per month	-do-
10	PHC/Dispensary	Chairperson SKS (PHC)& SKS Dispensary	Up to 25,000/- per month	-do-

*CHC: Community Health Center, *UHC: Urban Health Center,

*PHC: Primary Health Center,

5.12.16

बेटी बचाओ — बेटी पढ़ाओ



हरियाणा सरकार

stock as buffer stock at all the times and one month stock should be procured from warehouses or purchased.

8.7.2 It is compulsory to enter all the items of Essential Medicine List on Online portal.

8.7.3 In case of emergency post-facto approval can also be taken from appropriate level.

8.7.4 The Medicines not in Essential medicine List (EML) but are mentioned Standard Treatment Guidelines can be purchased without NAC. If the purchase is more than 1 lakh rupees per annum the case should be sent to MSD wing of DGHS and HMSCL for inclusion of the item in EML for future procurement.

8.7.5 Endeavour should be made to procure only quality medicines and consumables at competitive rates.

9. REPORTING OF EXPENDITURE:

9.1 For Consolidated user fee: Each District Accounts Manager should consolidate the monthly receipt and expenditure district-wise and submit to MD NRHM and DGHS by 15th of next month.

9.2 For MMIY: The utilization certificate and next demand should be sent to O/o DGHS. DGHS will release the budget to Civil Surgeons in two instalments of 50% each in April and September. The first instalment will be issued as per the demand and previous expenditure the second instalment will be issued after submission of utilization of 75% of previously released budget.

10. MODE OF PURCHASE:

S No.	Mode	Existing powers	Revised Powers
1	Without quotation	Maximum up to Rs 2500/- per occasion • In case of ortho implants Maximum up to Rs 10,000/- per occasion	1. Civil Hospitals - 10,000/- per instance. 2. CHCs and equivalent - 5000/- per instance 3. PHCs and equivalent - 2500/- per instance
2	With Quotation	Maximum up to Rs 1,00,000/- per occasion	Same
3	Tender	Above Rs 1,00,000/- per occasion	Same

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हरियाणा सरकार

budget will be released every April and September depending on demand and utilization certificate of 75% of previous budget.

14. For Condemnation of goods & auction of condemned goods, hiring of manpower in districts, AMC, CMC and repair of already installed machinery and equipment financial powers of DGHS are delegated to Civil Surgeons.

15. For repair & maintenance of medical equipment the state budget must be consumed first before using consolidated user charges similarly for non-medical building related equipment the state budget of building repair fund must be consumed first before using user charges.

16. For hiring of manpower on contract or outsourcing the relevant State/ NHM budget must be consumed before using the consolidated user charges funds.

ANNEXURE A

SNO	Activity/ Item	Remarks
1	Lab Articles	Including reagents and kits
2	POP Bandages for Emergency	
3	Ortho Implants	The implants must be of Indian make
4	Dental Articles	
5	X Ray/ USG Films	
6	Printing & Stationary Items	like printing of OPD cards, Indoor files etc.
7	Items required in Mortuary	
8	Medical Gases	
9	Items required for Sanitation	If not covered by service provider
10	Maintenance/ Repair/AMC/CMC of medical, nonmedical building related equipment (like Air Conditioners, Lift, Gas pipelines, EPBAX, Chiller Plants, Laundry etc.) and IT related equipment	Should only be done if funds are not available from regular sources of State budget like maintenance budget of Equipment and Building repair funds.
11	Linen, mattress, beds and Blankets	
12	Purchases under SPP	
13	Purchases under IPP	
14	Drugs and consumables mentioned in point no.8.7	As per use of all patients visiting State Health facilities, Indoor, Outdoor & Emergency.
15	Water/ electricity/ Landline telephone Bills	In case of non-availability of funds under state budget.
16	Contractual Remuneration to Specialist Doctors where found deficient	Only with prior approval of NHM/ NRHM/ DGHS.
17	Improvement of Boarding lodging arrangement for patients and	

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O/o PSCM
No. (F) 56607
Date 20/12/2016

Dr. Anil Kumar Agrawal (I.S.S.)
M.D. (P.S.G.C.)

11/1/68 may please approve
Since the department will be
paying within the ~~exp~~ Budget
expenditure limits fixed by the FD
there is no need to ~~send it~~
them

Chief Minister
-Purvis
File Receipt No.

Chief Minister Secretariat
Muzam
File Receipt No. 5867
Dated 30/07/2016

CH
~~CH~~ (10)
HCSH

16.11.11
Rajesh Kumar
16.11.11

7-1-2017
DGS MS

O/O ACS (700-1100)
File No. 41711
D- 29-1-17
103 MB
2/11/17 HMSC

Annexure I

Details of spurious Drug w.e.f. April 2016 to Till date

Sr. No	District	Sample no	Sample taken from	Detail of Sample
1	Ambala-1	DANA/16/109	M/s Vasundhara Enterprises, Ambala cantt	Tallin eye drop 10ml mfg by Axa peritral Kishanpur Jalampur, Rohtak, U.K.
		DKNA/17/03	Regional Drugs Ware House, Indl Area, Ambala cantt	Paracetamol Paediatric Oral Suspension I.P. Batch No. S-2129 MID 08/16, E/D 07/18 mfg by M/s Kwalley Pharmaceuticals Ltd., Nag Kahan, Majitha Road, Amritsar
2	Bhiwani	SHB-17/4 dated 20.01.2017	Regional Drug Ware house Bhiwani	Paracetamol Suspension I.P. 60ml mfg by M/s Kwalley Pharmaceuticals Ltd., Nag Kahan, Majitha Road, Amritsar
		SHB-17/5 dated 20.01.2017	Regional Drug Ware house Bhiwani	Paracetamol Paediatric Oral Suspension I.P. Batch No. S-2129 MID 08/16, E/D 07/18 mfg by M/s Kwalley Pharmaceuticals Ltd., Nag Kahan, Majitha Road, Amritsar
3	Faridkot-1	RKCF-17/123, dated 27-10-17	Medicine Store, ESI Hospital, Sector-8, Faridkot	Amisocor-V Tabs, Batch No. CYN-015, Exp. 04/18, Mfg. by: Corcor Labs Pvt. Ltd, Amritsar
		RKCF-17/3 dated 20-01-2017	RCH Hospital, FRU-1, Sector-30, Faridkot	Paracetamol Paediatric Oral Suspension I.P. B. No. 2146, Exp. 07/18, Mfg. by: Kwalley Pharmaceuticals Ltd, Amritsar
4	Kurukshetra	SD-KKR-GH-03/17 da 23.01.2017	Medical Store LNUJ Civil Hospital, Kurukshetra	Substandard Paracetamol Paediatric Oral Suspension I.P. 60 ml
5	Kaithal	SD-KTL-GH-01/17 dt 19.01.2017	Regional Drug Ware House, Kaithal	Paracetamol Suspension samples fails in Assay of Paracetamol 84.05mg against claim 125mg
		SD-KTL-GH-02/17 dt 19.01.2017	Regional Drug Ware House, Kaithal	Paracetamol Suspension samples fails in Assay of Paracetamol 78.1mg against claim 125mg
6	Narnaul	HGN-59/2016 dated 08.12.2016	Main Store (SMO) Sub Divisional Hospital, Mehnodergh	Paracetamol Paediatric Oral Suspension I.P. Batch No. S-2133 MID 08/16, E/D 07/18 mfg by M/s Kwalley Pharmaceuticals Ltd., Nag Kahan, Majitha Road, Amritsar
		HGN-06/2016 dated 28.01.2017	Medicine Store Civil Hospital, Narnaul	Paracetamol Paediatric Oral Suspension I.P. Batch No. S-2129 MID 08/16, E/D 07/18 mfg by M/s Kwalley Pharmaceuticals Ltd., Nag Kahan, Majitha Road, Amritsar

Attd
20/01/17

7	Panchkula	SKC-03 dated 30.05.2016	Doux Pharma, Plot No. 61, Shop No. 10, Dastimesh Complex, Village Rully, Sector-12A, Panchkula	Douxarb-29, UET-2738, MID 02/16, E/D 07/17 mfg by Dr. Edwin Lab, Plot No 917, Industrial Area, Phase-IX, SAS Nagar (PB)
		SKC-69 dated 04.10.2016	IFA Healthcare, Opp. Tube Well, Rully Sector-12-A, Panchkula	EZO Drug Syrn AHB-1377 MID04/16, E/D 03/18 mfg by M/s Alive Healthcare, 123, HPSIDC Baddi, District Solan
8	Rewari	SKC-97 dated 02.12.2016	Central Drugs Store, G.H., Sector-6, Panchkula	Paracetamol Pseudoephedrine Sulfate M/D 08/16, E/D 07/18 mfg by M/s Kwalify Pharmaceuticals Ltd., Nag Kahan, Majidha Road, Amritsar
		HGR-71/2017-R dt 05.06.2017 HGR-70/2017-R dt 05.06.2017	M/s Chand Medical Agency, Rewari M/s Single Medical Store,	Zalmoxi-CV625 Tablets, Batch No. DHB-057 P-Mox Tablets, Batch No. T-17017
9	Yamuna Nagar	LSDRD/TL/277/16-17 dated 18.04.2017 & 2-1/2016-SSCC-156/2728 dated 11.10.2017	M/s Ashish Jain Prop-cum- companion person M/s Aadi Enterprises, Yamuna Nagar cooperative house building society, Yamunanagar	Skinlit Cream (Hydroquinone + Tretinoin + Monmetasone Furate Cream) M/D 04/16, E/D 09/17 mfg by Aureoben Laboratories India Pvt. Ltd., 333, Gundecha Industrial Complex, 3rd Floor Akuruli road kandivli East Mumbai at Marling South sikun
		MAK-JND-17/33 dated 05.06.2017	C.N. Pharma, Narwana, Jind	Cefixime Tablet sample fails in Assay of Cefixime Nil against claim 200mg
10	Jind	MAK-JND-17/35 dated 05.06.2017	Sharma Sales Agency, Narwana, Jind	Cefixime Tablet sample fails in Assay of Cefixime Nil against claim 200mg

08/02/19
 Director General Health Services
 Haryana

Medical Negard, Gurugram

Medical Negligence Board was constituted as per Principal Secretary Health Department Haryana letter no. 25/10/2017-6HBI dated 31/5/2017

Total No. of Complaints received in year 2017 = 20

Name of Hospital	No. of Complaints received	Negligence Found
Artemis Hospital, Gurugram	1	0
Fortis Hospital, Gurugram	2	2
Medanta Hospital, Gurugram	2	0
Total No. of Complaints received in year 2018 = 83		
Name of Hospital	No. of Complaints received	Negligence Found
Artemis Hospital, Gurugram	5	1
Fortis Hospital, Gurugram	5	0
Medanta Hospital, Gurugram	17	2

6/10/19
11/11/19

Annexure J

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(2)

Complaints referred to Medical Negligence Board, Gurugram in year 2017 against Artemis Hospital, Gurugram

Medical Negligence Board was constituted as per Principal Secretary Health Department Haryana letter no. 25/10/2017-6HB1 dated 31/5/2017

Sr. No.	Name of Complainant	Name of Hospital	Complaint received on	Complaint Received From	Board Members	Status of Inquiry	Remarks
1	Orwatt	Artemis Hospital, Gurugram	15.09.2017	District Consumer Court, Gurugram	1. Dr. Rajal Kumud, Specialist 2. Dr. Naveen, Specialist 3. Dr. Nareesh Sharma 4. Dr. Sanjay Narula 5. Dr. Renu Saroha	Completed and report submitted to CS on 11.12.17	No Negligence

Total no. of complaints received against Artemis Hospital, Gurugram in year 2017 = 1

Total no. of cases in which negligence was found = 0 out of 1

9/11/2017

Artemis

15/09/17


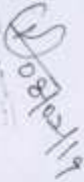
Complaints referred to Medical Negligence Board, Gurugram in year 2017 against Medanta Hospital, Gurugram

Medical Negligence Board was constituted as per Principal Secretary Health Department Haryana letter no. 25/10/2017-GHBI dated 31/5/2017

Sr. No.	Name of Complainant	Name of Hospital	Complaint received on	Complaint Received From	Board Members	Status of Inquiry	Remarks
1.	Bishan Singh	Medanta Hospital, Gurugram	09.08.2017	Session Judge, Gurugram	1. Dr. Naveen Kumar, Specialist 2. Dr. P. N. Gupta, Expert, Nephrologist, Paras Hospital, Gurugram 3. Dr. Nareesh Sharma 4. Dr. Sanjay Narula 5. Dr. S.S. Saroha	Completed and report submitted to CS on 06.10.17	No Negligence
2.	Manish Pant	Medanta Hospital, Gurugram	15.09.2017	Additional PS to Minister of Civil Aviation, Govt. of India	1. Dr. Kajal Kumud, Specialist 2. Dr. Naveen, Specialist 3. Dr. Nareesh Sharma 4. Dr. Sanjay Narula 5. Dr. Renu Saroha	Completed and report submitted to CS on 21.11.17	No negligence

Total no. of complaints received against Medanta Hospital, Gurugram in year 2017 = 2

Total no. of cases in which negligence was found = 0 out of 2



 11/11/17

Complaints referred to Medical Negligence Board, Gurugram in year 2017 against Fortis Hospital, Gurugram

Medical Negligence Board was constituted as per Principal Secretary Health Department Haryana letter no. 25/10/2017-6HB1 dated 31/5/2017

Sr. No.	Name of Complainant	Name of Hospital	Complaint received on	Complaint Received From	Board Members	Status of Inquiry	Remarks
1.	Mukesh Ghai	Fortis Hospital, Gurugram	17.07.2017	Self	1. Dr. Naveen Kumar, Specialist 2. Dr. Kajakumud, Specialist 3. Dr. Nareesh Sharma 4. Dr. Sanjay Narula 5. Dr. Renu Saroha	Completed and report submitted to CS on 11.09.17	Negligence Found
2.	Sanjeev Sharma	Fortis Hospital, Gurugram	06.09.2017	Self	1. Dr. Radhesh Pathak, Specialist 2. Dr. D.S. Yadav, Specialist 3. Dr. Nareesh Sharma 4. Dr. Sanjay Narula 5. Dr. S.S. Saroha	Completed and report submitted to CS on 08.01.18	Doctors not negligent, Hospital negligent

Total no. of complaints received against Fortis Hospital, Gurugram in year 2017 = 2

Total no. of cases in which negligence was found = 2 out of 2

Atisho
Dr. S. S. Saroha
Medical Officer
for Director General Health Services

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Annexure K

86- दिनांक 7-9-2017

Dist Medical Board
Gurgaon

सेवा में सिविल सर्जन, गुरुग्राम ।

विषय:- Unprofessional and casual approach of Doctor of FOTIS Gurgaon leading to death of my wife Seema Ghai on 12-05-17.

उपरोक्त विषय पर आपको अनुरोधपूर्वक सूचित किया जाता है कि श्री मुकेश घई पति श्रीमति सीमा घई बी.5 604, पालम ग्रूवी हाईवुड, आरडी0सिटी, सेक्टर-52 गुरुग्राम द्वारा फोटिस हस्पताल के विरुद्ध शिकायत की गई थी। जिसकी जांच हेतु Dist Medical Board Gurgaon गठित किया गया।

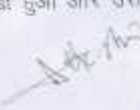
उक्त केस की जांच दिनांक 20-7-17 को परमानेंट मੈम्बरों के साथ दो स्पेशलिस्ट डा० काजल कुमुद व डा० नवीन कुमार फिजिशियन को जोड़ा गया। दिनांक 29-8-2017 को दोनों पक्षों को बुलाया गया। शिकायतकर्ता श्री मुकेश घई ने अपना ब्यान दर्ज कराया परन्तु फोटिस हस्पताल द्वारा लिखित जवाब जमा कराने के लिये एक सप्ताह का समय माँगा।

दिनांक 5-9-17 को फोटिस हस्पताल के डाक्टर अपने लिखित ब्यान के साथ उपस्थित हुये तथा बोर्ड द्वारा उनसे कुछ प्रश्न पूछे गये। सभी ब्यान व ईलाज के कागज व फोटिस हस्पताल द्वारा लिखित जवाब के आधार पर बोर्ड द्वारा यह राय बनाई गई है।

शिकायतकर्ता अपनी पत्नी श्रीमति सीमा घई उम्र 51 वर्ष की दिनांक 12-5-17 को रात को लगभग एक-डेढ़ बजे बीच फोटिस हस्पताल की इमरजेंसी में लेकर गया मरीज को छाती में दर्द व घबराहट हो रही थी।

इमरजेंसी में झूटी कर रहे डाक्टर द्वारा मरीज की ई0सी0जी0 की गई और Gastritis की दवाई दी गई शिकायतकर्ता के अनुसार मरीज का दर्द ठीक नहीं हुआ वह दर्द से कराहती रही। मरीज को ऐसे मरीजों में दिये जाने वाली आपातकालीन दवाईयां Antiplatelet Treatment नहीं दिया गया।

मरीज को सीनियर हार्ट के डाक्टर द्वारा देखा गया कुछ जाँच की सलाह दी गई और मरीज के Cardiac Enzymes के टेस्ट 2.23 बजे भेजे गये और इसकी रिपोर्ट 54 मिनट में आई। हस्पताल के अनुसार दोबारा ई0सी0जी0 3.22 बजे पर की गई थी जो Normal ECG थी। परन्तु Cardiac Enzymes की हाई रिपोर्ट आने पर कार्डियोलॉजी के डाक्टर ने हार्ट अटैक में दी जाने वाली दवाईयां देने बारे कहा। यह दवाईयां सुबह 4.00 बजे दी गई है उसके बाद 4.30 बजे मरीज को Cardiac Arrest हुआ और उसको इलेक्ट्रिक शॉक दिया गया।


 District Officer
 for District General Health Services
 Gurgaon

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मरीज को 6.00 बजे कैथलैब में ले जाकर एंजोग्राफी की गई जिसमें LAD का 100 प्रतिशत थ्रोक आया। मरीज को दोबारा 9.00 बजे Cardiac Arrest हुआ तथा 9.48 बजे मृत घोषित किया गया।


आपातकालीन डाक्टर से पूछे गये प्रश्नों में उन्होंने माना है कि उसने हार्ट अटैक में दी जाने वाली मैडीसन दाखिले के समय नहीं दी थी जिसके ना देने के कारण में उसने कहा कि मरीज की उस समय की की गई ECG एक जैसी थी, उसका विवरण कहीं भी फाईल में नहीं है उसने यह भी माना है कि यह वजह होने के बावजूद भी मरीज को दवाई ना देने की कोई वजह नहीं थी। जब सीनियर डा० मूर्ति से यह प्रश्न पूछा गया कि मरीज को यह दवाई देने का क्या कोई नुकसान था उन्होंने कहा नहीं। उन्होंने लगभग सवा दो बजे टेलीफोन द्वारा डा० देवेन्द्र कार्डियोलोजी रंजीटेंस को बता दिया था मरीज को सारा दीटमेंट दे दिया जाये। परन्तु रिकार्ड के अनुसार मरीज को यह दीटमेंट नहीं दिया गया।

शिकायतकर्ता द्वारा स्वयं फोर्टिस हस्पताल की वेबसाईट से डाउनलोड किया पेपर दिया जिसमें फोर्टिस हस्पताल द्वारा लिखा हुआ हार्ट अटैक का मरीज जब हस्पताल में आयेगा तो उसे Ecosprin व अन्य दवाये किसी भी टेस्ट से पहले दे दी जायेगी।

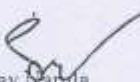
राय - हमारे बोर्ड की यह राय है कि एक मरीज जो रात के समय इतने बड़े हस्पताल में छाती के दर्द के साथ पहुँची जैसा कि डाक्टर ने स्वयं लिखा है मरीज को हार्ट अटैक का अंदेशा था में समय पर आपातकालीन दवाईयां ना देना लापरवाही है। उसके बाद सीनियर डाक्टर द्वारा वहीं दवाई देने बारे बता देने के बाद भी लगभग एक घण्टे तक इमरजेंसी लाईफ सेविंग दवाई ना देना लापरवाही है।


Dr. Kajeet Kumar M.D.
Physician C.H. Gurugram



Dr. Naveen Kumar M.D.
Physician C.H. Gurugram


Dr. Naresh Sharma M.S.
'IMA President
Member Dist Medical Board
Gurugram


Dr. Renu Saroha
For Chairperson
Civil Surgeon Gurugram.


Dr. Sanjay Narula
For Member Secty.
P.M.O. C.H. Gurugram.

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CIVIL SURGEON
GURUGRAM


08/02/17

जॉच रिपोर्ट

विषय:- मा० वंश पुत्र श्री संजीव शर्मा मकान न० 3081/1 गली न० 6 रनजीत नगर नई दिल्ली-जिसका ईलाज फोर्टिस हस्पताल में हुआ ।

उपरोक्त विषय पर श्री संजीव शर्मा मकान न० 3081/1 गली न० 6 रनजीत नगर नई दिल्ली द्वारा फोर्टिस हस्पताल गुरुग्राम के विलुद्ध शिकायत की गई जोकि दिनांक 6-9-2017 को प्राप्त हुई थी । इस शिकायत की जॉच हेतु दिनांक 13-9-2017 को Medical Negligence Board

- | | |
|---|--------------------|
| 1- डा० एस०एस० सरोहा, उप सिविल सर्जन, गुरुग्राम- | फारम्युलेशन |
| 2- डा० संजय नरुला, प्रवर चिकित्सा अधिकारी- | फारमैन्टर सेक्टररी |
| 3- डा० राधेश माठक, शिशु रोग विशेषज्ञ ना०८० गुरुग्राम- | मैम्बर |
| 4- डा० डी०एस०यादव शिशु रोग विशेषज्ञ ना०८० सेक्टर-10 गुरुग्राम । | मैम्बर |
| 5- डा० नरेश शर्मा, प्रेजीडेंट आई०एम०ए० जिला गुरुग्राम । | मैम्बर |
- गठित करके दिनांक 19-9-2017 को जॉच करने की तिथि निश्चित की गई ।

दिनांक 19-9-2017 को शिकायतकर्ता श्री संजीव शर्मा मैम्बर न० 3081/1 गली न० 6 रनजीत नगर नई दिल्ली जॉच में उपस्थित नहीं हुये । फोर्टिस हस्पताल के डॉक्टर उपस्थित हुये, उन्होंने मरीज के ईलाज से सम्बन्धित फाईल की फोटो कापी जमा कराई तथा एक सप्ताह का समय मंगा । उसी दिन दिनांक 19-9-2017 को अगली तिथि दिनांक 26-9-2017 को रखी गई । बोर्ड द्वारा यह निर्णय लिया गया है कि इस केस की जॉच के लिये Pediatric hematoncologist and Bone Transplant Physician की आवश्यकता है जोकि नागरिक हस्पताल में यह स्पेशलिस्ट कार्यरत नहीं है और Medical Negligence Board के नियम अनुसार नै एक स्पेशलिस्ट प्राइवेट हस्पताल से ले सकते हैं । जिसके लिये दिनांक 19-9-2017 को चिकित्सा अधीक्षक, मैदाना हस्पताल को पत्र लिखा गया कि आप डा० सत्य प्रकाश Pediatric hematoncologist and Bone Transplant Physician स्पेशलिस्ट को उक्त परिवादकी जॉच करने हेतु दिनांक 26-9-2017 को प्रातः 10.00 बजे भेजने की कृपा करें ।

दिनांक 26-9-2017 को शिकायतकर्ता उपस्थित हुआ तथा उसने दिनांक 10 अक्टूबर-2017 तक का समय मंगा तथा फोर्टिस हस्पताल के डा० विकास दुआ उपस्थित हुये । डा० विकास दुआ से बोर्ड द्वारा कुछ प्रश्न पूछे गये, डा० सत्य प्रकाश Pediatric hematoncologist and Bone Transplant Physician स्पेशलिस्ट द्वारा भी प्रश्न पूछे गये तथा शिकायतकर्ता द्वारा भी प्रश्न पूछे गये । दिनांक 26-9-2017 को डा० सत्य प्रकाश Pediatric hematoncologist and Bone Transplant Physician स्पेशलिस्ट द्वारा रिकार्ड के आधार पर लिखित में अपनी राय दी ।

दिनांक 28-9-2017 को फोर्टिस हस्पताल गुरुग्राम द्वारा लिखित में जवाब दिया गया ।

दिनांक 9-10-2017 को शिकायतकर्ता द्वारा कुछ लिखित में शिकायत भेजी गई उसे दिनांक 10-10-2017 फोर्टिस हस्पताल, गुरुग्राम को जवाब देने के लिये मेल द्वारा भेज दिया गया । इस पत्र के जवाब में दिनांक 23-10-2017 फोर्टिस हस्पताल, गुरुग्राम द्वारा जवाब भेज दिया गया ।

दिनांक 7-11-2017 को शिकायतकर्ता द्वारा एक पत्र भेजकर कुछ सूचना मंगी गई जिसे फोर्टिस हस्पताल गुरुग्राम को जवाब देने के लिये दिनांक 22-11-2017 को मेल द्वारा भेजी गई तथा दिनांक 1-12-2017 को भी दोबारा स्मरण पत्र मेल द्वारा भेजा गया । जिसके जवाब में Medical Negligence Board को दिनांक 11-12-2017 को कुछ दस्तावेज प्राप्त हुये ।

दिनांक 12-12-2017 को Medical Negligence Board की मीटिंग सिविल सर्जन कार्यालय में हुई । बोर्ड द्वारा सभी दस्तावेजों का दोनो ही पक्षों द्वारा दिये गये ब्यानों का भी अवलोकन किया गया । डा० सत्य प्रकाश Pediatric hematologist and Bone Transplant Physician मैदाना हस्पताल के स्पेशलिस्ट की राय भी पढ़ी गई ।

[Signature]
Medical Officer
For Director, Health & Family Welfare
Gurgaon

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दस्तावेजों के अनुसार मरीज वंश पुत्र श्री संजीव शर्मा मकान नं० 3081/1 गली नं० 8 रनजीत नगर नई दिल्ली एक जेनेटिक बीमार hunters disease से पीड़ित था जिसके ईलाज के लिये Bone Marrow Transplant करवाने के लिये मरीज के रिश्तेदार ने मरीज को दिनांक 24-4-2017 को फोर्टिस हस्पताल गुरुग्राम में भर्ती कराया जहाँ उसे hematology की BMT टीम के under भर्ती किया गया। दिनांक 1-5-2017 को उसका Bone Marrow Transplant हुआ Transplant होने के बाद मरीज को बुखार हुआ तथा उसके लिये antibiotic दिये गये।

उसके बाद मरीज को दिनांक 15-5-2017 को PICU में रखा गया जहाँ उसे वेंटीलेटर पर रखा गया तथा वह दिनांक 17-5-2017 को LAMA हो गया।

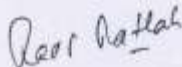
सभी तथ्यों को मध्य नजर रखने के बाद बोर्ड की यह राय है।

- 1- मरीज जिस बीमारी से पीड़ित था उसका ईलाज BMT था जोकि इस केस में किया गया।
- 2- BMT करने वाली टीम की शैक्षणिक योग्यता प्रमाण-पत्र प्रस्तुत करने पर सही पाये गये हैं।
- 3- BMT होने के पश्चात मरीज को बुखार हुआ जिसका कारण इन्फेक्शन था जिस बारे बुलाये गये एक्सपर्ट डा० सत्य प्रकाश यादव Pediatric hematologist and Bone Transplant Physician ने भी अपनी लिखित रिपोर्ट में भी अपनी सहमति जताई है। उसके साथ में उन्होंने यह भी लिखा है कि BMT केसिज में 30 प्रतिशत मृत्युदर है।
- 4- हमारी राय में मरीज को होने वाली Complications, BMT. के बाद इन्फेक्शन की वजह से हुई है।

हमारी राय में BMT करने वाली टीम शैक्षणिक योग्यता प्रमाण-पत्र के अनुसार सक्षम थी तथा सुपर स्पेशलिस्ट डाक्टर की राय में मरीज का ईलाज ठीक दिशा में हुआ था परन्तु मरीज को हस्पताल में रहते हुये यह इन्फेक्शन हुई जिसके लिये फोर्टिस हस्पताल जिम्मेदार है।


इस तरह के मरीजों को infection free Enviorment देना हस्पताल की जिम्मेवारी थी जिसके लिये मरीज को BMT Room दिया गया जिसे हस्पताल की ओर सबसे infection free Room बताया गया जिसके लिये मरीज से Payment भी ली गई। परन्तु फोर्टिस हस्पताल मरीज को infection free Enviorment नहीं दे पाया। जिस कारण मरीज को इन्फेक्शन हुई जिसके कारण मरीज को आगे की Complications हुई।

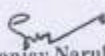
बोर्ड की राय में मरीज को होने वाली इन्फेक्शन की जिम्मेवारी फोर्टिस हस्पताल की थी।


Dr Radesh Pathak
Pediatrician C.H.Gurugram


Dr.D.S.Yadav
Pediatrician C.H.Sec.10
Gurugram.


Dr. Naresh IMA President
Member Distt. Medical
Board Gurugram


Dr S.S. Saroha
For Chairperson
Civil Surgeon Gurugram.


Dr. Sanjay Narula
For Member Secty.
P.M.O. C.H. Gurugram.


CIVIL SURGEON
GURUGRAM


4/8/2017
Dr. Sanjay Narula

Complaints referred to Medical Negligence Board, Gurugram in year 2018 against Artemis Hospital, Gurugram

Medical Negligence Board was constituted as per Principal Secretary Health Department Haryana letter no. 25/10/2017-6H81 dated 31/5/2017

Sr. No.	Name of Complainant	Name of Hospital	Complaint received on	Complaint Received From	Board Members	Status of Inquiry	Remarks
1.	Mr. Ishwar Chand	Artemis Hospital, Gurugram	15.01.2018	Police	1. Dr. Amandeep, Specialist 2. Dr. Naveen Kumar, Specialist 3. Dr. Nareesh Sharma 4. Dr. Pradeep Sharma 5. Dr. Renu Saroha	Completed, report sent to CS vide letter no. 1193 dated 26.03.18	Complainant took back his complaint
2.	Mrs. Sakshi Tuli	Artemis Hospital, Gurugram	29.01.2018	C.M. Window	1. Dr. Kajal Kurnud, Specialist 2. Dr. Naveen Ghanghas, Specialist 3. Dr. Nareesh Sharma 4. Dr. Pradeep Sharma 5. Dr. Sunita Rathi	Completed, report sent to CS vide letter no. 800 dated 28.02.18	No negligence
3.	Mr. Rakesh Kumar	Artemis Hospital, Gurugram	17.05.2018	C.M. Window	1. Dr. Naveen Kumar, Specialist 2. Dr. Kajal Kurnud, Specialist 3. Dr. Dinesh Hans 4. Dr. Pradeep Sharma 5. Dr. Vijay Kumar	Report sent to CS vide letter no. 2897 dated 05.07.18, 3570 dated 10.09.18 & 4989 dated 26.11.18	No Negligence
4.	Mr. Virender Yadav	Artemis Hospital, Gurugram	09.10.2018	DC, Gurugram	1. Dr. Virender Baswana, Speectst 2. Dr. Seema Kamal, Specialist 3. Dr. Lal Singh, NIMA Member 4. Dr. Dinesh Hans, President IMA 5. Dr. Pankaj Agarwal, Mem. Sec. 6. Dr. Vijay Kumar, Chairperson	Inquiry conducted on 13.11.2018, report sent to CS vide letter no. 5074 dated 30.11.18	Partial Negligence
5.	Mr. Anil Deswal	Artemis Hospital, Gurugram	09.10.2018	DCP, Gurugram	1. Dr. Naveen Kumar, Specialist 2. Dr. Bahwinder, Specialist 3. Dr. Lal Singh, NIMA Member 4. Dr. Dinesh Hans, President IMA 5. PMO cum-Member Secretary 6. Dr. Sunita Rathi, Chairperson	Inquiry conducted on 15.11.2018 & 11.12.2018, report sent to CS vide letter no. 6154 dated 13.12.18	No Negligence

Total no. of complaints received against Artemis Hospital, Gurugram in year 2018 = 5

Total no. of cases in which negligence was found = 1 out of 5

Dr. Pankaj

Dated: 27.11.2018

**Inquiry Report regarding complaint of Mr. Virender Yadav against Artemis Hospital,
Gurugram**

To inquire into the above complaint Medical Negligence Board was constituted by Civil Surgeon, Gurugram, having following members:

1. Dr. Vijay Kumar, Dy. Civil Surgeon-cum-Representative of Civil Surgeon
2. Dr. Pankaj Agarwal, SMO-cum-Member Secretary
3. Dr. Dinesh Hans, President IMA
4. Dr. Virender Baswana, Orthopaedician, District Civil Hospital, Gurugram
5. Dr. Seema Kamal, Anaesthetist, District Civil Hospital, Gurugram
6. Dr. Lal Singh, Member NIMA

The inquiry was conducted on 13.11.2018. Medical records were examined, and statements of complainant and all the doctors were recorded.

Brief facts of the case:

Patient named Savitri Devi, 61 years old female was admitted at Artemis Hospital, Gurugram on 24.01.2018 with diagnosis of spondylodiscitis C-4, C-5 with D-6, 7 with cord compression with loss of power in lower limb with co-morbid condition of COPD, Hypertension, Uro-sepsis and deranged liver function test.

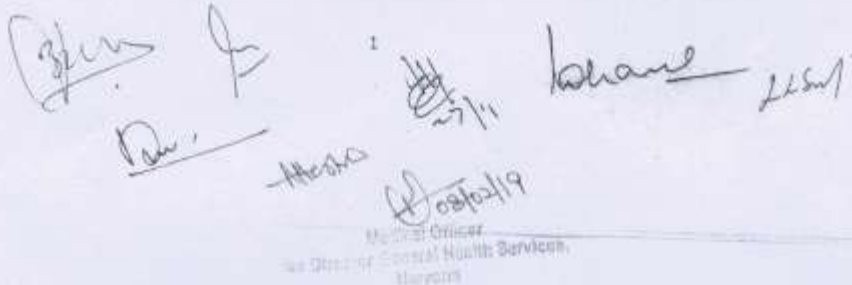
She was operated for spinal lesion (Posterior Cervical Spine – Lateral Mass Screw Fixation (C3-C4) + Posterior Dorsal Spine Decompression and Fixation (D4-D8).

Post operatively patient developed multiple complications like Renal shutdown, Persistent Cervical Spinal Cord Edema and Neurological deterioration for which patient was managed with frequent Dialysis and ICU Ventilatory support. Ultimately patient deteriorated further and developed cardiac arrest on 28.02.2018.

The biopsy report from the spine was negative for tuberculosis and malignancy.

Observations:

1. Patient named Smt. Savitri Devi, 61 years old female, was admitted with multiple complaints as per treatment record on dated 24.01.2018 at Artemis Hospital, Gurugram. Patient had power in upper limb – normal and power in both lower limbs – 4/5.
2. Patient had pre-existing co-morbid conditions mainly – COPD (On inhaler since 15 years), Hypertension and urinary tract infection (Uro-sepsis).





 Medical Officer,
 Gurugram

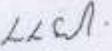
3. On dated 28.01.2018, patient had an acute attack of disorientation, increased chest pain and decrease in oxygen saturation; for which urgent medical consultation was taken and patient was admitted in ICU.
4. Due to poor medical condition the spinal surgery was postponed and higher antibiotics, continue oxygen therapy and supportive measures were given to stabilize the patient in the ICU. On 30.01.2018, patient was shifted to the room.
5. On dated 31.01.2018, Patient was operated after taking High Risk Consent. Patient was operated for dorsal spine as well as cervical spine as a single operative procedure. Post-operatively patient was shifted to ICU.
6. Post-operatively patient developed multiple complications like deranged kidney functions, deterioration in neurological status as well as sepsis; for which continuous ICU support as well as time to time multiple consultations of the specialists was given; but due to deteriorating neurological status and multiple organ failure patient died on 28.02.2018.
7. During the treatment all possible measures were taken to combat the complication, however, there was a judgemental error on part of the operating team (Orthopaedician) to undertake an aggressive surgical approach for an old patient with multiple co-morbid conditions.


Conclusion:


Patient named Smt. Savitri Devi, 61 years old female received treatment from well qualified doctors in a tertiary care centre. During the treatment all possible measures were taken to combat the complication, however, there was a judgemental error on part of the operating team (Orthopaedician) to undertake an aggressive surgical approach for an old patient with multiple co-morbid conditions. Due consent and proper communication to the patient's attendants was done at regular intervals. As all possible measures to combat complication were taken time to time by all the specialists involved in the treatment of the patient, hence no evidence of medical negligence has been found in the case by the board of doctors.



Dr. Virender Baswana
Orthopaedician


Dr. Seema Kamal
Anaesthetist


Dr. Lal Singh
Member NIMA


Dr. Dinesh Hans
President IMA


Dr. Pankaj Agarwal
Member Secretary


Dr. Vijay Kumar
Representative of CS


08/02/19

Complaints referred to Medical Negligence Board, Gurugram in year 2018 against Fortis Hospital, Gurugram

Medical Negligence Board was constituted as per Principal Secretary Health Department Haryana letter no. 25/10/2017-64H1 dated 31/5/2017

Sr. No.	Name of Complainant	Name of Hospital	Complaint received on	Complaint Received From	Board Members	Status of Inquiry	Remarks
1.	Sh. Darshan Rajhve	Fortis Hospital, Gurugram	30.01.2018	Civil Surgeon, Gurugram	1. Dr. Kajal Kumud, Specialist 2. Dr. Naveen Kumar, Specialist 3. Dr. Dinesh Hans 4. Dr. Pradeep Sharma 5. Dr. Vijay Kumar	Completed, Report sent to CS vide letter no. 1813 dated 30.04.18	No Negligence
2.	Mr. Hari Singh Tomar	Fortis Hospital, Gurugram	05.04.2018	DC Police East	1. Dr. Pankaj Agarwal, Specialist 2. Dr. Arvind Jindal, Specialist 3. Dr. Divesh Hans 4. Dr. Pradeep Sharma 5. Dr. Vijay Kumar	Report received from PGIMS, Rohtak sent to CS vide no. 5174 dated 5.12.18	No Negligence
3.	Smt. Sharmila Gogoi	Fortis Hospital, Gurugram	05.04.2018	District Consumer Disputes Redressal Forum, Gurugram	1. Dr. Sourabh Deswal, Specialist 2. Dr. Arvind Jindal, Specialist 3. Dr. Dinesh Hans 4. Dr. Raman Shukla 5. Dr. Pradeep Sharma	Report sent to CS vide letter no. 2896 dated 05.07.18	No negligence
4.	Mr. Chirag	Fortis Hospital, Gurugram	10.12.18	Haryana Government Grievance Portal	1. Dr. Naveen Kumar, Specialist 2. Dr. Kajal Kumud, Specialist 3. Dr. Lal Singh, NIMA Member 4. Dr. Dinesh Hans, President IMA 5. Dr. Pankaj Agarwal, Rep. of PMAO 6. Dr. Sanjay Narula, Rep. of CS	Inquiry conducted on 20.12.18, report sent to CS vide letter no. 87 dated 4.1.19	No Negligence
5.	Mrs. Kirti Patel	Fortis Hospital, Gurugram	19.12.2018	PM Window	Inquiry cancelled as the matter has already been inquired into in 2016. Letter no. 49 dated 02.01.19 sent to Civil Surgeon, Gurugram		

Total no. of complaints received against Fortis Hospital, Gurugram in year 2018 = 5

Total no. of cases in which negligence was found = 0 out of 5

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Medical Officer

Complaints referred to Medical Negligence Board, Gurugram in year 2018 against Medanta Hospital, Gurugram

Medical Negligence Board was constituted as per Principal Secretary Health Department Haryana letter no. 25/10/2017-6/HB1 dated 31/5/2017

Sr. No.	Name of Complainant	Name of Hospital	Complaint received on	Complaint Received From	Board Members	Status of Inquiry	Remarks
1.	Sr. Gopender Singh	Medanta Hospital, Gurugram	15.01.2018	Registrar, Haryana Medical Council	1. Dr. D.S. Yadav, Specialist 2. Dr. Ajeena Singh, Specialist 3. Sh. Sandeep Gehlan, DCO 4. Dr. Harish Sharma 5. Dr. Pradeep Sharma 6. Dr. Vijay Kumar	Completed, report sent to CS vide letter no. 742 dated 23.02.18	No Negligence in treatment, hospital over charging for blood products
2.	Dr. R.K. Jain	Medanta Hospital, Gurugram	15.01.2018	CM Window	1. Dr. Naveen Kumar, Specialist 2. Dr. Shivani Jindal, Specialist 3. Dr. Harish Sharma 4. Dr. Pradeep Sharma 5. Dr. Vijay Kumar	Inquiry done	Clarification awaited from PGIMS Rohtak
3.	Smt. Anita	Medanta Hospital, Gurugram	15.01.2018	Home Secretary and Police	1. Dr. Naveen Kumar, Specialist 2. Dr. Rajat, Specialist 3. Dr. Nureesh Sharma 4. Dr. Pradeep Sharma 5. Dr. Sunita Bathi	Completed, report sent to CS vide letter no. 2367 dated 04.06.18	Negligence found on part of the hospital
4.	Sh. Birbal	Medanta Hospital, Gurugram	27.03.2018	District Consumer Disputes Redressal Forum, GGM	1. Dr. Mieraji Mehta, Specialist 2. Dr. Parkaj Agarwal, Specialist 3. Dr. Dinesh Hans 4. Dr. Pradeep Sharma 5. Dr. Sanjay Sharma	Completed, report sent to CS vide letter no. 1877 dated 03.05.2018	No Negligence
5.	Sh. Subhash Chander	Medanta Hospital, Gurugram	03.05.2018	Haryana Medical Council	1. Dr. Naveen Kumar, Specialist 2. Dr. Anuj Bishnoi, Specialist 3. Dr. Dinesh Hans 4. Dr. Pradeep Sharma 5. Dr. S.S. Saroha	Inquiry Completed, report sent to CS vide letter no. 3145 dated 19/7/18	No Negligence
6.	Sh. Adesh Bhatnagar	Medanta Hospital, Gurugram	03.05.2018	Haryana Medical Council	1. Dr. Naveen Kumar, Specialist 2. Dr. Anuj Bishnoi, Specialist 3. Dr. Dinesh Hans 4. Dr. Pradeep Sharma 5. Dr. Sunita Bathi	Inquiry Completed, report sent to CS vide letter no. 3146 dated 19/7/18	No Negligence

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Mr. Virjit Jain	Medanta Institute of Digestive & Hepatobiliary Sciences, Gurugram	09.05.2018	DGH5, Haryana	1. Dr. Naveen Kumar, Specialist 2. Dr. Balwinder, Specialist 3. Dr. Dinesh Hans 4. Dr. Pradeep Sharma 5. Dr. Raman Shukla	Report sent to CS vide letter no. 2898 dated 05.07.18	No negligence
8. Mr. Vishwanath Singh	Medanta Hospital, Gurugram	17.05.2018	DGH5 Haryana	1. DCO 2. Dr. Seema Kamal, Specialist 3. Dr. Naveen Kumar, Specialist 4. Dr. Dinesh Hans 5. Dr. Brahmdeep 6. Dr. Neelam Thapar	Inquiry Completed, report sent to CS vide letter no. 4150 dated 16/10/18	No Negligence
9. Mrs. S. Sethi	Medanta Hospital, Gurugram	09.07.2018	Haryana Medical Council	1. Dr. Naveen Kumar, Specialist 2. Dr. Ravi Bala, Specialist 3. Dr. Dinesh Hans 4. PMO-cum-Member Secretary 5. Dr. Sanju Sharma	Inquiry Completed, report sent to CS vide letter no. 3957 dated 5/10/18	No Negligence
10. Mr. Om Prakash Nagwani	Medanta Hospital, Gurugram	09.07.2018	Haryana Medical Council	1. Dr. Surman Kharb, Specialist 2. Dr. Naveen Kumar, Specialist 3. Dr. Balwinder, Specialist 4. Dr. Dinesh Hans 5. PMO-cum-Member Secretary 6. Dr. Neelam Thapar	Inquiry Completed, report sent to CS vide letter no. 4068 dated 11/10/18	No Negligence
11. Mr. Anil Saini	Medanta Hospital, Gurugram	27.09.2018	C.M. Window	1. Dr. Kajal, Specialist 2. Dr. Anuj Bishnoi, Specialist 3. Dr. Lal Singh, NIMA Member 4. Dr. Dinesh Hans, President IMA 5. Dr. Parkaj Agarwal, Member Sec 6. Dr. Vijay Kumar, Chairperson 7. Dr. Rajiv Vadehra	Report sent to Civil Surgeon vide letter no. 4391 dated 30.10.2018	No Negligence
12. Mr. Vikrant Malik	Medanta Hospital, Gurugram	27.09.2018	C.M. Window	1. Dr. Jai Singh Malik, Specialist 2. Dr. Naveen, Specialist 3. Dr. Lal Singh, NIMA Member 4. Dr. Dinesh Hans, President IMA 5. Dr. Sanjay Nanda, Mem. Sec 6. Dr. Chitranshu, Chairperson	Report sent to Civil Surgeon vide letter no. 4398 dated 30.10.2018	No Negligence
13. Mr. Harinam Singh	Medanta Hospital, Gurugram	09.10.2018	C.S. Gurugram	Complaint returned back to Civil Surgeon as the complainant did not complaint of medical negligence by Medanta Hospital, Gurugram (4707 dated 13.11.18)		

14.	Mr. Sudhir Sagar Sharma	Medanta Hospital, Gurgaon	19.12.18	Hon'ble Health Minister	1. Dr. Virender Baswana, Specialist 2. Dr. Pankaj Agarwal, Specialist 3. Dr. Lal Singh, NIMA Member 4. Dr. Dinesh Hans, President IMA 5. Representative of PMO 6. Representative of CS	Inquiry conducted on 03.01.19, report sent to CS vide letter no. 163 dated 08.01.19	No Negligence
15.	Mr. A.N. Shukla	Medanta Hospital, Gurgaon	19.12.18	PMOPG Portal	1. Dr. Naveen, Specialist 2. Dr. Amandeep, Specialist 3. Dr. Lal Singh, NIMA Member 4. Dr. Dinesh Hans, President IMA 5. Representative of PMO 6. Representative of CS	Inquiry conducted on 29.01.19, report to be made	
16.	Mr. Sunil Dhall	Medanta Hospital, Gurgaon	20.12.18	Haryana Medical Council	1. Virender Baswana, Specialist 2. Dr. Balwinder, Specialist 3. Dr. Manoj Sharma, Specialist 4. Dr. Lal Singh, NIMA Member 5. Dr. Dinesh Hans, President IMA 6. Representative of PMO 7. Representative of CS	Inquiry conducted on 17.01.19, report submitted vide letter no. 382 dated 23.01.2019	RIO with request that this inquiry should be got done from a Medical College where Neurosurgery Dep. Exist
17.	Mr. Dev Singh Yadav	Medanta Hospital, Gurgaon	27.12.18	ACS Health	1. Dr. Virender Baswana, Specialist 2. Dr. Balwinder, Specialist 3. Dr. Lal Singh, NIMA Member 4. Dr. Dinesh Hans, President IMA 5. Dr. Manesh Rathore, Rep. of PMO 6. Dr. Vijay Kumar, Rep. of CS	Inquiry conducted on 10.01.19, report sent to CS vide letter no. 378 dated 22.01.19	No Negligence

Total no. of complaints received against Medanta Hospital, Gurgaon in year 2018 = 17
Total no. of cases in which negligence was found = 2 out of 17

Attested
20/01/19

AK

Inquiry report in case of complaint of Mr. Gopendra against Medanta- The Medicity Hospital

The inquiry committee was constituted by Civil Surgeon on 06.02.18 comprising of following members:


1. Dr. Vijay Kumar, Dy. Civil Surgeon, Chairman for Civil Surgeon, Gurugram
2. Dr. Pradeep Sharma, Principal Medical Officer, cum-Member Secretary
3. Dr. Naresh Sharma, President, I.M.A. Gurugram
4. Dr. D.S. Yadav, Paediatrician, Civil Hospital Sector 10, Gurugram
5. Dr. Beena Singh, Paediatrician, Civil Hospital, Gurugram
6. Sh. Sandeep Gehlan, D.C.O. Gurugram

Inquiry was conducted on dated 15.02.18 and 16.02.18 by the inquiry committee in the presence of both the complainant (Mr. Gopendra Singh) and respondents (Dr. A.K. Dubey (Medical Superintendent), Dr. Sunit Singhi (Chairman of Department of Paediatrics), Dr. Maninder Singh Dhaliwal (PICU team) and Dr. Veena Raghunathan (PICU team) and Ms. Richa (General Administration)).

Written statements of all were taken and cross questions along with answers were done.

Following observations of the committee members are there:

1. The child was brought in a critically ill condition, on oxygen support when he came to Medanta Hospital. The patient was diagnosed a case of Dengue Shock Syndrome with involvement of kidney and lungs. He was admitted in PICU on 29.10.17 at 12:20 a.m. (Night).
2. The patient was treated as per the paediatric protocol at Medanta Hospital.
3. The complications arising during the course of stay in Medanta Hospital – DIC with Nosocomial Sepsis-Candida, Acinetobacter in ventilated patients are known complications with this medical condition (DSS with MODS) and they have been managed appropriately as per the paediatric protocol.
4. Patient attendants (both parents – Father and Mother) have been counselled about their child condition, prognosis, investigations and treatment required from time to time by the treating doctors in written and verbal as per standard protocols.
5. The patient condition was with stable vitals but on ventilator during the hospital stay but the father wanted to get the child treated in Government hospital because of financial constraints. For this father was regularly in consultation with RML Hospital, New Delhi for availability of a ventilator bed in PICU so that he can get his child shifted there. He has also obtained the treatment summary of the child three times during the stay which was provided by the treating doctors when requested.
6. Patient was discharged from the hospital as LAMA as duly consented by father after he had arranged ventilator bed in PICU of RML hospital in Delhi. Father had to arrange his own private ambulance with the doctor (as stated by the father) for transportation. Child reached RML Hospital in the same stable condition and almost with same vitals with which he was transferred from Medanta Hospital. At RML Hospital the patient was declared dead after two days of admission in RML Hospital on 22.11.17 at 5:50 p.m. after having massive upper GI bleed with continued oral bleed.


 Medical Officer
 for District Medical Health Services

- As regards the allegation of the father of delayed initiation of treatment at Medanta Hospital – The child was kept in emergency on oxygen till the father decided and gave his consent to get his son admitted and treated at Medanta Hospital.
8. For allegations of the father about delay in MRI done on 14.11.17 instead of 6/7.11.17 – As per record the MRI was advised for the first time by the Director Paediatric Neurologist on 14.11.17 to rule out CIN, Microbleeds and Hypoxic Brain Damage and MRI was done on the late night of 14.11.17. Thereafter neurosurgery team and paediatric neurology team also examined the patient and opined to continue medical management in form of anti-epileptic and steroids. No urgent intervention was suggested. As per record no Neurologist has examined or advised MRI on 6/7.11.17 as alleged by the father. Furthermore it was not required at that time.
9. As alleged by the father about decreasing the treatment of the patient before discharge – As per record there was no decrease in the treatment given to the patient before discharge. Appropriate treatment was given to the patient till the time of discharge from Medanta Hospital.
10. As alleged by the father about not providing Medanta Hospital ambulance – The Medanta did not provide ambulance for transportation of patient to RML and the complainant was made to arrange a private ambulance by himself as per his statement. However, it is a matter of further investigation regarding hiring of ambulance by the complainant by appropriate agency.
11. The Blood Bank was found charged in excess of the prescribed charges in case of RDPs supplied to patient Mast. Shaurya Pratap @Rs. 1950/- in place of Rs. 400/- in spite of directions received from HSBTC vide letter memo no. HSBTC/No. 2015/117-238 dated 06/07/2015 & Worthy Civil Surgeon, Gurgaon vide letter memo no. IDSP/2017/63 dated 20.04.17 in this regard.
12. The firm has submitted the list of dengue patients (total 155 patients) admitted in hospital since 01/11/2017 to till date. The Authorised Signatory of Blood Bank stated that they were issuing RDP to the patients admitted in Govt. Hospital @ Rs. 400/- & the patient admitted in their own hospital i.e. Medanta were charged @ Rs. 1950/- till 31st January, 2018. But, after that, the blood bank has created a new code to issue RDPs to the Dengue patients at Medanta & other hospital @ Rs. 400/-.
13. During investigation, it was observed that the patient was not issued/provided with the detailed invoice/bill w.r.t. the drugs dispensed/sold to him, only a bill with name, quantity and rate charged was found issued/provided to the patients as well as Master Shaurya Pratap.
14. On comparison of MRPs printed on the drugs used and charged from the patient Shaurya with the MRPs available on 'Pharma Sahi Daam' at NPPA website, three drugs were observed with MRPs higher than the MRPs available on 'Pharma Sahi Daam' at NPPA website which are as follows:
- Heparin Injection IP (5000IU/5ml), MRPs as per NPPA: Rs. 41.14/5000IU/ml, whereas the charge amount is Rs. 77.70/- and now the MRP printed on the current stock is Rs. 82.00/-.
 - Dexamethasone Injection IP (4mg/ml) 2ml, MRPs as per NPPA: Rs. 5.78/2ml, whereas the charge amount is Rs. 9.59/- and now the MRP printed on the current stock is also Rs. 9.59/-.

- c. Metronidazole Injection 500mg/100ml, MRPs as per NPPA: Rs. 12.32/-, whereas the charge amount is Rs. 12.89/- and now the MRP printed on the current stock is also Rs. 13.19/-

15. On perusal of bill issued in the name of patient Master Shaurya Pratap, it was also observed that different brands of same (generic) drugs with different MRPs were issued/used, but the firm could not give any satisfactory explanation in this regard. E.g.

- a. Meropenem inj, 1 gm:
 - i. Merocrit 1 gm – Rs. 3112.5/-
 - ii. Meronem 1 gm – Rs. 2733/-
 - iii. Meroza 1 gm – Rs. 3242/-
 - iv. Treonam 1 gm – Rs. 3333/-
- b. Meropenem inj, 500 gm:
 - i. Merocrit 500 mg – Rs. 1716.5/-
 - ii. Meronem 500 mg – Rs. 1475/-
 - iii. Treonam 500 mg – Rs. 1800/-

In case of Linoplus Infusion 600 mg (Linezolid) inj., even same brand with different batch no. was found issued having different MRP as per below mentioned details:

- a. B.No. AXC0011 : Rs. 518.00/-
- b. B.No. AXB0047 : Rs. 472.00/-

Conclusion:

After going through the relevant records, statements and cross questions the committee is of the view that there is no medical negligence done in the treatment and care of the patient by the doctors at Medanta Hospital. However, it was found that hospital has charged Rs. 1950/- per unit against supply of RDPs to patient instead of Rs. 400/- per unit fixed for dengue patients as per Government guidelines. Further, violation of DPCO Order 2013 was also observed with respect to MRP of 3 drugs namely – Inj. Heparin, Inj. Dexamethasone and Inj. Metronidazole as per details enclosed.



Dr. Beena Singh
Paediatrician
C.H. Gurugram



Dr. D.S. Yadav
Paediatrician
C.H. Sec-10, Gurugram



Sh. Sandeep Gehlan
Drug Control Officer
FDA, Gurugram



Dr. Nareish Sharma
President I.M.A.
Gurugram



Dr. Pradeep Sharma
PMO
Member Secretary



Dr. Vijay Kumar
Dy. Civil Surgeon
Chairman for Civil Surgeon



Dated: 30.03.18

**Inquiry Report regarding complaint of Smt. Anita against
Medanta The Medicity Hospital, Gurugram**

To inquire into above matter Medical Negligence Board was constituted by Civil Surgeon, Gurugram which had following members:

- Dr. Sunita Rath, Dy. Civil Surgeon-cum-Chairperson for Civil Surgeon, Gurugram
- Dr. Pradeep Sharma, PMO-cum-Member Secretary
- Dr. Naresh Sharma, President I.M.A., Gurugram
- Dr. Naveen Kumar, Physician, Civil Hospital, Gurugram
- Dr. Kajal Kumud, Physician, Civil Hospital, Gurugram

The date of inquiry was fixed on 09.03.18 at 10 AM. Both the complainant and Medanta Hospital were informed to present with all the relevant records and their witnesses. The statements of complainant and respondents from Medanta Hospital – Dr. A.K. Dubey and Dr. Praveen Chandra were recorded.

Case Summary:

Mr. Hawa Singh, 72 years old male patient was brought to Medanta Hospital with complaint of ongoing chest pain since 1 hour. Initial evaluation done. Blood pressure was 90/60 mmHg, Heart Rate was 120bpm, ECG done s/o acute posterior wall myocardial infarction, was started on Noradrenaline. 2D Echo done suggestive of hypokinetic posterior and lateral wall with myocardial stunning, LVEF was 20%. Patient was in cardiogenic shock, was shifted to Cath Lab. IABP was inserted through left femoral artery and Coronary Angiography was done which showed Triple Vessel Disease. Patient desaturated, was immediately intubated and ventilated. Patient suddenly had cardiac arrest. CPR was started as per ACLS protocol, was given Inj. Atropine, Noradrenaline and Adrenaline. CPR was given for 1 hour but patient could not be saved and was declared dead on 22.08.2017 at 8 PM.

Observations:

- On the perusal of record and the statements it is true that Dr. Praveen Chandra was informed before the patient was received at Medanta Hospital on 22.08.17 and it has been accepted by the concerned doctor that he got prior information about arrival of this patient in Medicity from one of his doctor friend.
- As per the statement of the complainant the patient was not immediately taken into the patient area of Arrival and Emergency and the patient had to wait in the waiting area of Medanta Hospital as she had reached Medanta Hospital at 3:45 PM. She was asked to

[Handwritten Signature]
[Handwritten Signature]
 Dr. A.K. Dubey
 for Director, Medical Services

complete the formalities for examination and admission of the patient. As the CCTV footage of Medanta Hospital on 22.08.2017 is not available as the hospital is having a policy of keeping a maximum of 30 days of record only and in the medical record the patient was registered at 4:05 PM. However, the record provided by Medanta Hospital the entry record is not based on the arrival time but based on the time of entry, we find that serial numbers of the entry are not matching with the times of entry. Hence the exact time of arrival of patient cannot be determined.

- As per record the patient was having acute chest pain for 1 hour duration and was received at 4:05 PM and a provisional diagnosis of CAD-ACS-NSTEMI and initial drug in the form of Ecosprin, Clopitab, Atorva, Inj. Pan, Inj. Antigen, Inj. Heparine, Inj. Imosac was advised by the doctor on duty and the same treatment was given to the patient at 4:10 PM as per the medication administration record. This treatment was appropriate for the condition of the patient. However, as per record there are no examination notes or any other entry by Dr. Praveen Chandra under whom the patient was admitted. The board also finds that according to Dr. Chandra a team of 3 cardiologists attached to him examined the patient in emergency. However the perusal of medical record showed that these doctors have not signed any records in the file. Dr. Praveen Chandra has admitted that decision to do angiography and shift the patient to Cath lab was taken in consultation with him on telephone. As per the statements and the records, Dr. Praveen Chandra had examine the patient physically for the first time at 6 PM when the patient was shifted to Cath Lab. However, this is not mentioned in the case file.
- The CD of angiography was examined and complete blockage of left circumflex and LAD was found and the patient was in cardiogenic shock.
- The patient had cardiac arrest at 7:15 PM and CPR was started at that time and Dr. Praveen Chandra informed the complainant at 7:15 PM that the patient's heart was not beating and the patient was finally declared dead at 8 PM. It is true that the deteriorating condition of the patient was not conveyed to the complainant as the condition of the patient became so critical that the whole team was busy in resuscitation of the patient as the patient had to be put on cardio resuscitation measures. Hence, Dr. Praveen Chandra and his team had no time or opportunity to inform & discuss the further plan of revascularization.
- As per the case file of the patient the first progress note was written at 4 PM and after that at 6:50 PM by Cardiac Anaesthetist followed by Cardiologist again at 6:50 PM. There is no entry between 4 PM and 6:50 PM.

The board is of the opinion that:

- The exact time of arrival of the patient to Medanta Hospital cannot be ascertained as there is no CCTV footage and entry into the register in emergency is not according to time of arrival, but it is reasonable enough to believe the patient must have reached hospital before 4 PM.


[Handwritten signatures and date]
 21/08/19

- The board finds that whatever treatment has been given as per record was appropriate for the condition of the patient.
- Board finds that allegation of the complainant that admitting consultant Dr. Praveen Chandra had not examined the patient physically in emergency is true as he examined patient only after patient was shifted for angiography at 6 PM. In spite of prior information to Dr. Praveen Chandra he examined the patient after about 2 hours in the Cath Lab.
- The Board also finds that there is no entry in doctors progress notes between 4 PM and 6:50 PM. Hence, it is not possible to know that who was actually treating and taking care of the patient during that period.


In the opinion of board the consultant under whom this patient was admitted should have physically examined the patient in emergency within reasonable time. The entry register in the emergency should be in serial order of time of arrival of patient. In absence of Dr. Praveen Chandra as per record there is a period of two and a half hour between 4 PM to 6:50 PM there are no recordings in the patient case file.

Conclusion:

Considering the very critical condition of the patient with acute coronary syndrome and cardiogenic shock the patient should have been physically examined by Dr. Praveen Chandra on urgent basis which was not done in this case and also in his absence since there are no records of any cardiologists examining this patient from 4 PM to 6:50 PM hence it is presumed that the patient was not under direct care of any cardiologist for which the hospital is responsible.


Dr. Naveen Kumar
Physician


Dr. Kajal Kumud
Physician


Dr. Naresh Sharma
President IMA


Dr. Pradeep Sharma
PMO-cum-Member Secretary


Dr. Sunita-Rathi
Dy. C.S.-cum-Chairman




Annexure L

SCQ 10(a): How many persons have been employed on Out Source Policy/Contractual Services in the Health Department in various categories from the last two years and what is the amount of money deposited in EPF/ESI for contractual services?

Reply: The table below illustrates the number of persons employed under Out Source Policy/Contractual Services at various Health Care Facilities in all the districts of the State, along with the details of EPF and ESI amounts deposited by the private contractors for the years of 2017 and 2018.

Sr. No.	Name of District	Year 2017			Year 2018		
		Total No. of persons engaged	Amount of EPF deposited	Amount of ESI deposited	Total No. of persons engaged	Amount of EPF deposited	Amount of ESI deposited
1	Ambala	459+C4-C24	4876681.88	1782632.52	469	9374298.6	3121883.12
2	Bhivani & Charkhi Dadi	178	2455889	88672	589	3449650	1455939
3	Faridabad	135	4111963	1060527	260	6521436	1686625
4	Fatehabad	102	1879248	639715	328	3005412	757158
5	Gurgaon	350	12036230	2399602	456	10910475	2825054
6	Hisar	112	179490	65584	136	16847813.66	6105503.58
7	Jhajjar	387	4971555	1213825	430	9845755	2162346
8	Jind	80	1206628	217845	358	4921455	1142512
			(except sweepers)	(except sweepers)		(except sweepers)	(except sweepers)
9	Kaithal	330	2408065	786060	309	5285198	1620461
10	Karnal	215	1063753	294932	215	3675700	1226210
11	Kurukshetra	215	1063753	294932	215	3675700	1226210
12	Moh	207	3536815	869308	207	6949662	1627247
13	Narnaul	293	5033365	1298930	293	7246914	2671651
14	Palwal	313	6284627	1871536	313	7718588	2305449
15	Panchkula	303	6867724	2157384	396	7083184	2994636
16	Panipat	62	19643489.67	507462.54	171	5039292	1304753.36
17	Rewari	160	3280968	859550	208	4988888	1222785
18	Rohatak	302	5692635	2094408	325	6599268	2434983
19	Sirsa	117	3496388	900580	294	6552967	1698351
20	Sonepat	368	3054998.01	1098659.1	376	5217273.7	1871617.1
21	Yamunanagar	111	4191060	1089672	317	5535081	1606047
	TOTAL	4340	96128197.56	21373971.16	6665	135522556	41924909.16

Information regarding Point No. 10(b):- The details of the agencies engaged for the out sourcing services is tabulated below:-			
Sr. No.	Name of District	Year 2017	Year 2018
		Service Providers engaged	Service Providers engaged
1	Ambala	M/s Premier Security & Manpower Services, Sonapat	M/s Friends Associate B.O-640 Sec-9 Panchkula
		M/S Oscar Security Services Panchkula	M/s Premier Security & Manpower Services, Sonapat
		M/s Marshal Securites Services, Faridabad	M/s Orrion Stars Innvates Pvt. Ltd., Panipat
		M/s Friends Associate B.O-640 Sec-9 Panchkula	M/s Sharp Global Group Faridabad
		M/s Sona Enterprises	M/s Balaji Security & Manpower Services, Kaithal
		M/s Shin Sind Security	M/s S.M Enterprises, Kaithal
			M/s B.R. & Company, 167/2 Gautam Nagar, Rewari
2	Bhiwani & Charkhi Dada	M/s Sharp Global Group Faridabad	M/s Sharp Global Group Faridabad
			M/s S.M Enterprises, Kaithal
3	Faridabad	M/s Morpheus Security Pvt. Ltd	M/s Marshal Securitas Services
		M/s Marshal Securitas Services	M/s Shree Shyam Enterprises
		M/s Shree Shyam Enterprises	M/s Goldern Ray Services
		M/s Goldern Ray Services	M/s K C Security Agency
		M/s Chhochi Co.op Society	M/s B.R. and Company
4	Fatehabad	M/s Sai Ram Security & Placement Services Hisar	M/s Sai Ram Security & Placement Services Hisar
			M/s Sharp Global Group Faridabad
5	Gurugram	M/s Franks Services (Regd), Kataria Market, OPP. Fire Station, New railway Road, Gurugram	M/s Franks Services (Regd), Kataria Market, OPP. Fire Station, New railway Road, Gurugram
		M/s Friends Detective Security Services No. 104 A, Pitampura, Delhi-110088	M/s Friends Detective Security Services No. 104 A, Pitampura, Delhi-110089
		M/s Marshal Securitas Services J- 147, 2nd Floor, Sector- 10, DLF 9 & 10, Dividing Road Faridabad	M/s Marshal Securitas Services J- 147, 2nd Floor, Sector- 10, DLF 9 & 10, Dividing Road Faridabad
		M/s Om Jai Sai Contractor Kataria Market, Opp. Fire Station, New Railway Road, Gurugram	M/s Om Jai Sai Contractor Kataria Market, Opp. Fire Station, New Railway Road, Gurugram
			M/s B. R. & Company, Rewari
6	Hisar	M/s Sharp Global Group Faridabad	M/s Sharp Global Group Faridabad
		M/s Radha Krishan Co.op Society Kurukshetra	
7	Jhajjar	M/s S. Ram Manpower Services, Manesar, Gurugram	M/s S. Ram Manpower Services, Manesar, Gurugram
		M/s A.P. Security Services, Rohtak	M/s Friends Detective Security Services No. 104 A, Pitampura, Delhi-110088
		M/s Friends Detective Security Services No. 104 A, Pitampura, Delhi-110088	M/s A.P. Security Services, Rohtak
8	Ind	M/s Sharp Global Group Faridabad	M/s Sharp Global Group Faridabad
9	Kaithal	M/s Shri Balaji Security Services Gurugram	M/s S.M. Enterprises, Kaithal
		M/s Ram Niwas Contractor Labour	M/s Shri Balaji Security Services Gurugram
			M/s Ding Manpower & Security Services Sirsa
			M/s Ram Niwas Contractor Labour
10	Karnal	M/s Premier Security & Manpower Services, Sonapat	M/s Premier Security & Manpower Services, Sonapat
			M/s Premier Security & Manpower Services, Sonapat

Sr. No.	Name of District	Year 2017	Year 2018
		Service Providers engaged	Service Providers engaged
11	Kurukshetra	M/s Ram Niwas Contractor Labour	M/s Ding Manpower & Security Services Sirsa
		M/s Premier Security & Manpower Services, Sonipat	M/s Group Enterprises Services, Kaithal
12	Nuh at Mandikhera (Mewat)	M/s B. R. & Company, Rewari	M/s B. R. & Company, Rewari
		M/s Sharp Global Group Faridabad	M/s Sharp Global Group Faridabad
13	Narnaul	M/s Om Jai Sai Contractor Kataria Market, Opp. Fire Station, New Railway Road, Gurugram	M/s Om Jai Sai Contractor Kataria Market, Opp. Fire Station, New Railway Road, Gurugram
		M/s Marshal Securitas Services J- 147, 2nd Floor, Sector- 10, DLF 9 & 10, Dividing Road Faridabad	M/s Marshal Securitas Services J- 147, 2nd Floor, Sector- 10, DLF 9 & 10, Dividing Road Faridabad
		M/s Sai Ram Security & Placement Services Hisar	M/s Sai Ram Security & Placement Services Hisar
		M/s B. R. & Company, Rewari	M/s B. R. & Company, Rewari
14	Palwal	M/s B. R. & Company, Rewari	M/s B. R. & Company, Rewari
		M/s Marshal Securitas Services J- 147, 2nd Floor, Sector- 10, DLF 9 & 10, Dividing Road Faridabad	M/s Sharp Global Group Faridabad
15	Panchkula	M/s K.C Security (Security)	M/s K.C Security (Security)
		M/s Radha Krishan Co.op Society Kurukshetra	M/s Sona Enterprises
		M/s Sona Enterprises	M/s Sharp Global Group Faridabad
16	Panipat	M/s Sharp Global Group Faridabad	M/s Premier Security & Manpower Services, Sonipat
		M/s Franks Services (Regd). Kataria Market, OPP. Fire Station, New railway Road, Gurugram	M/s Franks Services (Regd). Kataria Market, OPP. Fire Station, New railway Road, Gurugram
17	Rewari	M/s Alfa Enterprises	M/s Alfa Enterprises
		M/s Shadi Ram Contractor	M/s Shadi Ram Contractor
		M/s Om Jai Sai Contractor Kataria Market, Opp. Fire Station, New Railway Road, Gurugram	M/s Om Jai Sai Contractor Kataria Market, Opp. Fire Station, New Railway Road, Gurugram
18	Rohtak	M/s Shree Shayam Enterprises, H. No. B-207 Mal Hatan, Sector-20 A, Faridabad	M/s Shree Shayam Enterprises, H. No. B-207 Mal Hatan, Sector-20 A, Faridabad
		M/s Sai Ram Security & Placement Services Hisar	M/s Sai Ram Security & Placement Services Hisar
		M/s The Chhochhi Co-Operative Society VPO Chhochhi, Jhajjar	M/s S. Ram Security & Placment Services, LG-4 Sunrise Tower, Near PNB Bank Hisar
19	Sirsa	M/s Public Security & Placement Services	M/s M. S. Enterprises, Jind
20	Sonapat	M/s Premier Security & Manpower Services, Sonipat	M/s Premier Security & Manpower Services, Sonipat
		M/s Marshal Securitas Services J- 147, 2nd Floor, Sector- 10, DLF 9 & 10, Dividing Road Faridabad	M/s A.P. Security Services, Rohtak
		M/s A.P. Security Services, Rohtak	M/s Osaka Security and Housekeeping Services Pvt. Ltd. Sonapat
21	Yamunanagar	M/s Shivalik Housekeeping Services Delhi	M/s Shivalik Housekeeping Services Delhi
		M/s Nuvison Commercial Escort Services	M/s Nuvison Commercial Escort Services
		M/s Sai Ram Security & Placement Services Hisar	M/s Sai Ram Security & Placement Services Hisar
			M/s Sharp Global Group Faridabad

Observations/Recommendations of the Committee –

1. The Committee observed lack in meeting of the medical negligence board to review the complaints in the State.

Therefore, the Committee recommended that regular meetings of the Medical Negligence Board should be held quarterly to review the complaints and directed the department to make the provision in their rules/act so that a strict action against the concerned Doctor/Hospital/clinic will be taken by the Medical Negligence Board in case of adverse report against them.

2. The Committee observed that the condition of the fogging machines is not upto the mark and due to that a regular fogging is not been done in the state which causes the Dengue and Malaria disease. The Committee further observed that multiple stack holders also involved in fogging. Therefore the Committee recommended that a Committee in the chairmanship of CMO will be constituted with all the stack holders/responsible officers/officials of the various departments review the condition of the fogging machines and the area covered by each health department worker for the fogging in every season.

3 The Committee observed that the Government Hospitals faces great shortage of Medicines/injections supply especially in case of Rabies and Jaundices diseases the patients have to wait even for six months.

Therefore, Committee recommended that the Health Department should take a necessary action in this regard so that poor persons can get their treatment in Government Hospitals. The Department must be adopted mechanism system to provide proper supply of the Medicines.

The Committee framed the following questionnaires for Haryana Sheri Vikas Pardhikaran (HSVP) Department:-

1. a.) The reason for not holding the quarterly meetings for the monitoring the Government polices/guidelines in private hospitals in the state be supplied to the Committee.

b.) What action has been taken by the department against the officers who is responsible for not holding the meetings as per the policy schedule?

c.) What are the findings/violations by the monitoring Committee in its meeting held in past three years, the case wise action taken report be supplied to the Committee?
2. a.) After the allotment of the subsidized land, will it be further leased/ sale or transferred to any other party/person?
b.) The detailed inspection report about land allotted to the Medicity, Fortis and Artemis hospitals and its current usage by these hospitals be supplied to the Committee.

Reply received from the Haryana Sheri Vikas Pradhikaran (HSVP) Department –

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E-mail id:- adghuda3@gmail.com

Address:- C-3 HUDA HQ, Sector-I Panchkula

To

The Secretary,
Haryana Vidhan Sabha Secretariat,
Chandigarh.

Memo No. A-1-UB-2019/ 45/41

Dated: 27/5/2019

Subject:- Meeting of the Subject Committee on Education, Technical Education, Vocational Education, Medication Education & Health Services.

Kindly refer to your office memo no. HVS/E&H/3/2019-20/7761-71 dated 22.05.2019 on the subject cited above.

The reply of the questionnaire asked by the Committee is furnished as under:-

Point no	Questionnaire asked by the Subject Committee	Reply of the Administrator, HSVP, Gurugram												
a)	The reason for not holding the quarterly meetings be supplied to the committee.	<p>In this regard, it is intimated that the quarterly meetings were convened for ensuring the implementation of the terms and conditions of allotment. Further it is intimated that in reference to the same, a letter has already been forwarded to the then Estate Officers, HSVP, Gurugram vide memo no. 561, 562, 563 dated 25.01.2019 (Annexure-A1).</p> <table border="1"> <thead> <tr> <th>Sr. No.</th><th>Name of officer</th><th>Incumbency period</th></tr> </thead> <tbody> <tr> <td>1.</td><td>Sh. Tarun Kumar</td><td>30.11.2014 to 13.12.2016</td></tr> <tr> <td>2.</td><td>Sh. Sanjiv Kumar</td><td>13.12.2016 to 17.04.2017</td></tr> <tr> <td>3.</td><td>Sh. Vivek Kalia</td><td>18.04.2017 to 02.04.2018</td></tr> </tbody> </table> <p>Nevertheless, as per the reference available in the record the previous meeting in the this regard were held on 10.06.2014, 29.01.2015, 16.09.2016, 07.12.2016, 23.08.2017, 20.02.2018, 16.05.2018 and presently has been held on 06.08.2018. The meeting is to be held quarterly.</p>	Sr. No.	Name of officer	Incumbency period	1.	Sh. Tarun Kumar	30.11.2014 to 13.12.2016	2.	Sh. Sanjiv Kumar	13.12.2016 to 17.04.2017	3.	Sh. Vivek Kalia	18.04.2017 to 02.04.2018
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3.	Sh. Vivek Kalia	18.04.2017 to 02.04.2018												
b)	What action has been taken by the department against the officer who is responsible for not holding the meetings as per policy schedule ?	<p>It is a fact that the quarterly meeting has not been held but it has been observed that in the year 2014, 2015 and 2017, single meeting has been held and in the year 2016 & 2018, 2-3 meetings have been held. It is mentioned here that explanation of the then EO's, HSVP Sh. Tarun Kumar, Sanjeev Kumar & Sh. Vivek Kalia, HCS has been called for to explain the position for not</p>												



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		convening the meeting of Monitoring Committee on quarterly basis on dated 27.05.2019 (copy enclosed at (F/C)). Now EO-II, HSVP, Gurugram has ensured that the meeting will be held quarterly.		
c)	What are the findings/violations noticed by the monitoring committee in its meetings held in past three years, the case wise action taken report be supplied to the committee?	Notices to the three Hospitals have been issued by EO-II, Gurugram office vide memo no. 230 dated 02.04.2010, 5520 dated 05.05.2010, 10401 dated 11.11.2013, memo no. 012/PA dated 14.01.2018 and No HSVP/2018/EO-II/148-150 dated 04.01.2019 (Placed at F/A) .		
2.	A) After the allotment of subsidized land will it be further leased/ sale or transferred to another person / party ?	After the allotment lease deed approved by HSVP vide its memo no. 2858 dated 06.04.2012 with specific approval from HSVP, Global Health Private Limited (GHPL) has entered into lease deed for the support area as per site plan, lease deed with third parties on the attached perform (F/B)	After the allotment letter no lease permission granted to Artemis Hospital.	After the allotment letter no lease permission granted to Forties Hospital.
	B) The detailed inspection report about land allotted to the Medicity, Forties and Artemis Hospital and its current usage by these hospitals be supplied to the committee.	As per condition of allotment letter shops shall not be allowed to be constructed except these specifically provided in the zoning plan. There is no sub lease deed approved by HSVP except support area. But inspection report submitted by SDE (Survey)	As per condition of allotment letter shops shall not be allowed to be constructed except these specifically provided in the zoning plan. There is no provision to sublease. But inspection report submitted by SDE (Survey) as on date, some	As per condition of allotment letter shops shall not be allowed to be constructed except these specifically provided in the zoning plan. There is no provision to sublease. But inspection report submitted



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		as on date, some commercial activities are functioning at site. Pictures enclosed for ready reference. No permission for sub lease has been granted by HSVP. The Show Cause Notice for violation of terms and conditions of allotment/directions/policy guidelines has been issued by EO-II, HSVP, Gurugram to the Hospital on 27.05.2019 (F/D).	commercial activities are functioning at site. Pictures enclosed for ready reference. No permission for sub lease has been granted by HSVP. The Show Cause Notice for violation of terms and conditions of allotment/directions/policy guidelines has been issued by EO-II, HSVP, Gurugram to the Hospital on 27.05.2019 (F/D).	by SDE (Survey) as on date, some commercial activities are functioning at site. Pictures enclosed for ready reference. No permission for sub lease has been granted by HSVP. The Show Cause Notice for violation of terms and conditions of allotment has been issued by EO-II, HSVP, Gurugram to the Hospital on 27.05.2019 (F/D).
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25 copies of above information are sent herewith.

DA/As above.


 Administrator, (HQ)
 HSVP, Panchkula

Annexure A

From
Estate Officer-II
HUDA, Gurgaon

To
M/s. Global Health Pvt. Ltd.
Th. Dr. Naresh Trehan
B-4, Maharani Bagh
New Delhi

Memo No. 230

Dated: 2/4/10

Sub:- Regarding free treatment to the poor persons or patients.

You are requested to ensure and report this office whether free treatment to poor persons or patients are reserved and implementing as per terms and conditions of allotment letter. You are requested to submit the record regarding the same instructions issued by Chief Administrator, HUDA Panchkula at the earliest as the same is to be submitted to Head Office.

Endst No. 231

A copy of the above is forwarded to Administrator, HUDA, Gurgaon for information and necessary action please.

Estate Officer-II
HUDA, Gurgaon

Estate Officer-II
HUDA, Gurgaon

From
Estate Officer-II
HUDA, Gurgaon

To
M/s Global Health Pvt. Ltd.
Th. Dr. Naresh Trehan
3-4, Maharani Bagh,
New Delhi.

Memo no.

5520

Dated:

3/5/10

Sub: Regarding free treatment to the poor persons or patients.

Ref: This office Memo No. 230, dated 2.4.2010.


You are hereby again requested to ensure and report this office whether free treatment to poor persons or patients are reserved and implementing as per terms and conditions of allotment letter. You are requested to submit the record regarding the same within three days positively as the same is to be submitted to Head Office.

Encl. No.

5521

Dated:

5/5/10


Estate Officer-II
HUDA, Gurgaon

A copy of above is forwarded to Administrator, HUDA, Gurgaon for information and necessary action please.


Estate Officer-II
HUDA, Gurgaon

From

Estate Officer-II

HUDA, Gurgaon

To

M/s. Global Health Pvt. Ltd.

Th. Dr. Naresh Trehan

B-4, Maharani Bagh

New Delhi

Memo No. 230

Dated: 2/4/10

Sub:- Regarding free treatment to the poor persons or patients.

You are requested to ensure and report this office whether free treatment to poor persons or patients are reserved and implementing as per terms and conditions of allotment letter. You are requested to submit the record regarding the same, instructions issued by Chief Administrator, HUDA Panchkula at the earliest as the same is to be submitted to Head Office.

 Estate Officer-II

HUDA, Gurgaon

Encl No. 231

Dated: 2/4/10

A copy of the above is forwarded to Administrator, HUDA, Gurgaon for information and necessary action please.

 Estate Officer-II

HUDA, Gurgaon

Estate Officer-II
HUDA, Gurgaon

Fortis Heart & Multi Speciality Hospital
Sector-44, Gurgaon

Memo No.

11273

Dated: 27/10/14

Show Cause Notice under section 17(3) of the HUDA Act. 1977 in respect of Fortis Heart & Multi Speciality Hospital, Sector-44, Gurgaon.

Whereas you were allotted Hospital site vide this office memo No. 11273 dated 17.12.2004 on free hold basis with the stipulation that the allotment shall be governed by the provisions of the HUDA Act. 1977 and the terms and conditions contained in the allotment letter. It has been reported to me that you have turned a portion of hospital site into a non-medical multi level gymnasium and spa and as such violated the terms and conditions of the allotment. It was very much made clear in clause No. 3 & 9 of the allotment letter, "The site shall not be used for the purpose other than the one for which the land is allotted. If you do not use the land for the specified purpose it will revert to HUDA alongwith the structure, if any". Now it has been reported to me that you are running gymnasium and spa on the Hospital site, which is not permissible and as such you have committed a breach of terms and conditions of the allotment letter.

Now, in exercise of the powers vested in me under section 17(3) of the HUDA Act. 1977, you are hereby called upon to show cause within a period of 30 days of the issue of this notice, as to why an order of resumption of the site/building and forfeiture of whole or any part of the money, paid in respect thereof should not be made. You may, if you so wish, produce any evidence in support of your cause. In case, you fail to show cause within the stipulated period, it shall be assumed that you have nothing to say in the matter and an ex-parte decision shall be taken.

Enclst. No.

11274

Estate Officer-II
HUDA, Gurgaon

Dated: 27/10/14

A copy of the above is forwarded to the SDE(Survey) O/o Estate Officer-II, HUDA, Gurgaon for information and taking necessary action.

Estate Officer-II



Estate Officer-II, HSVP, Gurugram
Plot No. C-1, Tower-2, GTPL Building
Infocity, Sector 34, Gurugram
Phone: 0124-2371346,
email: eoggnhuda2@gmail.com



To

1. Artemis Medicare Services Pvt Ltd.
Sector-51, Gurugram.
2. Fortis Heart & Multi Specialty Hospital
Sector-44, Gurugram
3. The Medicity
Sector 38, Gurugram

No. HSVP/2018/EO-II/ 165-147

Dated : 4.01.2019

Sub: To Provide the Detail of Staff Employed in your Hospital (Medical, Para Medical and other Class IV).

The detail of staff employed in your hospital as per list provided by you is incomplete. You are requested to provide the complete detail of staff employed in your hospital (Medical, Para Medical and other Class IV staff) to comply the condition contained in the allotment letter regarding preference is to be given to domicile of Haryana in the recruitment of medical, para-medical and other class-IV staff while filling the various posts.

2. It is requested to supply the same within 3 days positively from the date of receipt of this letter.


 Estate Officer-II
 HSVP, Gurugram



Estate Officer-II, HSVP, Gurugram
Plot No. C-1, Tower-2, GTPL Building
Infocity, Sector 34, Gurugram
Phone: 0124-2371346,
email: eggghuda2@gmail.com



To

1. Artemis Medicare Services Pvt Ltd.
Sector-51, Gurugram.
2. Fortis Heart & Multi Specialty Hospital
Sector-44, Gurugram
3. The Medicity
Sector 38, Gurugram

No. HSVP/2018/EO-II/ 145-147
Dated : 4-01-2019

Sub: To Provide the Detail of Staff Employed in your Hospital (Medical, Para Medical and other Class IV).

The detail of staff employed in your hospital as per list provided by you is incomplete. You are requested to provide the complete detail of staff employed in your hospital (Medical, Para Medical and other Class IV staff) to comply the condition contained in the allotment letter regarding preference is to be given to domicile of Haryana in the recruitment of medical, para-medical and other class-IV staff while filling the various posts.

2. It is requested to supply the same within 3 days positively from the date of receipt of this letter.


Estate Officer-II
HSVP, Gurugram



Estate Officer-II, HSVP, Gurugram
Plot No. C-1, Tower-2, GTPL Building
Infocity, Sector 34, Gurugram
Phone: 0124-2371346,
email: eoggnhuda2@gmail.com



To

1. Artemis Medicare Services Pvt Ltd.
Sector-51, Gurugram.
2. Fortis Heart & Multi Specialty Hospital
Sector-44, Gurugram.
3. The Medicity
Sector 38, Gurugram

No. HSVP/2018/EO-II/ 148-150

Dated : 4-01-2019

Sub: To Provide the Detail of BPL/EWS from 01 Jan 2018 to 31 Dec 2018.

The detail of BPL/EWS as supplied by you is insufficient. You are requested to provide the complete detail of BPL/EWS from 01 Jan 2018 to 31 Dec 2018 (month wise) on the following proforma to comply with the specific terms and conditions contained in the allotment letter for providing free treatment to poor persons or patients in consonance with the guidelines issued on the subject from time to time :

Sr. No.	Month	Total Patient	EWS Patient	%age	Full details of EWS/BPL Patient
1	Jan-2018				
2	Feb-2018				
3	March-2018				
4	April-2018				
5	May-2018				
6	June-2018				
7	July-2018				
8	Aug-2018				
9	Sept-2018				
10	Oct-2018				
11	Nov-2018				
12	Dec-2018				

2. It is requested to supply the above information within 3 days positively from the date of receipt of this letter.

Estate Officer-II
HSVP, Gurugram

Estate officer-II, HUDA, Gurugram
 Plot No. C-1, Tower-2, GTPL Building
 Infocity, Sector 34, Gurugram
 Phone: 0124-2371346, email:
 eoggnhuda2@gmail.com



From

Estate Officer-II
 HUDA

To

M/s Global Health Private Ltd.
 The Medinix - Medanta Hospital
 Sector-38, Gurugram

Sr.No.012/PA

Dated: 14.01.2018

Sub: Show Cause for non compliance of the
 directions/guidelines

Whereas, the allotment for setting up of a Year Project Medinix in Sector-38 Gurugram was done on condition that you shall abide by the Govt. Policies as applicable from time to time.

Whereas, the allotment was subject to the provisions of HUDA Act, 1975 and regulations framed thereunder, and HUDA in its policy dated 10.06.2000 and its subsequent Policy Guidelines for ensuring implementation of terms & conditions of allotment regarding free treatment to the poor persons or patients and making it mandatory for hospitals to treat poor and registers themselves as charitable.

Whereas the undersigned upon inspection of the record/ report being sent to HUDA of the 31st Dec 2017, your Hospital have observed that the patients attended to by you are mostly from outside Haryana & domiciled of Haryana as mandated. Additionally, the number

such patients attended to were also less than what you are in routine mandated to.

Whereas, the issue was brought to the notice of the representatives of your Hospital in the Review meeting of the Monitoring Committee held on 23.09.2018 & reiterated on 4.01.2018 and am convinced that the HODs in this regard already stand issued for taking corrective measures.

Thus, I hereby call upon you to show cause within a week of receipt of this notice, as to why action shall not be initiated against you for non compliance of the directions/policies/guidelines as aforementioned.

M. A. Khan

Joint Director
HMDA, Gandhinagar



Estate Officer-II, HSVP, Gurugram
Plot No. C-1, Tower-2, GTPL Building
Infocity, Sector 34, Gurugram
Phone: 0124-2371346,
email: eoggnhuda2@gmail.com



To

1. Artemis Medicare Services Pvt Ltd.
Sector-51, Gurugram.
2. Fortis Heart & Multi Specialty Hospital
Sector-44, Gurugram
3. The Medicity
Sector 38, Gurugram

No. HSVP/2018/EO-II/ 145-147
Dated : 4-01-2019

Sub: To Provide the Detail of Staff Employed in your Hospital (Medical, Para Medical and other Class IV).

The detail of staff employed in your hospital as per list provided by you is incomplete. You are requested to provide the complete detail of staff employed in your hospital (Medical, Para Medical and other Class IV staff) to comply the condition contained in the allotment letter regarding preference is to be given to domicile of Haryana in the recruitment of medical, para-medical and other class-IV staff while filling the various posts.

2. It is requested to supply the same within 3 days positively from the date of receipt of this letter.


Estate Officer-II
HSVP, Gurugram



Estate Officer-II, HSVP, Gurugram
Plot No. C-1, Tower-2, GTPL Building
Infocity, Sector 34, Gurugram
Phone: 0124-2371346,
email: eoggnhuda2@gmail.com



To

1. Artemis Medicare Services Pvt Ltd.
Sector-51, Gurugram.
2. Fortis Heart & Multj Specialty Hospital
Sector-44, Gurugram
3. The Medicity
Sector 38, Gurugram

No. HSVP/2018/EO-II/ 148-150
Dated : 4-01-2019

Sub: To Provide the Detail of BPL/EWS from 01 Jan 2018 to 31 Dec 2018.

The detail of BPL/EWS as supplied by you is insufficient. You are requested to provide the complete detail of BPL/EWS from 01 Jan 2018 to 31 Dec 2018 (month wise) on the following proforma to comply with the specific terms and conditions contained in the allotment letter for providing free treatment to poor persons or patients in consonance with the guidelines issued on the subject from time to time :

Sr. No.	Month	Total Patient	EWS Patient	%age	Full details of EWS/BPL Patient
1	Jan-2018				
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3	March-2018				
4	April-2018				
5	May-2018				
6	June-2018				
7	July-2018				
8	Aug-2018				
9	Sept-2018				
10	Oct-2018				
11	Nov-2018				
12	Dec-2018				

2. It is requested to supply the above information within 3 days positively from the date of receipt of this letter.

Estate Officer-II
HSVP, Gurugram

The Estate Officer-II,
HUDA, Gurgaon.

To

M/s Global Health Private Ltd.,
B-4, Maharani Bagh,
New Delhi-110065.

Memo.No. 2252

dated

16.03.12

Permission to lease out building constructed over 43 Acre of land in Sector 38 Medicity, Gurgaon.

Ref.

Your application dated 14.3.2012 and CA HUDA Panchkula endst.No.2916 dated 14.3.2012.

As requested by you in your letter given under reference, permission is hereby granted to you for leasing and renting upto 75 % portion of the building constructed over the allotted land in Sector 38, Medicity, Gurgaon and Occupation Certificates issued vide this office memo.No.SDE(S)1361 dated 4.11.2009 having covered area of 149228.03 Sqm. and No.SDE(S)203 dated 9.3.2011 having area of 20235.11 Sqm. for the purposes as defined in the zoning plan bearing Drg.No.DTP(G)1339/2004 dated 28.12.2004. You are, therefore, requested to deposit the requisite leasing fee within 7 days from the date of issue of this letter.

Further you may enter into the lease agreement for the permissible activities and inform this office alongwith the date of commencement of lease, particulars of lessee, leased out area alongwith the applicable fee and necessary charges as per HUDA policy.

For every subsequent lease or change in lessee, the allottee will be required to inform the office about such change, preferably 15 days in advance of signing the lease agreement but not later than 15 days of execution of lease deed alongwith requisite details.

Estate Officer-II,
HUDA, Gurgaon.

Endst.No. 2253-54

dated

16.03.12

Copy of the above is forwarded to the following for information and necessary action:-

1. Chief Administrator, HUDA, Panchkula.
2. Administrator, HUDA, Gurgaon.

Received
12/2/12

Estate Officer-II,
HUDA, Gurgaon.

Annexure B

LEASE DEED

This Lease Deed (hereinafter referred to as '**this Deed**') is executed at _____ on the _____ day of _____, 20____ by and between:

1. **Global Health Private Limited**, a company duly incorporated under the Companies Act, 1956 having its registered office at E-18, Defence Colony, New Delhi-110024, acting through its signatory Ms. Sarita Sachdev, duly authorized vide Board Resolution dated 23-08-2012 (hereinafter referred to as the '**GHPL**'/'Owner'/'Lessor', which expression shall include its successors-in-interest, representatives, executors, agents and permitted assigns) being Party of the FIRST PART;

AND

2. **S.A.S. INFOTECH PRIVATE LIMITED**, a company duly incorporated under the Companies Act, 1956 having its registered office at 21-A, JANAPATH, New Delhi acting through its signatory Mr. Rakesh Arora, duly authorized vide Board Resolution dated 23-03-2012 (hereinafter referred to as the '**SAS**', which expression shall include its successors-in-interest, representatives, executors, agents and permitted assigns) being Second Party of the FIRST PART;



Estate Officer - II
HUDA, GURGAON



AND

[DETAILS OF LESSEE(S)]


(hereinafter singly/jointly, as the case may be, referred to as the '**Lessee**' which expression shall unless repugnant to the context or meaning thereof, be deemed to include his/her/its/their heirs, executors, administrators, legal representatives, successors and permitted assigns) of the **SECOND PART**.

PART - I**DEFINITIONS, INTERPRETATIONS AND RECITALS****I. DEFINITIONS**

1. In this Deed each of the following expressions, unless repugnant to the context, shall have the meaning hereinafter suggested:
 - 1.1 "**Complex**" shall mean the mega size project known as '*Medicity*' in Sector-38, Gurgaon covering an area of 43 acres comprising of the Hospital Area, Residential Area, Support Area and Guest House Area along with various Common Areas, Facilities and Amenities.
 - 1.2 "**Common Areas, Facilities and Amenities**" shall mean and include, corridors, lobbies, stairways, lifts, passage-ways, space for AHUs, driveways, common lavatories, lifts, lift rooms, machine rooms, security rooms, any area meant or allocated for common services, escalators, pumps, lighting for common spaces, plant rooms, pump rooms, tube-well, overhead water tanks, water pump and motor, water / sewage treatment plants, basement car parking / stilts (not specifically allotted), open air car parking (not specifically allotted), communication equipments / towers and landscaping laying of lawns, parks and greens in the Development Area and any and every other facility or service provided for common use.
 - 1.3 "**Support Area**" shall mean the land site admeasuring 5 (five) Acres being part of the Land and marked as "Support Area" in the Zoning Plan of Medicity and show in Red color on a copy of the said Zoning Plan;

2

 Authorised Signatory


 Estate Officer - II
 HUDA, GURGAON

- 1.4 **"Effective Date"** shall mean the date of execution of this Deed.
- 1.5 **"Governmental Approval"** shall mean any consent, permissions sanctions as may be required with respect to any of the matter covered by this Deed from or by Governmental Authority.
- 1.6 **"Governmental Authority"** shall mean any central, state provincial or local government or other political subdivision thereof any entity, authority or body exercising executive, legislative, judicial regulatory or administrative functions of any such government or political subdivision, and any supranational organization of sovereign states exercising such functions for such sovereign states.
- 1.7 **"Governmental Order"** shall mean any judgement, order, writ, injunction, decree, stipulation, determination or award issued by any Governmental Authority.
- 1.8 **"Land"** shall mean all that piece and parcel of land admeasuring 43 (forty three) acres situated in Sector 38, Gurgaon, Haryana on which Complex has been constructed and developed as per sanctions and Government Approvals.
- 1.9 **"Law"** shall mean any applicable Governmental Order or any applicable provision under any law (including principles of the common law), legally binding directive, treaty, statute, rule, regulation or order of any Governmental Authority.
- 1.10 **"Liabilities"** shall mean any and all liabilities and obligations of every kind and description whatsoever, whether such liabilities or obligations are known or unknown, disclosed or undisclosed, matured or unmatured, accrued, absolute, contingent or otherwise.
- 1.11 **"Maintenance Agency"** shall mean the SAS or any agency / corporation appointed by SAS or any other nominee(s) as SAS in its sole discretion may deem fit / nominate for carrying out the maintenance of the Support Area.
- 1.12 **"Maintenance Agreement"** shall mean the Agreement, which shall be entered by Lessee with Maintenance Agency for the purposes of providing the maintenance services to it.
- 1.13 **"Occupation Certificate"** shall mean with respect to the Complex a certificate issued as referred to in Recital 3.11.
- 1.14 **"Party"** means either the Lessor, SAS or the Lessee when referred to



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Estate Officer 11

Individually and "**Parties**" shall mean Lessor and Lessee or SAS and Lessee collectively, as the context may require.

1.15 "**Person**" shall mean any individual, partnership, firm, corporation, association, trust, unincorporated organization, joint venture, limited liability company, Governmental Authority or other entity.

1.16 "**Said Premises**" shall have the meaning as referred to in Recital 3.16.

1.17 "**Super Area**" of the said Premises within the Building shall be the sum of the Specific Area / Carpet Area of said Premises and its pro-rata of Common Areas, Facilities and Amenities in the Building.

Where the Specific Area / Carpet Area of said Premises shall mean the entire area enclosed by its periphery walls including area under walls, columns, half the area of walls common with other premises etc.

It is specifically made clear that the computation of Super Area of the said Premises does not include:-

- i) Roof Terrace above top floor;
- ii) Car parking.

INTERPRETATIONS

2. Except where the context requires otherwise, this Deed will be interpreted as follows:

Headings are for convenience only and shall not affect the construction or interpretation of any provision of this Deed.

Where a word or phrase is defined, other parts of speech and grammatical forms and the cognate variations of that word or phrase shall have corresponding meanings.

Words importing the singular shall include plural and vice versa.

Reference to Recitals, Clauses, Schedules and Annexures are to recitals, clauses, schedules and Annexures of this Deed.

All words (whether gender-specific or gender neutral) shall be deemed to include each of the masculine, feminine and neuter genders.

Any reference in this Deed to a statutory provision includes that

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DELHI
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Estate Officer - II

2A Final Draft

provision and any regulation made in pursuance thereof, as from time to time modified or re-enacted, whether before or after the date of this Deed.

The *ejusdem generis* (of the same kind) rule will not apply to the interpretation of this Deed. Accordingly, 'include' and 'including' will be read without limitation.

A reference to any document (including this Deed) is to that document as amended, consolidated, supplemented, novated or replaced from time to time.

A reference to a statute or statutory provision includes, to the extent applicable at any relevant time.

References to writing include any mode of reproducing words in a legible and non-transitory form.

RECITALS

WHEREAS:

- 3.1 Pursuant to an application made by Dr. Naresh Trehan, resident of B-4, Maharani Bagh, New Delhi - 110065 Haryana Urban Development Authority (hereafter HUDA) vide Letter of Allotment dated 10.08.2004 Informed him of its intention to allot to him land admeasuring 43 (forty three) acres, situated in Sector 38, Gurgaon, Haryana (hereinafter the "**Land**") for setting up a mega size, multi-speciality hospital project known as "**MediCity**", comprising of the Hospital Area, Residential Area, Support Area and Guest House Area along with various Common Areas, Facilities and Amenities (hereinafter referred to as "**Complex**").
- 3.2 HUDA issued to Dr. Naresh Trehan, the letter of allotment, No. 1704 and dated 29.10.2004, confirming to him the allotment of the said Land relating to the MediCity project, subject to the provisions of the HUDA Act, 1977 and the Rules and Regulations framed thereunder;
- 3.3 HUDA issued Memo No. 1704 dated 29.10.2004 allotting the Land to Dr. Naresh Trehan wherein it allowed Dr. Naresh Trehan to float a Company with himself as major promoter for the implementation of the Project and the ownership of the Project would be allowed to be transferred in favour of the Company;





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Estate Officer - II
HUDA, GURGAON

- 3.4 Dr. Naresh Trehan duly Incorporated, acting as a major promoter, Global Health Private Limited, on 13.08.2004 for the purpose and with the object of acquiring from HUDA, the Land allotted to Dr. Naresh Trehan and for the purpose of developing and establishing MediCity;
- 3.5 HUDA, through its Estate Officer, confirmed, vide Memo bearing No. 706 and dated 27.04.2005, that the Land allotted in the name of Dr. Naresh Trehan stood transferred in the name of GHPL but was subject to the condition that Dr. Naresh Trehan shall remain a major promoter of GHPL;
- 3.6 Pursuant to the allotment and on payment of the entire consideration by GHPL, HUDA executed in its favour a Conveyance Deed dated 06.01.2005, which was duly registered in the Office of Sub-Registrar, Gurgaon as Document No.19958, in Additional Book No. I, Volume No.7597 at Page No.60 (hereinafter referred to as "**HUDA Conveyance Deed**").
- 3.7 GHPL took possession of the Land vide Possession Certificate bearing No. SDE(S) 77 dated 06.01.2005;
- 3.8 GHPL vide its letter dated 16th March, 2007 requested HUDA to clarify and confirm inter alia that it may from time to time create mortgage charges over the Medicity site and in response thereto HUDA vide its letter No. 427 dated 26th March, 2007 confirmed that "In terms of the allotment letter issued vide letter No. 1704 dated 29-10-2004 and Conveyance Deed executed on 6-1-2005 you can mortgage the site or any part of it in favour of security trustee/bank/ financial institution as security for your creditors/investors etc.;
- 3.9 In consideration of moneys advanced to it for the construction and development of the Hospital buildings and equipments, GHPL created on 5th August, 2009 a mortgage by deposit of Title Deeds in favour IDBI Trusteeship Service Limited. The said mortgage however does not cover the Support Area or the land forming part thereof or the buildings constructed thereon;
- 3.10 To fulfil its obligations under the Allotment and the Conveyance Deed with respect to the development of the Support Area, GHPL permitted and authorised SAS to develop and construct at its own cost and responsibility, the buildings comprising of Towers A,B,& C which are located in the Support Area and in consideration thereof GHPL had agreed that, subject to the approval of HUDA and as permitted by HUDA, SAS would be entitled to a Title Deed by way of a Conveyance or a Lease of the buildings in the Support Area and to the benefit of all incomes and benefits arising therefrom including the premium if any paid by the lessees/tenants/ occupants/

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Authorised Signatory




Estate Officer - II
HUDA GURGAON

- 3.11 The Sanctioned Plans for the development and construction on the Support Area were duly obtained from the Competent Authority-HUDA vide _____ dated _____ and SAS at its own cost developed the land covered by the Support Area and constructed the buildings thereon (hereinafter referred to as the "**Building**") pursuant to the sanctions, approvals, permissions and licenses granted by the Governmental Authorities / HUDA including and not limited to prescribed zoning plans.
- 3.12 The Lessee advanced to SAS various amounts aggregating to Rs. _____ to finance the development of the Support Area and the construction thereon of the buildings on the assurance that , subject to the approval of HUDA and as permitted by it, _____ sq. feet of the office space in Tower _____ shall be transferred to it under a Deed of Conveyance or Lease;
- 3.13 SAS acting upon the assurances given to it, SAS constructed with its own funds and with the help of funds advanced to it by others including the Lessee herein the three Towers known as Towers A, B, and C in the Support Area and upon the completion of construction and development of the Buildings, HUDA issued and thereby granted a Full Occupation Certificate bearing Memo No. SDE(S) 203, dated 09.03.2011 and the said Certificate is effective from 29.07.2010.
- 3.14 Vide a letter dated 21st June, 2011 addressed by GHPL informed HUDA that it had completed the Support Area and obtained the Completion Certificate and further that it had paid the full price of the land as per Clause 25 of Form C- Allotment Letter and requested for the issue of a NOC to enable it to execute Title Deeds for the Support Area. HUDA by its Memo No. 4560 dated 28-6-2011 confirmed that nothing is due from GHPL in relation to the allotment and Conveyance to it of Medicity, Sector 38, Gurgaon as on 27-06-2011 but did not clarify the issue requested for;
- 3.15 GHPL therefore vide its letter dated 11.02.2012 again sought clarification / permission from the Chief Administrator, HUDA, Panchkula and the confirmation that GHPL may for purposes of putting to use the buildings in the Support Area in terms of and as permitted in the Zoning Plan execute Title Deeds in favour of allottee(s) by way of Conveyance or Lease. In response to the said letter the Chief Administrator, vide Memo 2915, dated _____

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INFOTEC

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14.03.2012 informed GHPL that the execution of any kind of Title deeds for any portion of plot / land allotted by HUDA or any building constructed over it is not permissible. The Chief Administrator further directed that policy pertaining to Lease / renting of the Institutional Plots allotted by HUDA stands circulated vide Chief Administrator HUDA Office Memo No. A -1 2001/27097 dated 4-10-2001 and that GHPL may in this regard approach the Competent Authority i.e. the office of concerned Estate Officer, HUDA.

3.16 GHPL vide its letter dated 14.03.2012 to the Estate Officer II, HUDA sought permission to lease and rent the areas constructed in buildings on the land in the Medicity and on a long term basis. GHPL also sought approval to the format of the long term lease to be executed based upon which this deed is made.

3.17 Pursuant to GHPL's aforesaid request, the Estate Officer vide its Memo No.2252 dated 16.03.2012 granted permission for leasing and renting upto 75 % portion of the building constructed on the allotted land of 43 acres for the purposes defined in the Zoning plan dated 28-12-2004 and requested GHPL to deposit the requisite leasing fee within 7 days (hereinafter referred to as "HUDA Communication"). GHPL accordingly deposited and paid the requisite fee to HUDA vide receipt No. _____ dated _____ to Lease and Rent.

3.18 Pending the review by the Chief Administrator of its decision dated as requested for by GHPL vide its letter dated 14 March, 2012 the Lessee has agreed to take on lease an office area admeasuring _____ square feet Super Area bearing no. _____ situated on _____ floor in the Tower _____ located in the Support Area and which is more specifically described in **Schedule-I** attached herewith and shown in the layout plan attached herewith as **Schedule-II** (hereinafter referred to as the "said Premises").

3.19 The Lessee has represented and undertaken that it has duly inspected the sanctioned building plans, the Completion Certificate, the ownership records and the documents relating to the title of the Land, HUDA Communications and other documents relating to the authority and competency of the Lessor to execute this Deed and being satisfied in all respects has requested that this deed be executed in its favour.

3.20 The Lessee further confirmed that it is entering into this Deed with full knowledge of all the Laws applicable to the Land, the Building and the said Premises and in particular the terms and conditions contained in the HUDA



 S. INFOTECH
 DELHI
 Authorised Signatory

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paid by the Lessee.

3. **RENT & PREMIUM**

The Lessee has from time to time advanced to SAS and SAS acknowledges the receipt of the aggregate sum of Rs. _____ (Rupees _____). The said amount has been used by SAS towards the cost of development and construction of the building in which the said Premises is located. The said amount is treated herein as the one time Construction Premium paid by the Lessee to SAS which SAS shall in consideration hereof be entitled to hold and the same shall be non refundable.

3.1. Further, in consideration of this Lease, the Lessee shall pay to GHPL as and by way of an Annual Rent Rs.1.00 (Rupees One only) per square foot of Super Area of the said Premises. The Annual Lease Rent shall be payable by the Lessee to the Lessor for every year in advance by the 30th day of commencement of each year.

3.2. It is hereby clarified that the Premises of which this Lease has been granted to the Lessee is a bare shell, it cannot be used in its present incomplete state and it does not have any internal fittings or fixtures including electric wiring, switches, fittings, fans, geysers, electric and water meters and/ or connections etc., all of which shall be installed by the Lessee at its own costs and expenses.

4. **TAXES**

4.1. The Lessee agrees to pay directly or if paid by the Lessor, then reimburse on demand, Government rates, property taxes, wealth tax, service tax in relation to the said Premises and / or execution of this Deed, taxes, fee and levies of all and any kind by whatever name called, whether levied or leviable now, or in future in respect of the lease, Annual Lease Rent, Construction Premium for said Premises and/or in relation to its usage. On default in making such payment within time, all the demands due including the penalties, penal interest or any other charges as may be imposed / levied thereon shall also be payable by the Lessee. The Lessee shall be liable to pay interest @ 2% per month compounded monthly for all amounts that are paid by Lessor on behalf of the Lessee.

4.2. The Lessee further agrees that till such time the above mentioned taxes are not separately assessed in relation to the said Premises, same shall be paid



Authorised Signatory

Estate Officer - II

this Deed. The Lessee undertakes to duly comply with and observe the terms and conditions of the Maintenance Agreement and to promptly make the due payments to the Maintenance Agency of the maintenance charges and other sums payable under the Maintenance Agreement as per the terms and conditions of the Maintenance Agreement.

- 5.3. The Lessor shall have no objection to the Lessee sub-letting, mortgage or assigning its rights under this Deed subject to the same being strictly in terms hereof and to the provisions of the Conveyance Deed, the HUDA Regulations and approval where required. In the event of the Lessee sub-letting or assigning its rights to any Third Party,

- 5.3.1. the Lessee shall not bifurcate or sub divide the said Premises by any sub-letting or assignment to any Person and the Premises may be sub-let or the rights hereunder may be assigned in relation to the Premises as a whole.



- 5.3.2. the Lessee shall be required to obtain a NOC (No objection certificate) from the Maintenance Agency prior to such assignment. The Maintenance Agency shall grant the NOC only if there are no outstanding dues against the Lessee under the Maintenance Agreement;
- 5.3.3. the Lessee agrees and undertakes that prior to any assignment or sub-letting it shall comply with all applicable HUDA Rules and regulations and it shall do nothing that may be in breach of HUDA Rules and Regulations. It shall then by a written notice inform the Lessor of the proposed assignment as the case may be along with a copy of the deed of assignment and with full details of the assignee and request the Lessor to execute a fresh lease in favour of the assignee and the Lessor agrees to do so on the same terms and conditions but all costs and charges in respect thereof shall be borne by the Lessee and / or its assignee. The Lessor shall be obligated to execute fresh lease within 30 (thirty) days of receipt of NOC obtained by the Lessee / assignee from Maintenance Agency as referred hereinabove;
- 5.3.4. the assignee shall be bound by the terms and conditions of this deed, the Maintenance Agreement, the HUDA Conveyance Deed and HUDA Communications and Regulations.
- 5.4. The Lessee shall be entitled to permit any third party to use the said Premises on rent / license basis subject to the terms and conditions of this Deed and further subject to a written notice to the Lessor. However the Lessee shall continue to be responsible for the due observance and performance of all terms and conditions of this Deed..

PERMITTED USAGE AND INTERIOR / FITOUTS IN THE SAID PREMISES

- 6.1. The Lessee shall use and / or permit the use of the said office Premises for the purposes only as specified / prescribed in the Zoning Plan dated 28th December, 2004. In the event, the Lessee mis-uses/ or permits the mis- use of said Premises for any other purposes, the same shall constitute a material breach of this Lease and the Lessee shall liable and responsible for the consequences at its own costs and expenses and the Lessee agrees and undertakes to keep the Lessor and SAS fully free and indemnified from all losses, claims, demands, damages including consequential damages and



Estate Officer - II
HUDA, GURGAON

other consequences arising therefrom and in respect thereof. Further, and without prejudice to the aforesaid, in the event the Lessee uses or permits use of the said Premises for any purposes other than those specified in the Zoning Plan, the Lessor and/or SAS shall be entitled at the Lessee's cost to take action in accordance with the applicable law including to Injunct / prevent the Lessee and persons claiming through it from misusing the said Premises and / or from the use and/or enjoyment of the common areas and facilities of the said Building.

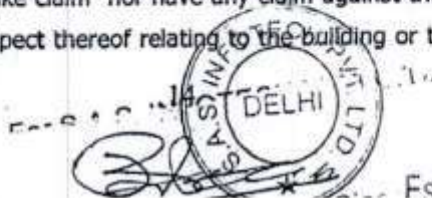
- 6.2. The Lessee shall not use or permit use of the said Premises for purposes or in a manner which may or is likely to cause nuisance, annoyance, disturbance or interference with the peaceful use by occupants or tenants of other premises in the said Building. The Lessee shall also not use the Premises for any immoral or illegal purposes. The Lessee shall neither demolish the said Premises or any part thereof nor shall do any such act which affects the structure of the said Building in any manner. The Lessee shall not store any goods of hazardous or combustible / inflammable nature or which is likely to affect the construction or the structure of the said Building or any part thereof in any manner whatsoever.
- 6.3. The Lessee shall not do or suffer anything to be done in or about the said Premises which may tend to cause damage to any flooring or ceiling of the said Premises or any other premises over, below, or adjacent to the said Premises or in any manner interferes with spaces, passages, amenities available for common use. The Lessee agrees to indemnify Lessor and SAS against any actions, damages or losses arising out of such misuse for which the Lessee shall be solely responsible. The Lessee shall not install any wiring, television antenna, machineries etc. on the exterior parts of the said Premises or in common areas.
- 6.4. The Lessee shall be responsible for obtaining all licences and permissions, if any, required from the Governmental Authorities including HUDA with respect to the operating of its business from the said Premises.
- 6.5. The interior/fitout work in the said Premises shall be carried out by the Lessee itself/through its agency/contractors subject to the condition that the work so undertaken by the Lessee shall not damage or weaken or otherwise obstruct or affect the structure of the Building or of the said Premises or the use or work being carried out by the other occupants of other premises or cause any nuisance of any kind to anyone or which may be objectionable to the Lessor / SAS or other occupants of the Building.



7. **REPRESENTATIONS, WARRANTIES AND COVENANTS OF THE PARTIES**

7.1. The Lessee hereby represents, covenants and warrants as under:

- 7.1.1. That it is duly permitted to and has full authority to sign, deliver and perform this Deed and it has complied with all applicable laws, Rules & Regulations including its internal regulations.
- 7.1.2. That the Lessee is not precluded by the terms of any contract, agreement or other instrument by which the Lessee is bound, from entering into this Deed and executing the documents and agreements provided for herein or the consummation of the transaction contemplated in this Deed.
- 7.1.3. That the Lessee shall make timely payment of all charges as stipulated hereunder such as including and not limited to the Premium, the Annual Rent, Maintenance Charges etc.
- 7.1.4. That the Lessee shall not alienate, encumber or otherwise assign or deal with the said Premises except as herein provided.
- 7.1.5. That the Lessee shall at all times use the said Premises in accordance with the terms of this Deed and applicable Laws and HUDA's Regulations.
- 7.1.6. That the Lessee shall at all times abide by the terms and conditions stipulated by HUDA from time to time including its Regulations, the HUDA Conveyance Deed and HUDA Communications
- 7.1.7. That the Lessee shall not make or seek to make any structural changes to the said Premises without obtaining prior written permission of the Lessor and requisite Governmental Approvals.
- 7.1.8. That the Lessee shall at its own cost keep the said Premises in good and sound condition and undertake all necessary repairs to the same and to ensure the safety of all persons and the properties of others.
- 7.1.9. That the Lessee has satisfied itself about the construction of the said Premises, the area, the quality of the materials and installations etc., the finish and the precautions and measures adopted by SAS with regard to fire safety, earth quake etc. and that neither the Lessee nor any person claiming through or on its behalf shall have any right to make claim nor have any claim against the Lessor or against SAS in respect thereof relating to the building or the said Premises or for



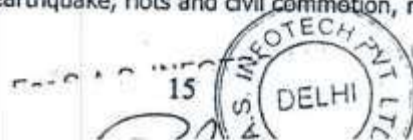
Estate Officer - II

any non-compliance of any design specifications, building material or for any reason whatsoever or hold Lessor or SAS responsible or liable in the event of any unexpected or natural calamity.

- 7.1.10. That the Lessor shall not be liable or responsible in any circumstances in respect of the use, construction, operation, management and/or the maintenance of the Building and / or said Premises and any claims in that respect or otherwise arising in relation to this Deed shall be settled as between the Lessee and SAS and both the Lessee and SAS do hereby release and discharge the Lessor from all liabilities whatsoever in relation thereto.
- 7.1.11. That nothing stated herein is intended to create any rights in breach of the HUDA Conveyance Deed, HUDA Regulations or Policies and that in the event of any contradiction between the terms hereof and the HUDA Regulations and Policies, the terms of the later shall prevail and operate in supersession of the terms of this Deed.
- 7.2. The Lessor and SAS hereby represent, covenant and warrant as under:
- 7.2.1. that the representations made in this Deed are true and correct;
- 7.2.2. That the Lessor has the rights and Title to the Medicity Land in terms of the HUDA Conveyance Deed and that its rights thereunder are subject to the HUDA Regulations and Policies made from time to time;
- 7.2.3. That they shall not transfer the Premises by way of sale mortgage or otherwise or create any charge or encumbrance thereon which in any way infringes upon the rights granted to the Lessee under this Deed;
- 7.2.4. That any transfer or assignment of the Lessors rights to the Medicity Land shall be subject to the rights of the Lessee hereunder;
- 7.2.5. That both the Lessor and SAS have been duly authorised by their respective Boards to execute this Deed.
- 7.3. The Parties agree and accept that except as expressly stated herein no Party shall be deemed to have given any other warranty and no Party shall be bound by any implied warranties.

INSURANCE

- 8.1. The structure of the building including the said Premises shall be insured against fire, earthquake, riots and civil commotion, militant action etc. by SAS



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/ Maintenance Agency and the proportionate cost thereof shall be payable by the Lessee as the part of the maintenance charges as raised in bills by the Maintenance Agency but the interiors of the said Premises shall not be covered in the aforesaid policy and the Lessee shall get the same insured at its own cost.

- 8.2. In the event of redevelopment of the Building consequent to any event covered by the Insurance policy or specified in Clause 8.1 or as a result of any other force majeure conditions or under direction by any Government Authority, the cost of such redevelopment (including overheads) shall be recoverable by SAS, over and above the amounts received from Insurance, if any, from Lessee and other lessees/occupants of the Building proportionately. The Lessor shall have no liability or responsibility in respect thereof.

9. **INDEMNITY**

- 9.1. The Lessee agrees and undertakes that it shall indemnify and hold harmless the Lessor and SAS from / against any or all actions, suits, claims, demands, arbitration or other legal proceedings, losses, damages, liabilities, fees, costs and expenses of any kind or nature whatsoever including reasonable attorney's fees, costs and expenses incurred by or asserted against the Lessor / SAS / Maintenance Agency that arise from or relate to this Deed due to the non-observance and / or non-compliance and / or breach of the covenants, obligations and conditions of this Deed, HUDA Regulations or Policies by the Lessee, its agents, successors or assigns.

10. **SIGNAGE**

- 10.1. The Lessee / occupant of the said Premises shall be allowed signage only in the reception lobby and floor entrance of the said Premises, as per the norms of the Maintenance Agency, at its own cost. The Maintenance Agency may issue such guidelines including but not limited for colour scheme, style and manner of the signage, proper maintenance and upkeep by Lessee of such signage from time to time and the Lessee shall be bound by all such guidelines.
- 10.2. The Lessee further undertakes not to display any signboard / name-plate, neon light, publicity material or advertisement material etc. anywhere else except for as mentioned in Clause 10.1 above.



Estate Officer - II

11.1. The Lessor shall be entitled to terminate this Deed after the Cure Period in the following circumstances:

11.1.1. In the event the Lessee commits breach of any of the terms relating to usage of the said Premises including violation of Clause 6.1 of this Deed and fails to rectify the same within the Cure Period;

11.1.2. Non-payment of Annual Lease Rent as per the terms herein for two years.

11.2. Before terminating the lease under this Deed the Lessor shall issue a written notice of 2 months to the Lessee to rectify / remedy the breach ('Cure Period').

12. MISCELLANEOUS

12.1. Arbitration: Any dispute arising in connection with this Agreement (including a dispute relating to the validity thereof) which cannot be settled by mutual or amicable agreement shall be finally settled under Indian Arbitration and Conciliation Act, 1996. The disputes shall be referred to arbitration to be conducted by a sole arbitrator to be appointed by the Lessor. The Arbitrator shall be a retired judge of the Supreme Court of India or of any High Court. The place of arbitration shall be in New Delhi and the arbitration proceedings shall be in English. The award resulting from such arbitration shall be final and binding on the Parties.

The Arbitrator shall be bound by the terms of this Deed.

12.2. Communication: Any notice, letter or communication to be made, served or communicated unto the Parties under these presents shall be deemed to be duly made, served or communicated only if the notice or letter or communication is addressed to such Party at the address mentioned above and sent by the registered post only.

12.3. Agreement: The terms and conditions of this Deed shall be read along with the terms and conditions of any other agreement signed by and between the Parties herein and the terms of other agreements between them shall be deemed to have been incorporated in this Deed and continue to be binding

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AS INFOTECH
DELHI
Authorised Signatory

Estate Officer - II

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on the Lessee / Its agents, successors and permitted assignees and the Lessee shall observe the restrictions, perform all obligations and adhere to all the terms and conditions of all other agreements signed between the Parties from time to time in addition to terms and conditions of this Deed save and except such terms as are contradictory / inconsistent with this Deed in which case the terms of this Deed shall prevail.

12.4. The terms of this Deed may be amended only by a further written deed duly executed by and between the Parties with the approval and sanction of the Board of Directors of the Lessor.

12.5. **Assignees:** This Deed is specifically for the said Premises and shall be binding on all the agents, assignees and successors of the Lessee.

12.6. **Governing Laws:** The rights and obligations of the Parties under or arising out of this deed shall be construed and enforced in accordance with the laws of India.

12.7. **Waiver:** The failure of either Party to insist upon strict performance of any of the provisions of this deed or to exercise any option, right or remedies contained in this Deed shall not constitute a waiver or relinquishment for the future of any such provision, option, right or remedy. No waiver by either Party of any provision of this Deed shall deem to have been made unless expressed in writing and signed by such Party.

12.8. **Severability:** If any provision in this Deed or the application thereof to any person or the circumstances becomes invalid or not enforceable to any extent, the remainder of this Deed and application of such provision to the persons or circumstances other than those to which it is held invalid or not enforceable shall not be effective thereby and each provision of this Deed shall be valid and enforceable to the fullest extent permitted by law. Any invalid or not enforceable provision of this Deed shall be replaced with a provision, which is valid and enforceable and most nearly reflects the original intend of the invalid and not enforceable provision.

12.9. **Expenses and Stamp Duty:** The Lessee alone is liable for and has borne all expenses in relation to the execution of this Deed including the cost of stamp duty, registration and other incidental expenses / charges. If any deficiency in stamp duty is determined by the Sub-Registrar / concerned Government Authority and consequently any penalties are levied in respect of this deed then the same shall be borne by the Lessee exclusively and the Lessee shall keep the Lessor and SAS free and indemnified from all claims

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Estate Officer - II

and losses in respect thereof.

IN WITNESS WHEREOF, EACH OF THE PARTIES HERETO HAS CAUSED THIS DEED TO BE EXECUTED BY ITS DULY AUTHORISED REPRESENTATIVES AS OF THE DATE FIRST WRITTEN ABOVE, IN PRESENCE OF THE FOLLOWING WITNESSES.

S.no	Name of Party	Name of Signatory	Seal/Signatures
1.	GHPL		
2.	SAS		
3.	Lessee		



Authorised Signatory

Estate Officer - II
HUDA, GURGAON

Annexure C

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हरियाणा शहरी विकास प्राधिकरण HARYANA SHEHRI VIKAS PRADHIKARAN		Tel: 0172-2575035 Website: www.HSVP.org.in Toll Free No. 1800-180-3030 E-mail Id: cshvp@gmail.com Address: C-3 HSVP(HQ) Sector-6, Panchkula
To	Sh. Sanjiv Kumar, HCS, Additional Labour Commissioner, Gurugram.	
	Memo. No. A-1-U.B.-2019/ 9566	Dated:- 27/3/19
Subject:	Explanation.	
1.	As per policy guidelines governing Implementation of terms & conditions of allotment letter regarding free treatment to the poor persons/patient and making it mandatory for the Hospitals to maintain record and registered thereof issued vide memo. no. A-Pwn-UB-II-2008/ 29030-50 Dated 13.08.2008, a monitoring committee consisting of President of Distt. Red Cross Society or his Nominee (Member), Civil Surgeon of the Distt. (Member), Estate Officer, HSVP (Member Secretary) under the Chairmanship of Administrator, HSVP, was constituted to meet regularly at least once in a quarter to review the implementation of terms & conditions and said Committee is required to send its recommendations for better implementation of the services to the poor patient to C.A. HSVP from time to time.	
2.	While you were posted as EO-II, HSVP, Gurugram during the period 13.12.2016 to 17.04.2017 & no meeting was held while one meeting should have been conducted during your term. Thus you have not implemented the provisions of policy guidelines. The Committee of Haryana Vidhan Sabha has taken a serious view for not convening the meeting of the Monitoring Committee.	
3.	In view of the above facts, you are directed to explain your position in this regard within a period of seven days positively otherwise disciplinary action will be initiated against you for this serious lapse.	
4.	This issues with the approval of Chief Administrator, HSVP, Panchkula.	
	Administrator (HQ), HSVP, Panchkula	

हरियाणा शहरी विकास प्राधिकरण
HARYANA SHEHRI VIKAS PRADHIKARAN

Tel: 0172-2575038
Website: www.HSVPhq.org.in
Toll Free No. 1800-180-3030
e-mail id: sehsvp@gmail.com
Address: C-3 HSVPHQ Sector-6, Panchkula

To

Sh. Vivek Kalra, HCS,
General Manager,
Haryana Roadways, Delhi.


Memo. No. A-1-U.B.-2019/ 95470

Dated:- 27/5/19

Subject:

Explanation.

1. As per policy guidelines governing implementation of terms & conditions of allotment letter regarding free treatment to the poor persons/patient and making it mandatory for the Hospitals to maintain record and registered thereof issued vide memo. no. A-Pwn-UB-II-2008/ 29030-50 Dated 13.08.2008, a monitoring committee consisting of President of Distt. Red Cross Society or his Nominee (Member), Civil Surgeon of the Distt. (Member), Estate Officer, HSVP (Member Secretary) under the Chairmanship of Administrator, HSVP, was constituted to meet regularly at least once in a quarter to review the implementation of terms & conditions and said Committee is required to send its recommendations for better implementation of the services to the poor patient to C.A. HSVP from time to time.
2. While you were posted as EO-II, HSVP, Gurugram during the period 18.04.2017 to 02.04.2018 only 2 meeting were held on 23.08.2017 & 20.02.2018 while 4 meetings should have been conducted during your term. Thus you have not implemented the provisions of policy guidelines. The Committee of Haryana Vidhan Sabha has taken a serious view for not convening the meeting of the Monitoring Committee.
3. In view of the above facts, you are directed to explain your position in this regard within a period of seven days positively otherwise disciplinary action will be initiated against you for this serious lapse.
4. This issues with the approval of Chief Administrator, HSVP, Panchkula.


Administrator (HQ),
HSVP, Panchkula

From

Estate Officer-II,
HSVP, Gurugram.

To,

M/s Global Health Private Ltd.
The Medicity- Medanta Hospital,
Sector-38, Gurugram.

Memo No. 3214

Dated: 27/5/2019

Subject: Show Cause for non compliance of the directions/guidelines.

Whereas, the allotment for setting up of a Hospital in Sector-38, Gurugram was done on the condition that you shall abide by the Govt. Policies as applicable from time to time.

Whereas, the allotment was subject to the provisions of HUDA Act, 1977 rules and regulation framed thereunder. That HUDA in its policy dated 13.08.2008 had clearly laid down policy guidelines for ensuring implementation of terms and conditions of allotment regarding functioning commercial activities at hospital without permission of HSVP.

Whereas, the under signed has been reported sum commercial actives are functioning in hospital.

Whereas, the issue was brought to the notice of the representatives of you Hospital in the Review meeting of the Monitoring Committee held on 15.01.2018 & reiterated on 18.02.2019 and am convinced that the directions in this regard already stand issued for taking corrective measures.

Thus, I hereby call upon you to show cause within a week of receipt of this notice, as to why action as per HSVP rules shall not be initiated against you for non compliance of the directions/policies/guidelines as aforementioned.


Estate Officer-II,
HSVP, Gurugram

From

Estate Officer-II,
HSVP, Gurugram.

To,

Fortis Heart & Multi Speciality
Hospital Mohali.

Memo No. 3215

Dated: 27/5/2019

Subject: Show Cause for non compliance of the directions/guidelines.

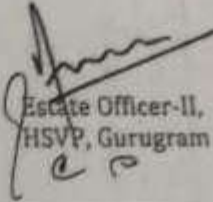
Whereas, the allotment for setting up of a Hospital in Sector-44, Gurugram was done on the condition that you shall abide by the Govt. Policies as applicable from time to time.

Whereas, the allotment was subject to the provisions of HUDA Act, 1977 rules and regulation framed there under. That HUDA in its policy dated 13.08.2008 had clearly laid down policy guidelines for ensuring implementation of terms and conditions of allotment regarding functioning commercial activities at hospital without permission of HSVP.

Whereas, the under signed has been reported sum commercial actives are functioning in hospital.

Whereas, the issue was brought to the notice of the representatives of you Hospital in the Review meeting of the Monitoring Committee held on 15.01.2018 & reiterated on 18.02.2019 and am convinced that the directions in this regard already stand issued for taking corrective measures.

Thus, I hereby call upon you to show cause within a week of receipt of this notice, as to why action as per HSVP rules shall not be initiated against you for non compliance of the directions/policies/guidelines as aforementioned.


Estate Officer-II,
HSVP, Gurugram

From

Estate Officer-II,
HSVP, Gurugram.

To,

Artemis Medicare Services Pvt. Ltd.
C/o Apollo Tyres Ltd, Apollo House,
7 Institutional Area Sector-32,
Gurgaon 122001.

Memo No. 3216

Dated: 27/5/19

Subject: Show Cause for non compliance of the directions/guidelines.

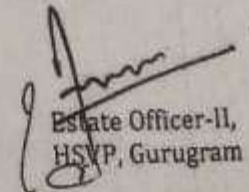
Whereas, the allotment for setting up of a Hospital in Sector-51, Gurugram was done on the condition that you shall abide by the Govt. Policies as applicable from time to time

Whereas, the allotment was subject to the provisions of HUDA Act, 1977 rules and regulation framed there under. That HUDA in its policy dated 13.08.2008 had clearly laid down policy guidelines for ensuring implementation of terms and conditions of allotment regarding functioning commercial activities at hospital without permission of HSVP.

Whereas, the under signed has been reported sum commercial actives are functioning in hospital.

Whereas, the issue was brought to the notice of the representatives of you Hospital in the Review meeting of the Monitoring Committee held on 15.01.2018 & reiterated on 18.02.2019 and am convinced that the directions in this regard already stand issued for taking corrective measures.

Thus, I hereby call upon you to show cause within a week of receipt of this notice, as to why action as per HSVP rules shall not be initiated against you for non compliance of the directions/policies/guidelines as aforementioned.


Estate Officer-II,
HSVP, Gurugram

हरियाणा शहरी विकास प्राधिकरण
HARYANA SHEHRI VIKAS PRADHIKARAN

Tel: 0172-2575088
Website: www.HSVPhry.org.in
Toll Free No. 1800-180-3030
E-mail id: cahsvp@gmail.com
Address: C-3 HSVP(HQ) Sector-6, Panchkula

To


Sh. Sanjiv Kumar, HCS,
Additional Labour Commissioner,
Gurugram.

Memo. No. A-1-U.B.-2019/ 95066

Dated:- 27/5/19

Subject: Explanation.

1. As per policy guidelines governing Implementation of terms & conditions of allotment letter regarding free treatment to the poor persons/patient and making it mandatory for the Hospitals to maintain record and registered thereof issued vide memo. no. A-Pwn-UB-II-2008/ 29030-50 Dated 13.08.2008, a monitoring committee consisting of President of Distt. Red Cross Society or his Nominee (Member), Civil Surgeon of the Distt. (Member), Estate Officer, HSVP (Member Secretary) under the Chairmanship of Administrator, HSVP, was constituted to meet regularly at least once in a quarter to review the implementation of terms & conditions and said Committee is required to send its recommendations for better Implementation of the services to the poor patient to C.A. HSVP from time to time.
2. While you were posted as EO-II, HSVP, Gurugram during the period 13.12.2016 to 17.04.2017 & no meeting was held while one meeting should have been conducted during your term. Thus you have not implemented the provisions of policy guidelines. The Committee of Haryana Vidhan Sabha has taken a serious view for not convening the meeting of the Monitoring Committee.
3. In view of the above facts, you are directed to explain your position in this regard within a period of seven days positively otherwise disciplinary action will be initiated against you for this serious lapse.
4. This Issues with the approval of Chief Administrator, HSVP, Panchkula.


Administrator (HQ),
HSVP, Panchkula

Observations/Recommendations of the Committee

1. The Committee observed the lack of the awareness about the free treatment facility in super speciality hospitals who has taken the subsidize land from the Government.

Therefore, the committee recommended that Department should make the provision to display boards the policy of the free treatment in all the Civil Hospitals, CHC and PHC in the state. The Committee also recommended that a helpdesk should be provisioned for the help of the BPL/EWS patients in above said super speciality hospitals with the details of the number of patients treated and free beds in this category.

2. The Committee also observed that there are lots costly food chains outlets are running in the hospitals who has taken the subsidize land from the Government which are beyond the reach of the common man of the state.

Therefore, the Committee recommended to setup a enquiry by the HSVP Department in this regard and provide the detailed report to the Committee about the policy/rules under which these food outlets are opened and Department may ensure the availability of the food in reach of the common man in these hospitals.

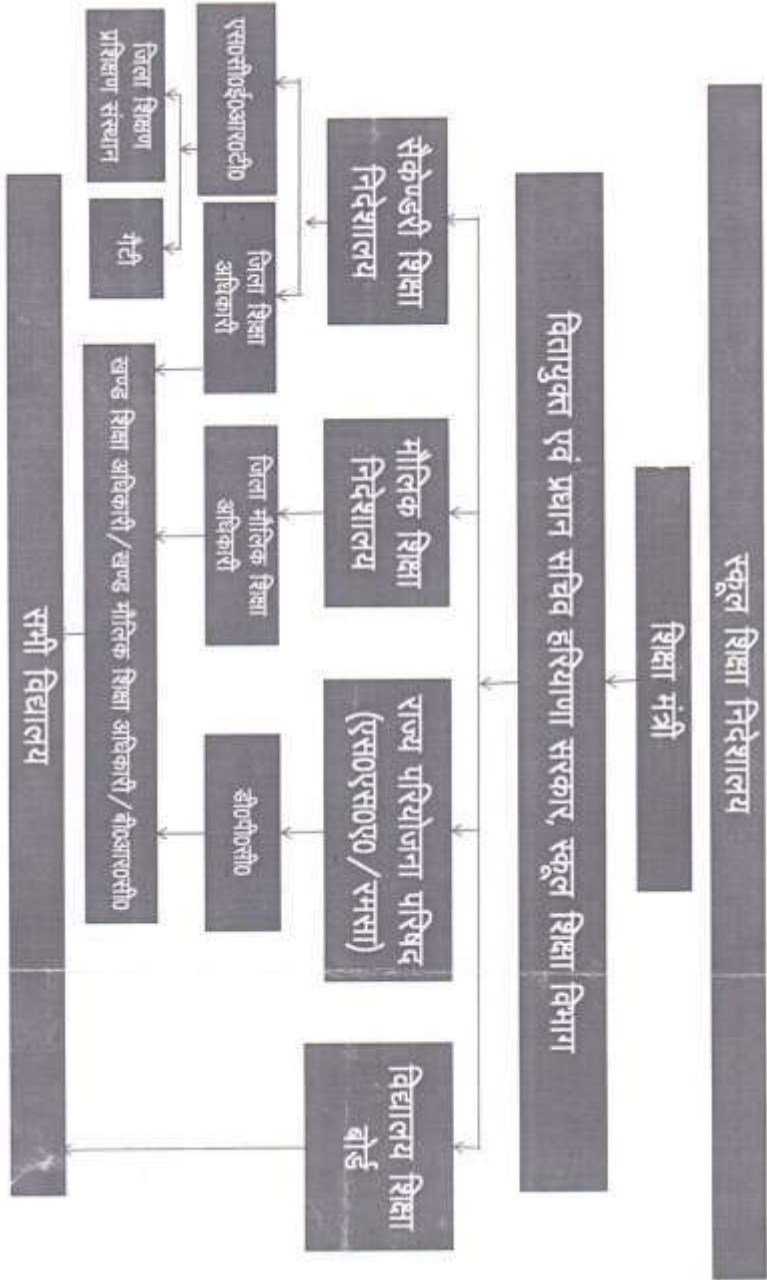
3. The Committee strongly recommended that as per the term and conditions of the HSVP Department for the allotment of subsidize land to the private hospitals, preference should be given to the domiciles of Haryana State in the recruitment of medical/ paramedical and other class IV employees depending upon the availability of the relative skill set.

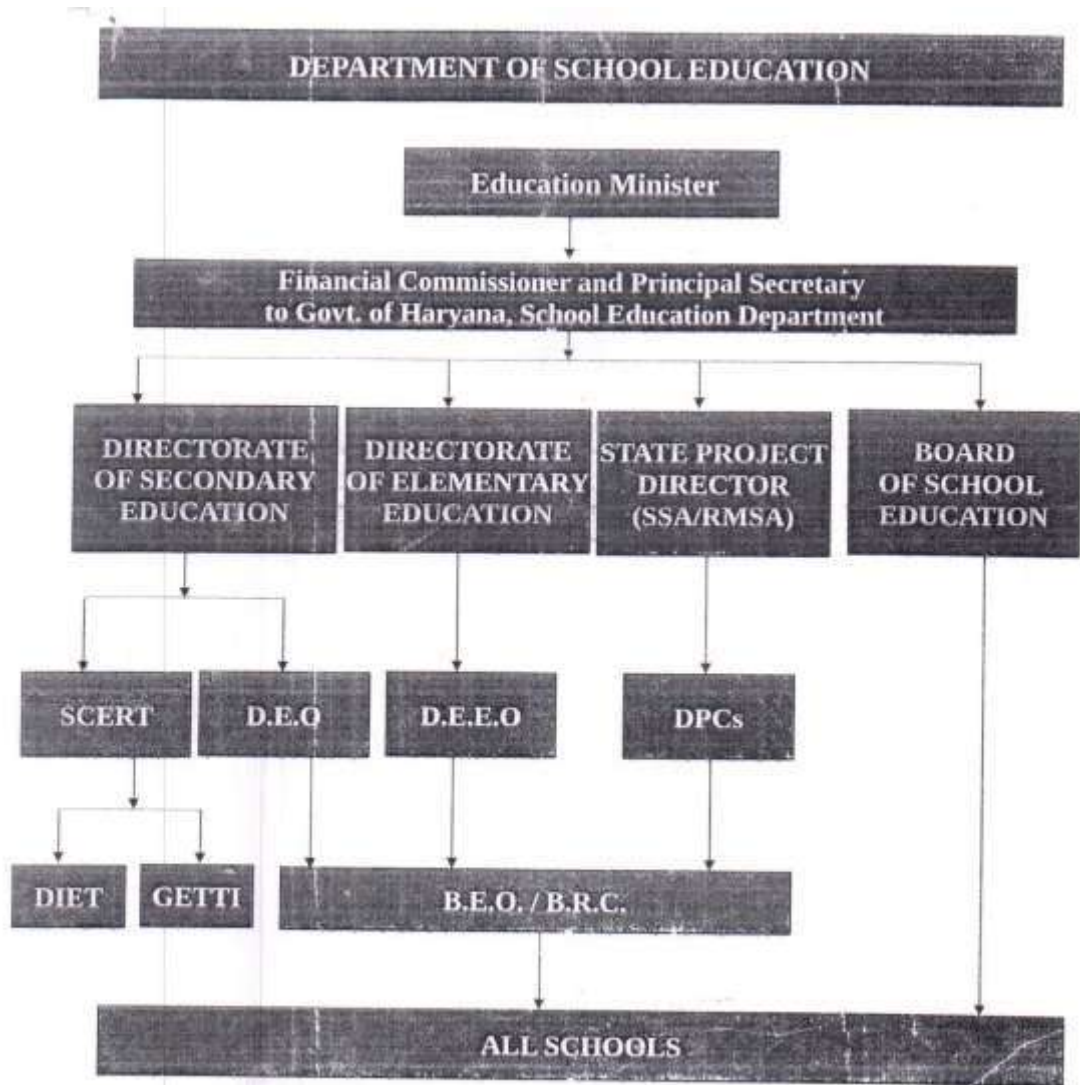
School Education Department

The Committee discussed its scope and functions and framed the following questionnaires:-

1. The organization of the Department and its subordinate offices, (The information should be shown in the form of diagram chart supported by short explanatory notes)
2. The functions of the Department and its subordinate offices.
3. Broad details on which the budget estimates for the current year are based, along with the budget estimates head wise.
4. Volume of work in the Department and its subordinate offices covering the period of budget estimates. The budget estimates for the last four years head –wise may also be supplied.
5. Scheme or projects which the Department has undertaken.(the names and details of the Scheme, the estimate of expenditure and period within which likely to be completed, yield if any, progress made to date, should be stated)
6. Actual expenditure incurred under each sub-head of estimates during the preceding four years.
7. Reasons for variations, if any, between the actual of the past four years and the current estimates.
8. Annual Reports, if any issued by the Department on its working.
9. Acts and Rules concerning the Department.
10. Documents pertaining to current State's five years plan programme relating to Department and their implantation.
11. Estimate submitted by the departments from different heads.
12. Amount sanctioned for departments.
13. Amount Received.
14. Actual Received by departments.
15. Utilization of money by these departments.

Reply recieved from the School Education Department





Functions of the Department

[illegible]

[illegible]

Budget Provision and Expenditure 2000-2001 to 2019-20.**(Rs. In Crore)**

Year	Name of the Department	Budget Provision	Revised Budget	Expenditure	%age of Budget provision on total State Budget	%age of Expdt. on Deptt. revised budget
2000-01	Secondary Edu.	752.88	733.96	691.73	4.92	94.24
2001-02	Secondary Edu.	802.14	804.99	792.34	4.75	98.42
2002-03	Secondary Edu.	830.02	830.06	770.86	4.37	92.86
2003-04	Secondary Edu.	862.13	853.31	804.95	4.33	94.33
2004-05	Secondary Edu.	906.72	931.63	856.65	4.08	91.95
2005-06	Secondary Edu.	1054.63	1059.87	1012.59	5.00	95.53
2006-07	Secondary Edu.	806.33	835.51	796.38	3.49	95.31
2007-08	Secondary Edu.	970.01	1016.92	940.06	3.24	92.44
2008-09	Secondary Edu.	1165.16	1403.81	1301.76	3.19	92.73
2009-10	Secondary Edu.	1853.06	1714.84	1613.94	3.71	94.11
2010-11	Secondary Edu.	2059.27	2124.56	1866.81	3.68	87.86
2011-12	Secondary Edu.	2483.20	2158.10	1868.55	3.69	86.58
2012-13	Secondary Edu.	2433.53	1690.20	1398.06	4.01	82.71
2013-14	Secondary Edu.	2217.51	1824.40	1600.84	2.92	87.78
2014-15	Secondary Edu.	2563.99	2523.61	2166.27	3.10	85.84
2015-16	Secondary Edu.	3113.51	2972.67	2633.19	3.48	88.57
2016-17	Secondary Edu.	3785.51	3583.87	3012.54	3.47	84.05
2017-18	Secondary Edu.	4103.39	3798.16	3410.92	3.62	89.80
2018-19	Secondary Edu.	4480.75	3895.75	3669.26	3.49	94.18
2019-20	Secondary Edu.	4532.66	4562.78	3445.42 (as on 23-01-20)	3.08	75.51

Budget Provision and Expenditure 2000-01 to 2019-20						
(Rs. In Crore)						
Year	Name of the Department	Budget Provision	Revised Budget	Expenditure	% age of Budget Provision on Total State Budget	% age of Expdt. on Department Revised Budget
2000-01	Primary Edu.	247.27	338.94	348.76	1.99%	102.90%
2001-02	Primary Edu.	376.57	379.29	391.75	2.62%	103.29%
2002-03	Primary Edu.	606.99	506.63	412.58	3.71%	81.44%
2003-04	Primary Edu.	619.96	582.84	428.28	3.60%	73.48%
2004-05	Primary Edu.	624.10	524.11	521.84	3.20%	99.57%
2005-06	Primary Edu.	642.41	686.70	603.01	3.65%	87.81%
2006-07	Elementary Edu.	1094.27	1069.63	1070.56	5.71%	100.09%
2007-08	Elementary Edu.	1375.35	1335.31	1176.18	5.77%	88.08%
2008-09	Elementary Edu.	1543.72	1832.95	1783.04	5.37%	97.28%
2009-10	Elementary Edu.	2446.62	2771.78	2641.14	6.33%	95.29%
2010-11	Elementary Edu.	3085.40	3287.24	3013.23	7.51%	91.66%
2011-12	Elementary Edu.	3504.26	3580.71	3286.05	6.77%	91.77%
2012-13	Elementary Edu.	4889.65	4773.83	4378.62	8.07%	91.72%
2013-14	Elementary Edu.	5616.25	5143.43	4463.94	7.48%	86.79%
2014-15	Elementary Edu.	5825.91	6354.27	5557.61	7.06%	87.46%
2015-16	Elementary Edu.	7126.23	6341.76	5474.64	7.99%	86.33%

2016-17	Elementary Edu.	7608.82	6474.72	6094.71	6.99%	94.13%
2017-18	Elementary Edu.	8025.22	7004.59	6446.20	7.09%	92.03%
2018-19	Elementary Edu.	7824.37	7360.25	6742.37	6.23%	91.61%
2019-20	Elementary Edu.	7774.80	7879.80	6085.13	5.29%	77.22%
				Upto 23-01-20		

Assembly Constituency wise detail of Govt. Schools

Sr. No.	District	Name of Assembly Constituency	Total number of Govt. Schools			
			Primary	Middle	High	Sr. Sec.
1	Ambala	03-Nariangarh	154	53	12	31
		04-Ambala Cantt	51	17	8	14
		05-Ambala City	110	24	11	17
		06-Mullana	159	44	30	31
	Sub Total		474	138	61	93
2	Bhiwani	54-Loharu	148	39	19	32
		57-Bhiwani	72	15	10	22
		58-Tosham	125	34	30	38
		59-Bawani Khera	101	21	14	35
	Sub Total		446	109	73	127
3	Charkhi Dadri	55-Badhra	101	32	20	29
		56-Dadri	104	18	23	35
		57-Bhiwani	1	1	1	1
	Sub Total		206	51	44	65
4	Faridabad	85-Prithla	66	16	10	18
		86-Faridabad NIT	36	4	2	10
		87-Badhkal	31	1	3	14
		88-Ballabgarh	20	3	1	4
		89-Faridabad	21	3	0	11
		90-Tigaon	71	14	10	15
	Sub Total		245	41	26	72

5	Fatehabad	39-Tohana	129	27	12	33
		40-Fatehabad	114	24	21	34
		41-Ratia	144	40	15	31
	Sub Total		387	91	48	98
6	Gurugram	75-Pataudi	139	38	16	25
		76-Badshahpur	91	19	6	33
		77-Gurgaon	54	9	6	15
		78-Sohna	75	20	7	16
	Sub Total		359	86	35	89
7	Hisar	47-Adampur	91	12	23	27
		48-Uklana	74	21	18	21
		49-Narnaund	71	16	14	34
		50-Hansi	87	20	15	20
		51-Barwala	73	11	18	24
		52-Hisar	34	8	3	10
		53-Nalwa	72	16	24	19
	Sub Total		502	104	115	155
8	Jhajjar	64-Bahadurgarh	51	10	13	23
		65-Badli	69	11	12	33
		66-Jhajjar	110	25	7	46
		67-Beri	61	12	10	32
	Sub Total		291	58	42	134
9	Jind	34-Julana	87	22	10	28
		35-Safidon	95	20	18	26
		36-Jind	74	17	13	17

		37-Uchana Kalan	85	24	27	28
		38-Narwana	84	23	23	22
	Sub Total		425	106	91	121
10	Kaithal	15-Guhla	138	15	2	29
		16-Kalayat	84	28	10	28
		17-Kaithal	77	21	10	25
		18-Pundri	72	13	20	26
	Sub Total		371	77	42	108
11	Karnal	19-Nilokheri	110	28	15	24
		20-Indri	141	39	9	20
		21-Karnal	50	6	5	14
		22-Gharaunda	96	26	20	21
		23-Assandh	90	18	14	32
	Sub Total		487	117	63	111
12	Kurukshetra	11-Ladwa	137	64	8	18
		12-Shahbad	115	41	13	15
		13-Thanesar	101	40	8	14
		14-Pehowa	138	39	14	26
	Sub Total		491	184	43	73
13	Mahendergarh	68-Ateli	133	30	14	32
		69-Mahendragarh	131	38	10	39
		70-Narnaul	68	20	8	14
		71-Nangal Chaudhry	124	36	8	28
	Sub Total		456	124	40	113

14	Nuh Mewat	79-Nuh	192	105	12	37
		80-Ferozepur Jhirka	181	104	11	17
		81-Punhana	107	42	4	34
	Sub Total		480	251	27	88
15	Palwal	82-Hathin	125	72	15	17
		83-Hodal	80	22	13	18
		84-Palwal	148	54	17	26
	Sub Total		353	148	45	61
16	Panchkula	01-Kalka	172	45	13	26
		02-Panchkula	100	33	4	23
	Sub Total		272	78	17	49
17	Panipat	24-Panipat Rural	56	10	7	20
		25-Panipat City	24	4	2	5
		26-Israna	73	23	12	31
		27-Samalkha	88	18	7	40
	Sub Total		241	55	28	96
18	Rewari	72-Bawal	158	40	20	29
		73-Kosli	131	30	25	42
		74-Rewari	110	25	10	24
	Sub Total		399	95	55	95
19	Rohtak	60-Mehem	65	11	10	38
		61-Garhi Sampla-Kiloi	61	9	18	41
		62-Rohtak	37	12	4	13
		63-Kalanaur	47	5	12	28
	Sub Total		210	37	44	120

20	Sirsa	42-Kalanwali	96	23	22	19
		43-Dabwali	97	28	16	24
		44-Rania	131	23	19	21
		45-Sirsa	80	16	9	15
		46-Ellenabad	120	31	14	30
	Sub Total		524	121	80	109
21	Sonipat	28-Ganaur	83	16	14	25
		29-Rai	80	22	11	21
		30-Kharkhoda	63	10	15	23
		31-Sonipat	53	11	7	7
		32-Gohana	71	14	11	27
		33-Baroda	74	10	19	31
	Sub Total		424	83	77	134
22	Yamuna Nagar	07-Sadhaura	222	74	9	24
		08-Jagadhari	182	91	7	18
		09-Yamunanagar	48	19	7	9
		10-Radaur	140	45	17	20
	Sub Total		592	229	40	71
	Grand Total		8635	2383	1136	2182

**Material Relating of Secondary Education Department on Budget Estimates
for the Year 2019-20.**

Sr. no.	Question	Reply of the Department			
3.	Broad details on which the estimates for the current year are based, along with the budget estimates head wise.	<p>Finance Department has sanctioned Rs. 456278.02Lacs{Rs. 400013.02 Lac as State- Plan provision, Rs. 56265 Lac as Centrally Sponsored Schemes-Plan}during the year 2019-20. The scheme wise write up of Plan Schemes and C.S.S- Plan Schemes are being enclosed respectively. It appears from the facts stated above that the Secondary Education Directorate estimates are based on the total Establishment of employees. Besides this Secondary Education Directorate provides substantial aid to Non- Government Schools, which are on the Grants- In- Aid lift for their upliftment. In addition there to the budget of all the DEO's Director SCERT and all Principals of DIET's/ BIET's/ GETTI's with their supporting staff are also included in the estimate of Secondary Education and implementation of other schemes.</p> <p><u>Head wise & Component- wise Budgetary Statement</u></p> <p>The estimates of Secondary Education Department for the year 2019-20 State- Plan, Centrally Sponsored Schemes (Plan) comprises of the following components:-(Rs. In Lacs)</p>			
Major/ Minor/ Sub- Head of account		State- Plan	C.S.S- Plan	Total Budget	
2202- General Education					
02- Secondary Education					
001- Direction and Administration		14809.01	7400.00	22209.01	
004- Research and Training		1372.00	0.00	1372.00	
053- Maintenance of Buildings		18800.00	0.00	18800.00	
105- Teachers Training		1676.00	7600.00	9276.00	

107- Scholarships	6139.00	5.00	6144.00
108- Examinations	14.00	0.00	14.00
109- Government Secondary Schools	308007.00	31250.00	339257.00
110-Assistance to Non- Government Secondary schools.	9028.00	0.00	9028.00
800- Other Expenditure	4900.00	0.00	4900.00
789- Special Component Plan for Scheduled Caste.	11500.00	0.00	11500.00
793- Special Central Assistance for Scheduled Caste Component Plan	0.00	10000.00	10000.00
04- Adult Education	68.00	0.00	68.00
200- Other Adult Education Programme			
Total-2202-General Education	376313.01	56255.00	432568.01
<u>2204- Sports and Youth Services</u>			
102- Youth Welfare Programme for Students	0.00	10.00	10.00
800- Other Expenditure	700.00	0.00	700.00
Total- 2204- Sports and Youth Services.	700.00	10.00	710.00
4202- Capital Outlay on Education, Sports, Art & Culture			
202- Secondary Education	23000.01	0.00	23000.01
<u>Total 4202- Capital Outlay on Education, Sports, Art & Culture</u>	23000.01	0.00	23000.01
Grand Total :- Secondary Education	400013.02	56265.00	456278.02

<u>Component- Wise Budgetary Statement</u>			
Major/ Minor/ Sub- Head of account	State- Plan	C.S.S- Plan	Total Budget
Pay & allowances (Salary, DA, Wages, Contractual Services, Payment for Professional and special Services, T.E, L.T.C, Medical Re- imbursement and Ex- Gratia)	317589.24	7289.00	324878.24
Grants- in- aid- General	11029.00	7410.00	18439.00
Material & Supply	5009.93	0.00	5009.93
Major / Minor Works	41800.01	69.00	41869.01
Scholarships & Intensives (Scholarships & Stipends, Purchase, Special Component Plan for S.C.)	17336.00	5.00	17341.00
Special Component Plan for S.C (RMSA)	0.00	41240.00	41240.00
Honorarium	20.00	0.00	20.00
Training	10.00	15.00	25.00
Contingency/ Others	6818.84	187.00	7005.84
Information and technology	400.00	50.00	450.00
Grand Total :-	400013.02	56265.00	456278.02
	<p>The above table depicts the expenditure under various components as these appear in the budget estimates of the state.</p> <p><u>I) Pay & Allowances</u></p> <p>(Salary, D.A, Wages, Contractual Services, Payment for professional and Special Services, T.E, L.T.C, Medical Re- imbursement and Ex- Gratia)</p>		

	<p>It will be seen from the data given in Para above that 71.20% budget provision is earmarked to meet expenditure on Pay & Allowances of the Staff in framing the estimates for sanctioned establishment, whether permanent or temporary.</p> <p><u>II) Grants- In- Aid- General</u></p> <p>The estimates on this object are meant for such institutions which are non- government in character, but are on the grant- in- aid list of the Department and also implement action of Rashtriya Madhyamik Shiksha Abhiyan (RMSA), computer Literacy and studies in schools, national Skills Qualification Framework (NSQF), SaksharBhart Schemes and Area Intensive Programme for Educationally Backward Minority schemes etc.</p> <p><u>III) Material & Supply</u></p> <p>The provision is meant for improvement of the learning environment, equipment and infrastructure facilities for students of High / Senior Secondary Schools. Under this object desks are provided to High / Senior Secondary Schools students in the State and providing scientific equipment in High / Senior Secondary Schools.</p> <p><u>IV) Major / Minor Works</u></p> <p>The provision is meant for constructions of new school buildings, general repairs of all High / Senior Secondary schools buildings in the State and to provide additional classrooms in the schools, in order to create facilities for teachers and students in the existing buildings.</p>
	<p><u>V) Scholarships & Intensives</u></p> <p>(Scholarships & Stipends, Purchase, Special Component Plan for S.C)</p> <p>The budget provision under these components comprises various schemes launched by the State Government for the upliftment of children belonging to Scheduled Castes, Backward Classes and Economically Weaker Sections of the Society. Major schemes are especially for SC / BPL / BC- A students in the form of Monthly Stipends and Cash Award for purchase of uniforms and stationery. Books through Book Bank / Library. Scholarships and free Laptop are also provided on the basis of merit to students</p>

	<p>studying in classes IX- XII.</p> <p><u>VI) Special Component Plan for S.C (RMSA)</u></p> <p>The budget provision under this component is to implement the RashtriyaMadhaymikShikshaAbhiyan Scheme (RMSA).</p> <p><u>VII) Honorarium</u></p> <p>The budget provision under this component is for payment of honorarium to encourage the interest of Teacher Operators for getting monetary benefits on extra work of SCSP Schemes.</p> <p><u>VIII) Training</u></p> <p>The budget provision under this component is to organize in-service training programs, organization of orientation programs, seminars and discussion groups for the heads / representatives of the institutions in field of educational planning, administration and management formed by the state education department.</p> <p><u>IX) Contingency / Others(O.E, R.R.T, P.O.L, O.C, M.V).</u></p> <p>The budget provision under this component is quite meagre (1.53%) for day requirements of all offices / institutions functioning under the Secondary Education Directorate.</p> <p><u>X) Information and Technology.</u></p> <p>The budget provision under this component is to implement the Plan scheme for E- Governance and Computerization of Directorate, District Education Offices, SCERT, DIET's and GETTI's.</p> <p><u>Abbreviation:-</u></p> <ol style="list-style-type: none"> 1. D.A – Dearness Allowance 2. M.R – Medical Reimbursement 3. T.E - Travel Expenses 4. L.T.C – Leave Travel Concession 5. O.E -- Office Expenses 6. R.R.T – Rent, Rates & Taxes 7. P.O.L - Petrol, Oil & Lubrication
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		8. O.C - Other Charges 9. M.V -- Motor Vehicle 10. M & S – Material and Supply			
4.	i) Volume of work in the department and its subordinate offices covering the period of budget estimates. ii) The budget estimates for the last three years head- wise may also be supplied.	i). 3 headquarters, 66 District Offices and 119 Block Offices staff work for the purposes. ii). The Budget estimates under each sub head of estimates during the proceeding four years under the Major head 2202- General Education, 2204- Sports & Youth Services and 4202- Capital Outlay on Education, Sports, Art & Culture (Plan & CSS- Plan) are as under:- (Rs. In Lacs)			
Major / Minor / Sub- Head of account		Budget Estimate 2015-16	Budget Estimate 2016-17	Budget Estimate 2017-18	Budget Estimate 2018-19
2202- General Education					
02- Secondary Education					
001- Direction and Administration		11472.80	23748.20	18714.31	19764.70
004- Research and Training		892.80	1017.50	960.00	938.00
053- Maintenance of Buildings		2500.00	3300.00	1800.00	2300.00
105- Teachers Training		7460.70	7269.00	6068.00	10717.00
107- Scholarships		6921.00	6871.00	5339.54	5239.54
108- Examinations		14.00	14.00	14.00	14.00
109- Government Secondary Schools		240871.00	282694.50	304200.00	341389.05

110- Assistance to Non-Government Secondary Schools	13260.00	18060.00	19535.00	11530.00
192- Grant to Panchyati Raj Institution (PRI's) by Education.	0.00	0.00	1.00	1.00
800- Other Expenditure	1.00	1.00	7351.00	2151.00
789- Special Component Plan for Scheduled Caste.	12400.00	13200.00	12500.00	12000.00
793- Special Central Assistance for Scheduled Caste Component Plan	8300.00	15600.00	8000.00	8000.00
04- Adult Education	1998.00	2634.00	1996.00	171.00
200- Other Adult Education Programme				
Total-2202-General Education	366091.30	374409.20	386478.85	414215.29
2204- Sports and Youth Services				
102- Youth Welfare Programme for Students	90.00	90.00	90.00	60.00
800- Other Expenditure	950.00	870.00	770.00	800.00
Total- 2204- Sports and Youth Services.	1040.00	960.00	860.00	860.00
4202- Capital Outlay on Education, Sports, Art & Culture				
202- Secondary Education	4220.00	3181.00	23000.00	23000.00
<u>Total 4202- Capital Outlay on Education, Sports, Art &</u>	4220.00	3181.00	23000.00	23000.00

<u>Culture</u>					
Grand Total :- Secondary Education		311351.30	378550.20	410338.85	438075.29
6.	Actual expenditure incurred under each sub-head of estimates during the preceding four years.	Actual expenditure incurred under each sub head of estimates during the preceding four years under the Major Head 2202- General Education. 2204- Sports & Youth Services and 4202- Capital Outlay on Education, Sports, Art & Culture (Plan & CSS-Plan) is as under :- (Rs. In Lacs)			
Major / Minor / Sub- Head of account		Expenditure 2015-16	Expenditure 2016-17	Expenditure 2017-18	Expenditure 2018-19
2202- General Education					
02- Secondary Education					
001- Direction and Administration		15149.49	7776.73	10806.07	12779.43
004- Research and Training		679.79	792.52	782.14	826.52
053- Maintenance of Buildings		2784.70	3537.38	1620.01	6153.59
105- Teachers Training		5916.39	5669.67	5432.25	7391.70
107- Scholarships		4765.58	4982.95	3069.53	3318.76
108- Examinations		10.96	9.88	12.31	13.67
109- Government Secondary Schools		197748.33	237196.32	273135.73	299627.44
110- Assistance to Non-Government Secondary Schools		15188.05	21153.40	13920.87	7338.04
192- Grant to Panchyati Raj Institution (PRI's) by Education		0.00	0.00	0.00	0.00

800- Other Expenditure	1.00	1.00	1975.46	3074.86
789- Special Component Plan for Scheduled Caste.	11210.59	11382.52	10550.16	10217.17
793- Special Central Assistance for Scheduled Caste Component Plan	3530.36	5022.61	7342.70	5486.08
04- Adult Education 200- Other Adult Education Programme	2600.16	1729.82	557.98	43.81
Total-2202-General Education	259585.40	299254.80	329205.21	356271.07
2204- Sports and Youth Services				
102- Youth Welfare Programme for Students	5.19	2.69	15.14	0.35
800- Other Expenditure	747.02	820.38	701.48	698.51
<u>Total- 2204- Sports and Youth Services.</u>	752.21	823.07	716.62	698.86
4202- Capital Outlay on Education, Sports, Art & Culture				
202- Secondary Education	2981.15	1175.81	11170.72	9955.56
Major / Minor / Sub- Head of account	Expenditure 2015-16	Expenditure 2016-17	Expenditure 2017-18	Expenditure 2018-19
<u>4202- Capital Outlay on Education, Sports, Art & Culture</u>	2981.15	1175.81	11170.72	9955.56
Grand Total :- Secondary Education	263318.76	301253.68	341092.55	366925.49

7.	Reasons for variations, if any, between the actual of the past four years and the current estimates.	<p>The figures of expenditure during the past four years and estimates for the current year are given as below under:-</p> <p>(Rs. In lacs)</p> <table border="1" data-bbox="523 402 1240 766"> <thead> <tr> <th></th><th>Year</th><th>Amount</th></tr> </thead> <tbody> <tr> <td>Actual Expenditure</td><td>2015-16</td><td>263318.76</td></tr> <tr> <td>Actual Expenditure</td><td>2016-17</td><td>301253.68</td></tr> <tr> <td>Actual Expenditure</td><td>2017-18</td><td>341092.55</td></tr> <tr> <td>Actual Expenditure</td><td>2018-19</td><td>366925.49</td></tr> <tr> <td>Budget Estimate</td><td>2019-20</td><td>456278.02</td></tr> </tbody> </table> <p>It may be seen from the comparative chart of expenditure during all the four years and the current estimates that there is variation between all the four years and current estimates due to new appointment of P.G.T's & annual increments of the employees, enhancement of Dearness Allowances, Medical Allowances form time to time, up-gradation of schools, more provision in Ex- Gratia / Scholarships& Stipends / Scheduled Caste Special Component- Plan / Contractual Services schemes. It is also point out that the Government is allowing various expenditure on expansion / renovation of old Government buildings.</p>		Year	Amount	Actual Expenditure	2015-16	263318.76	Actual Expenditure	2016-17	301253.68	Actual Expenditure	2017-18	341092.55	Actual Expenditure	2018-19	366925.49	Budget Estimate	2019-20	456278.02
	Year	Amount																		
Actual Expenditure	2015-16	263318.76																		
Actual Expenditure	2016-17	301253.68																		
Actual Expenditure	2017-18	341092.55																		
Actual Expenditure	2018-19	366925.49																		
Budget Estimate	2019-20	456278.02																		
11 to 14.	Estimate submitted by the departments from different heads.	Information regarding point no. 11 to 14 is as under :-(Rs. In Lacs)																		

Head wise Proposed Budget, Budget Estimate, Revised Budget, Actual Received Budget & Expenditure of Secondary Education for the Year 2015-16. (Rs.in lakh)						
Sr. no.	Major Head/ Sub Head 2202- General Education 02- Secondary Education	Estimate Submitted by the department	Amount Sanctioned for Department (Budget Estimate)	Proposed Revised Budget Estimate	Amount Received/ Actual Received by Department	Utilization of money by the Department
1	001- Direction and Administratio n	21955.58	11472.80	21274.70	18571.70	15149.49
2	004- Research and Training	1358.54	892.80	806.60	806.60	679.79
3	053- Maintenance of Buildings	6000.00	2500.00	3000.00	3000.00	2784.70
4	105- Teachers Training	10207.07	7460.70	6944.00	6941.68	5916.39
5	107- Scholarships	7536.00	6921.00	6721.00	6720.38	4765.58
6	108- Examination	14.00	14.00	14.00	14.00	10.96
7	109- Government Secondary Schools	386878.14	240871.00	223015.00	221750.27	197748.33
8	110- Assistance to Non- Government Secondary Schools	15080.00	13260.00	15560.00	15560.00	15188.05
9	800- Other Expenditure	1.00	1.00	1.00	1.00	1.00

10	789- Special Component Plan for Scheduled Caste	14600.00	12400.00	13000.00	13000.00	11210.59
11	793- Special Central Assistance for Scheduled Caste Component Plan	7755.00	8300.00	3535.00	3535.00	3530.36
12	04- Adult Education 200- Other Adult Education Programme	4093.12	1998.00	3579.00	2625.00	2600.16
	Total- 2202- General Education	475478.45	306091.30	297450.30	292525.63	259585.40
	2204- Sports & Youth Services					
13	102- Youth Welfare Programmes for Students	133.40	90.00	90.00	90.00	5.19
14	800- Other Expenditure	976.00	950.00	950.00	950.00	747.02
	Total- 2204- Sports & Youth Services	1109.40	1040.00	1040.00	1040.00	752.21
	4202- Capital Outlay on Education, Sports, Art & Culture					
15	202- Secondary Education	5220.50	4220.00	4850.00	3701.18	2981.15

	Total- 4202- Capital Outlay on Education, Sports, Art & Culture	5220.50	4220.00	4850.00	3701.18	2981.15
	G. Total:- Secondary Education	481808.35	311351.30	303340.30	297266.81	263318.76
Head wise Proposed Budget, Budget Estimate, Revised Budget, Actual Received Budget & Expenditure of Secondary Education for the Year 2016-17. (Rs.in lakh)						
Sr. no.	Major Head/ Sub Head 2202- General Education 02- Secondary Education	Estimate Submitted by the department	Amount Sanctioned for Department (Budget Estimate)	Proposed Revised Budget Estimate	Amount Received/ Actual Received by Department	Utilization of money by the Department
1	001- Direction and Administration	44427.28	23748.20	11048.20	10645.70	7776.73
2	004- Research and Training	1414.50	1017.50	992.50	907.00	792.52
3	053- Maintenance of Buildings	4500.00	3300.00	4100.00	3900.00	3537.38
4	105- Teachers Training	10429.03	7269.00	6887.00	6862.00	5669.67
5	107- Scholarships	7521.00	6871.00	6729.54	5024.54	4982.95
6	108- Examination	14.00	14.00	14.00	14.00	9.88
7	109- Government Secondary Schools	394414.94	282694.50	334350.46	267163.00	237196.32
8	110- Assistance to Non- Government Secondary Schools	19580.00	18060.00	29560.00	29535.00	21153.40

9	192-Grant to Panchyati Raj Institutions (PRI's) by Education (Secondary)	0.00	0.00	0.00	0.00	0.00
10	800- Other Expenditure	1.00	1.00	3046.70	1.00	1.00
11	789- Special Component Plan for Scheduled Caste	15000.00	13200.00	13200.00	13200.00	11382.52
12	793- Special Central Assistance for Scheduled Caste Component Plan	13587.88	15600.00	23373.10	15000.00	5022.61
13	04- Adult Education 200- Other Adult Education Programme	2904.88	2634.00	2000.00	1993.50	1729.82
	Total- 2202- General Education	513794.51	374409.20	435301.50	354245.74	299254.80
	2204- Sports & Youth Services					
14	102- Youth Welfare Programmes for Students	90.00	90.00	90.00	90.00	2.69
15	800- Other Expenditure	1160.00	870.00	870.00	870.00	820.38
	Total- 2204- Sports and Youth Services	1250.00	960.00	960.00	960.00	823.07

	4202- Capital Outlay on Education, Sports, Art & Culture					
16	202- Secondary Education	3181.00	3181.00	3181.00	3181.00	1175.81
	Total- 4202- Capital Outlay on Education, Sports, Art & Culture	3181.00	3181.00	3181.00	3181.00	1175.81
	G. Total:- Secondary Education	518225.51	378550.20	439442.50	358386.74	301253.68
Head wise Proposed Budget, Budget Estimate, Revised Budget, Actual Received Budget & Expenditure Secondary Education for the Year 2017-18. (Rs.in Lakh)						
Sr. no.	Major Head/ Sub Head 2202- General Education 02- Secondary Education	Estimate Submitted by the department	Amount Sanctioned for Department (Budget Estimate)	Proposed Revised Budget Estimate	Amount Received/ Actual Received by Department	Utilization of money by the Department
1	001- Direction and Administration	23251.20	18714.31	18836.00	13588.30	10806.07
2	004- Research and Training	1524.57	960.00	956.00	834.00	782.14
3	053- Maintenance of Buildings	10000.00	1800.00	25457.00	2300.00	1620.01
4	105- Teachers Training	11790.69	6068.00	7259.00	6734.25	5432.25
5	107- Scholarships	6739.54	5339.54	5532.54	5422.54	3069.53
6	108- Examination	14.00	14.00	14.00	14.00	12.31
7	109- Government Secondary Schools	526052.55	304200.00	325834.40	289843.40	273135.73

8	110- Assistance to Non-Government Secondary Schools	22070.00	19535.00	19535.00	18730.00	13920.87
9	192-Grant to Panchyati Raj Institutions (PRI's) by Education (Secondary)	1.00	1.00	1.00	1.00	0.00
10	800- Other Expenditure	12754.35	7351.00	6551.00	2151.00	1975.46
11	789- Special Component Plan for Scheduled Caste	12500.00	12500.00	12500.00	12000.00	10550.16
12	793- Special Central Assistance for Scheduled Caste Component Plan	26144.00	8000.00	18800.00	8000.00	7342.70
13	04- Adult Education 200- Other Adult Education Programme	2164.00	1996.00	595.20	567.20	557.98
	Total- 2202- General Education	655005.90	386478.85	441871.14	360185.69	329205.21
	2204- Sports & Youth Services					
14	102- Youth Welfare Programmes for Students	90.00	90.00	90.00	90.00	15.14
15	800- Other Expenditure	1526.00	770.00	840.00	840.00	701.48

	Total- 2204-Sports &Youth Services	1616.00	860.00	930.00	930.00	716.62
	4202- Capital Outlay on Education, Sports, Art & Culture					
16	202- Secondary Education	23000.00	23000.00	28600.00	18700.00	11170.72
	Total- 4202-Capital Outlay on Education, Sports, Art & Culture	23000.00	23000.00	28600.00	18700.00	11170.72
	G. Total:- Secondary Education	679621.90	410338.85	471401.14	379815.69	341092.55

Head wise Proposed Budget, Budget Estimate, Revised Budget, Actual Received Budget & Expenditure of Secondary Education for the Year 2018-19. (Rs. in Lakh)						
Sr. no.	Major Head/ Sub Head 2202- General Education 02- Secondary Education	Estimate Submitted by the department	Amount Sanctioned for Department (Budget Estimate)	Proposed Revised Budget Estimate	Amount Received/ Actual Received by Department	Utilization of money by the Department
1	001- Direction and Administration	24809.20	19764.70	16110.00	14328.00	12779.43
2	004- Research and Training	1573.00	938.00	956.00	933.00	826.52
3	053- Maintenance of Buildings	24500.00	2300.00	30457.00	6800.00	6153.59
4	105- Teachers Training	16147.00	10717.00	9710.00	8040.00	7391.70
5	107- Scholarships	5789.54	5239.54	5704.54	3833.53	3318.76
6	108- Examination	14.00	14.00	21.00	14.00	13.67
7	109- Government Secondary Schools	551411.05	341389.05	351476.00	309805.67	299627.44
8	110- Assistance to Non- Government Secondary Schools	16551.00	11530.00	12030.00	10025.00	7338.04
9	192-Grant to Panchyati Raj Institutions (PRI's) by Education (Secondary)	1.00	1.00	1.00	1.00	0.00
10	800- Other Expenditure	7351.00	2151.00	4101.00	3151.00	3074.86
11	789- Special Component Plan for Scheduled Caste	12900.00	12000.00	12900.00	10500.00	10217.17
12	793- Special Central Assistance for Scheduled Caste Component Plan	20680.00	8000.00	20356.00	8196.00	5486.08
13	04- Adult Education 200- Other Adult Education Programme	174.00	171.00	72.00	62.00	43.81

	Total- 2202- General Education	681900.79	414215.29	463894.54	375689.20	356271.07
	2204- Sports & Youth Services					
14	102- Youth Welfare Programmes for Students	60.00	60.00	60.00	20.00	0.35
15	800- Other Expenditure	825.00	800.00	850.00	700.00	698.51
	Total- 2204- Sports & Youth Services	885.00	860.00	910.00	720.00	698.86
	4202- Capital Outlay on Education, Sports, Art & Culture					
16	202- Secondary Education	30239.00	23000.01	23000.00	13165.48	9955.56
	Total- 4202- Capital Outlay on Education, Sports, Art & Culture	30239.00	23000.01	23000.00	13165.48	9955.56
	G. Total:- Secondary Education	713024.79	438075.29	487804.54	389574.68	366925.49

**स्कीमें(रैकरिंग/नानरैकरिंग)
(परीक्षा शाखा)**

1. **राजीव गांधी पुरस्कार योजना के अन्तर्गत उच्च/वरिष्ठ विद्यालयों में पढ़ रहे मेधावी छात्र/छात्राओं को छात्रवृत्ति प्रदान करना**

राजीव गांधी पुरस्कार योजना वर्ष 2005-06 से लागू की गई है। इस स्कीम में कक्षा नौवीं से बाहरवीं में परीक्षा परिणाम के आधार पर प्रथम आने उपरान्त एक छात्र तथा एक छात्रा को छात्रवृत्ति प्रदान करने का प्रावधान है। स्कीम में कक्षा नौवीं से बाहरवीं के छात्र/छात्रा को 1000/-रु0 प्रतिवर्ष एक मुश्त भत्ता के तौर पर छात्रवृत्ति प्रदान की जा रही है।

2. **पंजाबी मैरिट छात्रवृत्ति स्कीम**

इस स्कीम के अन्तर्गत उन छात्र/छात्राओं को कक्षा 11वीं व 12वीं में छात्रवृत्ति दी जाती है जो हरियाणा विद्यालय शिक्षा बोर्ड, भिवानी से 10वीं की वार्षिक परीक्षा में पंजाबी विषय में अधिकतम अंक प्राप्त करके 11वीं व 12वीं कक्षा में पंजाबी का विषय लेकर पढ़ रहे हों। ये छात्रवृत्तियाँ अगली कक्षा में संतोषजनक परिणामों के आधार पर नवीनीकरण की जाती है। 30 छात्रवृत्तियाँ 10वीं कक्षा के परिणाम के आधार कक्षा 11वीं में 75/-रुपये प्रतिमास प्रतिछात्र की दर से प्रदान की जाती हैं। इसी प्रकार आगामी इन छात्रवृत्तियों का नवीनीकरण भी किया जाता है।

3. **हरियाणा राज्य मैरिट छात्रवृत्ति योजना के अन्तर्गत छात्रवृत्ति प्रदान करने बारे**

यह स्कीम वर्ष 2009-10 से सैकेण्डरी निदेशालय स्तर पर चलाई जा रही है। यह स्कीम शैक्षणिक सत्र 2014-15 से राज्य सरकार द्वारा संशोधित की गई है। इस स्कीम में 700 छात्रों की संख्या खत्म करते हुए अब 95 प्रतिशत या इससे अधिक अंक प्राप्त करने वाले सभी शहरी/ग्रामिण छात्र/छात्राओं को छात्रवृत्ति प्रदान की जानी है। कक्षा 11वीं व 12वीं में 150/-रुपये प्रतिमास प्रतिछात्र की दर से छात्रवृत्ति प्रदान की जाती हैं।

4. **हरियाणा राज्य मैरिट छात्रवृत्ति योजना के अन्तर्गत मुफ्त लैपटाप प्रदान करने बारे**

यह स्कीम वर्ष 2015-16 से सैकेण्डरी निदेशालय स्तर पर चलाई जा रही है। स्कीम में वार्षिक बोर्ड परीक्षा कक्षा दसवीं की मैरिट के आधार पर कैटेगरी वाईज़ 500 छात्रों/छात्राओं को मुफ्त लैपटॉप प्रदान किये जायेंगे। हरियाणा विद्यालय शिक्षा बोर्ड भिवानी द्वारा संचालित की जा रही वार्षिक बोर्ड परीक्षा कक्षा 10वीं की मैरिट के आधार पर कैटेगरी वाईज़ विवरण निम्न प्रकार से है:-

Sr. No.	Subject Name	No of Beneficiaries
1.	Top 100 students in the Merit List of the Board (irrespective the caste, sex or economic status)	100
2.	Other top 100 General category girls in the merit list of the board .	100
3.	Other top 100 SC Boys in the merit list of the board.	100
4.	Other top 100 SC Girls in the merit list of the board.	100
5.	Other Top 100 BPL students family in the merit list of the board.	100
	Total	500

5. एक मुश्त भत्ता स्कीम के अन्तर्गत कक्षा 9 से 12वीं में पढ़ रहे अनुसूचित जाति के छात्र/छात्राओं को प्रोत्साहन राशि प्रदान करना

इस स्कीम के अन्तर्गत अनुसूचित जाति के छात्र/छात्राओं को स्टेशनरी/स्कूल बैग/वर्दी/शब्दकोष/जूते व जुराबें खरीदने हेतु प्रोत्साहन राशि प्रदान की जाती है। प्रोत्साहन राशि विद्यार्थियों के बैंक खाते में आधार बेसड पर वितरित की जा रही है। यह स्कीम वर्ष 2008-09 सेशन के दौरान आरम्भ की गई थी। स्कीम के अन्तर्गत योग्य छात्र/छात्राओं को निम्न दर से छात्रवृत्ति प्रदान करने का प्रावधान है:-

कक्षा	राशि
9 th -12 th	: 1450 /—रुपये

6 मासिक छात्रवृत्ति स्कीम के अन्तर्गत कक्षा 9 से 12वीं में पढ़ रहे अनुसूचित जाति के छात्र/छात्राओं को प्रोत्साहन राशि प्रदान करना

इस स्कीम के अन्तर्गत कक्षा-9वीं से 12वीं सरकारी विद्यालयों में पढ़ रहे अनुसूचित जाति के छात्र/छात्राओं की संख्या में बढ़ोतरी करने हेतु प्रोत्साहन राशि प्रदान की जाती है। प्रोत्साहन राशि विद्यार्थियों के नजदीक की बैंक शाखाओं में बैंक खाते खोलकर डी0बी0टी0 के माध्यम से वितरित की जा रही है। यह स्कीम वर्ष 2008-09 सेशन के दौरान आरम्भ की गई थी।

स्कीम के अन्तर्गत प्रोत्साहन राशि निम्न दर से प्रदान किये जाने का प्रावधान है:-

कक्षा	छात्र	छात्रा
9 th to 12 th	: 250 /—रुपय	400 /—रुपये
9 th to 12 th (साईंस संकाय)	: 400 /—रुपये	600 /—रुपये

7 नेशनल टैलेंट सर्च छात्रवृत्ति स्कीम

इस स्कीम के अन्तर्गत कक्षा 10वीं के प्रतिभावान छात्र/छात्राओं को निशुल्क Coaching दी जाती है, ताकि उनको राष्ट्रीय स्तर पर होने वाली परीक्षा के लिये तैयार किया जा सके। इस स्कीम के अन्तर्गत चयनित छात्र/छात्राओं को मैरिट के आधार केन्द्रीय सरकार द्वारा छात्रवृत्ति प्रदान की जाती है तथा निःशुल्क Coaching का खर्च राज्य सरकार द्वारा वहन किया जाता है। स्कीम के अन्तर्गत परीक्षा का आयोजन निदेशक, एस.सी.ई.आर.टी. हरियाणा, गुड़गांव के स्तर पर किया जाता है। इस स्कीम को निदेशक, एस.सी.ई.आर.टी. हरियाणा, गुड़गांव द्वारा संचालित किया जा रहा है।

8 नेशनल-मीन्स-कम मैरिट छात्रवृत्ति स्कीम-सी.एस.एस. प्लान

यह स्कीम भारत सरकार द्वारा वर्ष 2008-09 में आरम्भ की गई थी। इस स्कीम में 2337 छात्रवृत्तियां प्रतिभावान छात्र/छात्राओं को प्रदान करने का प्रावधान है बशर्ते छात्र/छात्रा द्वारा अधिक से अधिक 60 प्रतिशत अंक प्राप्त करके हरियाणा विद्यालय शिक्षा बोर्ड, भिवानी द्वारा संचालित 8वीं कक्षा पास की हो। जहां तक छात्रवृत्ति का सम्बन्ध है छात्रवृत्ति की राशि भारत सरकार द्वारा सीधे तौर पर निदेशक, एस.सी.ई.आर.टी. हरियाणा, गुड़गांव को उपलब्ध करवाई जाती है, जो उन द्वारा छात्र/छात्राओं के बैंक खातों में जमा करवा दी जाती है। प्रत्येक छात्र को 500 /—रुपये प्रति छात्र प्रतिमास की दर से छात्रवृत्ति प्रदान की जा रही है। यह स्कीम निदेशक, एस.सी.ई.आर.टी. हरियाणा, गुड़गांव द्वारा संचालित की जा रही है।

9.10 मासिक छात्रवृत्ति स्कीम के अन्तर्गत कक्षा 9वीं से 12वीं में पढ़ रहे बी.पी.एल./ बी.सी.-ए. के छात्र/छात्राओं को प्रोत्साहन राशि प्रदान करना

अनुसूचित जाति के छात्र/छात्राओं को दी जा रही प्रोत्साहन छात्रवृत्ति स्कीम की भांति सरकारी विद्यालयों में पढ़ रहे बी.पी.एल./बी.सी.-ए. वर्ग के छात्र/छात्राओं को वित्त वर्ष 2009-10 से मासिक छात्रवृत्ति योजना आरम्भ करके निम्न दर से प्रोत्साहन राशि प्रदान की जा रही है:-

कक्षा	छात्र	छात्रा
9 से 12वीं	: 150 /-रुपये	300 /-रुपये
11 व 12वीं (साईंस संकाय)	: 200 /-रुपये	400 /-रुपये

11 स्वतन्त्रता सेनानियों के पौत्र-पौत्रियों एवं दौहता-दौहितियों को मासिक छात्रवृत्ति प्रदान करने बारे कक्षा पहली से 12वीं तक

यह स्कीम वर्ष 2009-10 में मुख्यमन्त्री महोदय द्वारा की गई घोषणा उपरांत वर्ष 2010-11 से लागू की गई है। इस स्कीम में स्वतन्त्रता सेनानियों के पौत्र/पौत्रियों एवं दौहता/दौहितियों को अनुसूचित जाति के छात्रों को प्रदान की जा रही छात्रवृत्ति की तर्ज पर छात्रवृत्ति प्रदान की जा रही है।

कक्षा	छात्र	छात्रा
पहली से 5वीं	: 150 /-रुपये	225 /-रुपये
6 से 8वीं	: 200 /-रुपये	300 /-रुपये
9 से 12वीं	: 250 /-रुपये	400 /-रुपये
11 व 12वीं (साईंस संकाय)	: 400 /-रुपये	600 /-रुपये

12. कक्षा 9वीं व 11वीं सरकारी विद्यालयों में पढ़ने वाले अनुसूचित जाति के छात्रों/छात्राओं को मुफ्त साईकिलें उपलब्ध करवाना

यह स्कीम लागू करने के लिए वर्ष 2011-12 में मुख्यमन्त्री महोदय का अनुमोदन प्राप्त किया गया है। स्कीम में कक्षा 9वीं व 11वीं में अनुसूचित जाति के उन छात्रों/ छात्राओं को मुफ्त साईकिलें उपलब्ध करवाई जाएगी। जो छात्र/छात्राएं उनके निवास स्थान उच्च/वरिष्ठ विद्यालय न होने के कारण शिक्षा ग्रहण करने के लिए अन्य गांव के विद्यालयों में जा रहे हैं।

13. छात्रा परिवहन सुरक्षा योजना

वर्ष 2018-19 से सरकारी विद्यालयों में पढ़ने वाली छात्राओं को छात्रा परिवहन सुरक्षा योजना के अन्तर्गत सुरक्षित व सुलभ यातायात सुविधा प्रदान करने हेतु छात्रा परिवहन सुरक्षा योजना का अनुमोदन माननीय मुख्यमंत्री महोदय द्वारा किया जा चुका है। इस मामले का सम्बन्ध सरकारी विद्यालयों में पढ़ने वाली छात्राओं को छात्रा परिवहन सुरक्षा योजना के अन्तर्गत सुरक्षित व सुलभ यातायात सुविधा प्रदान करने से है। जो छात्राएं अनुसूचित जाति से सम्बन्धित स्कीम के अन्तर्गत साईकिल योजना का लाभ ले रही है उन को छोड़कर इस योजना का लाभ हर वर्ग की छात्राओं को दिया जाना है।

प्लान/नॉन-प्लान स्कीमें

(परीक्षा शाखा)

8 राजीव गांधी पुरस्कार योजना के अन्तर्गत उच्च/वरिष्ठ विद्यालयों में पढ़ रहे मेधावी छात्र/छात्राओं को छात्रवृत्ति प्रदान करना

राजीव गांधी पुरस्कार योजना वर्ष 2005-06 से लागू की गई है। इस स्कीम में कक्षा छठी से बाहरवीं में परीक्षा परिणाम के आधार पर प्रथम आने उपरान्त एक छात्र तथा एक छात्रा को छात्रवृत्ति प्रदान करने का प्रावधान है। स्कीम में कक्षा छठी से आठवीं के छात्र/छात्राओं को 750/-रु० तथा कक्षा नौवीं से बाहरवीं के छात्र/छात्राओं को 1000/-रु० प्रतिवर्ष एक मुश्त भत्ता के तौर पर छात्रवृत्ति प्रदान की जा रही है। वित्त वर्ष 2015-16 के लिये 299.46 लाख रुपये की बजट व्यवस्था की गई है तथा इस राशि से 15874 छात्र लाभान्वित होंगे।

9 पंजाबी मैरिट छात्रवृत्ति स्कीम

इस स्कीम के अन्तर्गत उन छात्र/छात्राओं को कक्षा 11वीं व 12वीं में छात्रवृत्ति दी जाती है जो हरियाणा विद्यालय शिक्षा बोर्ड, भिवानी से 10वीं की वार्षिक परीक्षा में पंजाबी विषय में अधिकतम अंक प्राप्त करके 11वीं व 12वीं कक्षा में पंजाबी का विषय लेकर पढ़ रहे हों। ये छात्रवृत्तियाँ अगली कक्षा में संतोषजनक परिणामों के आधार पर नवीनीकरण की जाती है। 30 छात्रवृत्तियाँ 10वीं कक्षा के परिणाम के आधार कक्षा 11वीं में 75/-रुपये प्रतिमास प्रतिछात्र की दर से प्रदान की जाती हैं। इसी प्रकार आगामी इन छात्रवृत्तियाँ का नवीनीकरण भी किया जाता है। इस उद्देश्य के लिये वर्ष 2015-16 में 54,000/-रुपये की बजट व्यवस्था करवाई गई है, जिसके अन्तर्गत 60 छात्र लाभान्वित होंगे।

10 हरियाणा राज्य मैरिट छात्रवृत्ति योजना के अन्तर्गत छात्रवृत्ति प्रदान करने बारे

यह स्कीम वर्ष 2009-10 से सैकेण्डरी निदेशालय स्तर पर चलाई जा रही है। इस स्कीम के अन्तर्गत 700 छात्रवृत्तियाँ हरियाणा विद्यालय शिक्षा द्वारा संचालित बोर्ड परीक्षा कक्षा 10वीं की मैरिट के आधार पर कक्षा 11वीं में प्रवेश उपरान्त प्रदान की जाती हैं तथा कक्षा 12वीं में उनका नवीनीकरण किया जाता है। 350 छात्रवृत्तियाँ शहरी क्षेत्र (175 लड़के, 175 लड़कियाँ) आरक्षित हैं तथा 350 छात्रवृत्तियाँ ग्रामीण क्षेत्र (175 लड़के, 175 लड़कियाँ) आरक्षित हैं। वर्ष 2015-16 में स्कीम के अन्तर्गत 45.00 लाख रुपये की बजट व्यवस्था करवाई गई है, जिसके अन्तर्गत 700 फ्रैश तथा 700 नवीनीकरण छात्रवृत्ति के तौर पर प्रदान की जाती थी।

नोट : यह स्कीम शैक्षणिक सत्र 2014-15 से राज्य सरकार द्वारा संशोधित की गई है। इस स्कीम में 700 छात्रों की संख्या खत्म करते हुए अब 95 प्रतिशत या इससे अधिक अंक प्राप्त करने वाले सभी शहरी/ग्रामीण छात्र/छात्राओं को छात्रवृत्ति प्रदान की जानी है। वर्ष 2014-15 में इस स्कीम के अन्तर्गत 1037 छात्र/छात्रायेँ लाभान्वित होंगे।

11 एक मुश्त भत्ता स्कीम के अन्तर्गत कक्षा 9 से 12वीं में पढ़ रहे अनुसूचित जाति के छात्र/छात्राओं को प्रोत्साहन राशि प्रदान करना

इस स्कीम के अन्तर्गत अनुसूचित जाति के छात्र/छात्राओं को स्टेशनरी/स्कूल बैग/वर्दी/शब्दकोष/जूते व जुराबें खरीदने हेतु प्रोत्साहन राशि प्रदान की जाती है। प्रोत्साहन राशि विद्यार्थियों के नजदीक की बैंक शाखाओं में बैंक खाते खोलकर वितरित की जा रही है। यह स्कीम वर्ष 2008-09 सेशन के

दौरान आरम्भ की गई थी। स्कीम के अन्तर्गत योग्य छात्र/छात्राओं को निम्न दर से छात्रवृत्ति प्रदान करने का प्रावधान है:-

कक्षा	राशि
9 th -12 th :	1450 /—रुपये

वर्ष 2015-16 में 4500.00 लाख रुपये की बजट व्यवस्था करवाई गई है, जिसके अन्तर्गत 260430 छात्र/छात्राएं लाभान्वित होंगे।

12 मासिक छात्रवृत्ति स्कीम के अन्तर्गत कक्षा 9 से 12वीं में पढ़ रहे अनुसूचित जाति के छात्र/छात्राओं को प्रोत्साहन राशि प्रदान करना

इस स्कीम के अन्तर्गत कक्षा-9वीं से 12वीं सरकारी विद्यालयों में पढ़ रहे अनुसूचित जाति के छात्र/छात्राओं की संख्या में बढ़ौतरी करने हेतु प्रोत्साहन राशि प्रदान की जाती है। प्रोत्साहन राशि विद्यार्थियों के नजदीक की बैंक शाखाओं में बैंक खाते खोलकर वितरित की जा रही है। यह स्कीम वर्ष 2008-09 सेशन के दौरान आरम्भ की गई थी।

वर्ष 2015-16 में 8000.00 लाख रुपये बजट व्यवस्था करवाई गई है, जिसके अन्तर्गत 260430 छात्र/छात्राएं लाभान्वित हुये। स्कीम के अन्तर्गत प्रोत्साहन राशि निम्न दर से प्रदान किये जाने का प्रावधान है:-

कक्षा	छात्र	छात्रा
9 th to 12 th :	250 /—रुपये	400 /—रुपये
9 th to 12 th (साईंस संकाय) :	400 /—रुपये	600 /—रुपये

13 नेशनल टैलेंट सर्च छात्रवृत्ति स्कीम

इस स्कीम के अन्तर्गत कक्षा 10वीं के प्रतिभावान छात्र/छात्राओं को निशुल्क Coaching दी जाती है, ताकि उनको राष्ट्रीय स्तर पर होने वाली परीक्षा के लिये तैयार किया जा सके। इस स्कीम के अन्तर्गत चयनित छात्र/छात्राओं को मैरिट के आधार केन्द्रीय सरकार द्वारा छात्रवृत्ति प्रदान की जाती है तथा निशुल्क Coaching का खर्च राज्य सरकार द्वारा वहन किया जाता है। स्कीम के अन्तर्गत परीक्षा का आयोजन निदेशक, एस.सी.ई.आर.टी. हरियाणा, गुडगांव के स्तर पर किया जाता है।

वित्त वर्ष 2015-16 के लिये भी 14.05 लाख रुपये की बजट व्यवस्था करवाई गई है। इस स्कीम को निदेशक, एस.सी.ई.आर.टी. हरियाणा, गुडगांव द्वारा संचालित किया जा रहा है। वर्ष 2015-16 में स्कीम के अन्तर्गत 85 छात्र/छात्राएं लाभान्वित होंगे।

14 नैशनल-मीन्स-कम मैरिट छात्रवृत्ति स्कीम-सी.एस.एस. प्लान

यह स्कीम भारत सरकार द्वारा वर्ष 2008-09 में आरम्भ की गई थी। इस स्कीम में 2337 छात्रवृत्तियां प्रतिभावान छात्र/छात्राओं को प्रदान करने का प्रावधान है बशर्ते छात्र/छात्रा द्वारा अधिक से अधिक 60 प्रतिशत अंक प्राप्त करके हरियाणा विद्यालय शिक्षा बोर्ड, भिवानी द्वारा संचालित 8वीं कक्षा पास की हो। जहां तक छात्रवृत्ति का सम्बन्ध है छात्रवृत्ति की राशि भारत सरकार द्वारा सीधे तौर पर निदेशक, एस.सी.ई.आर.टी. हरियाणा, गुडगांव को उपलब्ध करवाई जाती है, जो उन द्वारा छात्र/छात्राओं के बैंक खातों में जमा करवा दी जाती है। प्रत्येक छात्र को 500 /—रुपये प्रति छात्र प्रतिमास की दर से छात्रवृत्ति प्रदान की जा रही है। यह स्कीम निदेशक, एस.सी.ई.आर.टी. हरियाणा, गुडगांव द्वारा संचालित की जाने वाली परीक्षा के

लिए वित्त वर्ष 2015-16 के लिये स्कीम के अन्तर्गत केवल परीक्षा के संचालन के खर्च हेतु 6.00 लाख रुपये की राशि का प्रोविजन करवाया गया है। इस स्कीम के अन्तर्गत वर्ष 2015-16 में लगभग 10000 छात्र लाभान्वित होंगे।

15 मासिक छात्रवृत्ति स्कीम के अन्तर्गत कक्षा 9वीं से 12वीं में पढ़ रहे बी.पी.एल./ बी.सी.-ए. के छात्र/छात्राओं को प्रोत्साहन राशि प्रदान करना

अनुसूचित जाति के छात्र/छात्राओं को दी जा रही प्रोत्साहन छात्रवृत्ति स्कीम की भांति सरकारी विद्यालयों में पढ़ रहे बी.पी.एल./बी.सी.-ए. वर्ग के छात्र/छात्राओं को वित्त वर्ष 2009-10 से मासिक छात्रवृत्ति योजना आरम्भ करके निम्न दर से प्रोत्साहन राशि प्रदान की जा रही है:-

कक्षा	छात्र	छात्रा
9 से 12वीं	: 150/-रुपये	300/-रुपये
11 व 12वीं (साईंस संकाय)	: 200/-रुपये	400/-रुपये

वर्ष 2015-16 में बी.पी.एल. वर्ग स्कीम के लिये 2000.00 लाख रुपये की बजट व्यवस्था करवाई गई है तथा अनुमानित 43085 छात्र/छात्राएं लाभान्वित होंगे।

वर्ष 2015-16 में बी.सी.-ए. वर्ग स्कीम के लिये 5500.00 लाख रुपये की बजट व्यवस्था करवाई गई है, जिसके अन्तर्गत 183985 छात्र/छात्राएं लाभान्वित होंगे।

9. स्वतन्त्रता सेनानियों के पौत्र-पौत्रियों एवं दौहता-दौहतियों को मासिक छात्रवृत्ति प्रदान करने बारे

यह स्कीम वर्ष 2009-10 में मुख्यमन्त्री महोदय द्वारा की गई घोषणा उपरांत वर्ष 2010-11 से लागू की गई है। इस स्कीम में स्वतन्त्रता सेनानियों के पौत्र/पौत्रियों एवं दौहता/दौहतियों को अनुसूचित जाति के छात्रों को प्रदान की जा रही छात्रवृत्ति की तर्ज पर छात्रवृत्ति प्रदान की जा रही है।

कक्षा	छात्र	छात्रा
पहली से 5वीं	: 150/-रुपये	225/-रुपये
6 से 8वीं	: 200/-रुपये	300/-रुपये
9 से 12वीं	: 250/-रुपये	400/-रुपये
11 व 12वीं (साईंस संकाय)	: 400/-रुपये	600/-रुपये

वर्ष 2015-16 में 16.17 लाख रुपये की बजट व्यवस्था करवाई गई है। जिससे अनुमानित 263 छात्र/छात्राएं लाभान्वित होंगे।

10. कक्षा 9वीं व 11वीं सरकारी विद्यालयों में पढ़ने वाले अनुसूचित जाति के छात्र/छात्राओं को मुफ्त साईकिलें उपलब्ध करवाना एवं साईकिल मरम्मत के लिए राशि उपलब्ध करवाने बारे

यह स्कीम लागू करने के लिए वर्ष 2011-12 में मुख्यमन्त्री महोदय का अनुमोदन प्राप्त किया गया है। स्कीम में कक्षा 9वीं व 11वीं में अनुसूचित जाति के उन छात्र/छात्राओं को मुफ्त साईकिलें उपलब्ध करवाई जाएगीं। जो छात्र/छात्राएं उच्च शिक्षा ग्रहण करने के लिए अन्य गांव के विद्यालयों में जा रही होंगीं। इसके उपरान्त 400/-रुपये की राशि मरम्मत के तौर पर उन छात्रों को उपलब्ध करवाई जाएगीं, जिन्हें सर्व शिक्षा अभियान या अन्य एजेंसी द्वारा कक्षा छठी से आठवी तक साईकिलें उपलब्ध करवाई गई है। इस स्कीम में वर्ष 2015-16 के लिए 800.00 लाख रुपये की राशि की बजट व्यवस्था करवाई गई है। स्कीम में वर्ष 2015-16 में अनुमानित 30000 छात्र/छात्राओं को मुफ्त साईकिलें उपलब्ध करवाई जायेगी।

प्लान/नॉन-प्लान स्कीमें

(परीक्षा शाखा)

16 राजीव गांधी पुरस्कार योजना के अन्तर्गत उच्च/वरिष्ठ विद्यालयों में पढ़ रहे मेधावी छात्र/छात्राओं को छात्रवृत्ति प्रदान करना

राजीव गांधी पुरस्कार योजना वर्ष 2005-06 से लागू की गई है। इस स्कीम में कक्षा छठी से बाहरवीं में परीक्षा परिणाम के आधार पर प्रथम आने उपरान्त एक छात्र तथा एक छात्रा को छात्रवृत्ति प्रदान करने का प्रावधान है। स्कीम में कक्षा छठी से आठवीं के छात्र/छात्राओं को 750/-रु0 तथा कक्षा नौवीं से बाहरवीं के छात्र/छात्राओं को 1000/-रु0 प्रतिवर्ष एक मुश्त भत्ता के तौर पर छात्रवृत्ति प्रदान की जा रही है। वित्त वर्ष 2016-17 के लिये 299.46 लाख रुपये की बजट व्यवस्था की गई है तथा इस राशि से अनुमानित 31000 छात्र लाभान्वित होंगे।

17 पंजाबी मैरिट छात्रवृत्ति स्कीम

इस स्कीम के अन्तर्गत उन छात्र/छात्राओं को कक्षा 11वीं व 12वीं में छात्रवृत्ति दी जाती है जो हरियाणा विद्यालय शिक्षा बोर्ड, भिवानी से 10वीं की वार्षिक परीक्षा में पंजाबी विषय में अधिकतम अंक प्राप्त करके 11वीं व 12वीं कक्षा में पंजाबी का विषय लेकर पढ़ रहे हों। ये छात्रवृत्तियाँ अगली कक्षा में संतोषजनक परिणामों के आधार पर नवीनीकरण की जाती है। 30 छात्रवृत्तियाँ 10वीं कक्षा के परिणाम के आधार कक्षा 11वीं में 75/-रुपये प्रतिमास प्रतिछात्र की दर से प्रदान की जाती हैं। इसी प्रकार आगामी इन छात्रवृत्तियाँ का नवीनीकरण भी किया जाता है। इस उद्देश्य के लिये वर्ष 2016-17 में 54,000/-रुपये की बजट व्यवस्था करवाई गई है, जिसके अन्तर्गत 60 छात्र लाभान्वित होंगे।

18 हरियाणा राज्य मैरिट छात्रवृत्ति योजना के अन्तर्गत छात्रवृत्ति प्रदान करने बारे

यह स्कीम वर्ष 2009-10 से सैकेण्डरी निदेशालय स्तर पर चलाई जा रही है। यह स्कीम शैक्षणिक सत्र 2014-15 से राज्य सरकार द्वारा संशोधित की गई है। इस स्कीम में 700 छात्रों की संख्या खत्म करते हुए अब 95 प्रतिशत या इससे अधिक अंक प्राप्त करने वाले सभी शहरी/ग्रामिण छात्र/छात्राओं को छात्रवृत्ति प्रदान की जानी है। वर्ष 2016-17 में इस स्कीम के अन्तर्गत अनुमानित 1000 छात्र/छात्रायेँ लाभान्वित होंगे। इसके अतिरिक्त स्कीम में वार्षिक बोर्ड परीक्षा कक्षा दसवीं की मैरिट के आधार पर छात्रों/छात्राओं को मुफ्त लैपटॉप भी प्रदान किये जायेंगे इसके लिये वर्ष 2016-17 में 600.00 लाख रु0 की बजट व्यवस्था करवाई गई है।

19 एक मुश्त भत्ता स्कीम के अन्तर्गत कक्षा 9 से 12वीं में पढ़ रहे अनुसूचित जाति के छात्र/छात्राओं को प्रोत्साहन राशि प्रदान करना

इस स्कीम के अन्तर्गत अनुसूचित जाति के छात्र/छात्राओं को स्टेशनरी/स्कूल बैग/वर्दी/शब्दकोष/जूते व जुराबें खरीदने हेतु प्रोत्साहन राशि प्रदान की जाती है। प्रोत्साहन राशि विद्यार्थियों के नजदीक की बैंक शाखाओं में बैंक खाते खोलकर वितरित की जा रही है। यह स्कीम वर्ष 2008-09 सेशन के दौरान आरम्भ की गई थी। स्कीम के अन्तर्गत योग्य छात्र/छात्राओं को निम्न दर से छात्रवृत्ति प्रदान करने का प्रावधान है:-

कक्षा	राशि
9 th -12 th	1450/-रुपये

वर्ष 2016-17 में 3700.00 लाख रुपये की बजट व्यवस्था करवाई गई है, जिसके अन्तर्गत 237000 छात्र/छात्राएं लाभान्वित होंगे।

20 मासिक छात्रवृत्ति स्कीम के अन्तर्गत कक्षा 9 से 12वीं में पढ़ रहे अनुसूचित जाति के छात्र/छात्राओं को प्रोत्साहन राशि प्रदान करना

इस स्कीम के अन्तर्गत कक्षा-9वीं से 12वीं सरकारी विद्यालयों में पढ़ रहे अनुसूचित जाति के छात्र/छात्राओं की संख्या में बढ़ोतरी करने हेतु प्रोत्साहन राशि प्रदान की जाती है। प्रोत्साहन राशि विद्यार्थियों के नजदीक की बैंक शाखाओं में बैंक खाते खोलकर वितरित की जा रही है। यह स्कीम वर्ष 2008-09 सेशन के दौरान आरम्भ की गई थी।

वर्ष 2016-17 में 10000.00 लाख रुपये बजट व्यवस्था करवाई गई है, जिसके अन्तर्गत अनुमानित 237000 छात्र/छात्राएं लाभान्वित होंगे। स्कीम के अन्तर्गत प्रोत्साहन राशि निम्न दर से प्रदान किये जाने का प्रावधान है:-

कक्षा	छात्र	छात्रा
9 th to 12 th	: 250 /—रुपये	400 /—रुपये
9 th to 12 th (साईंस संकाय)	: 400 /—रुपये	600 /—रुपये

21 नेशनल टैलेंट सर्च छात्रवृत्ति स्कीम

इस स्कीम के अन्तर्गत कक्षा 10वीं के प्रतिभावान छात्र/छात्राओं को निशुल्क Coaching दी जाती है, ताकि उनको राष्ट्रीय स्तर पर होने वाली परीक्षा के लिये तैयार किया जा सके। इस स्कीम के अन्तर्गत चयनित छात्र/छात्राओं को मैरिट के आधार केन्द्रीय सरकार द्वारा छात्रवृत्ति प्रदान की जाती है तथा निशुल्क Coaching का खर्च राज्य सरकार द्वारा वहन किया जाता है। स्कीम के अन्तर्गत परीक्षा का आयोजन निदेशक, एस.सी.ई.आर.टी. हरियाणा, गुडगांव के स्तर पर किया जाता है।

वित्त वर्ष 2016-17 के लिये भी 14.00 लाख रुपये की बजट व्यवस्था करवाई गई है। इस स्कीम को निदेशक, एस.सी.ई.आर.टी. हरियाणा, गुडगांव द्वारा संचालित किया जा रहा है। वर्ष 2016-17 में स्कीम के अन्तर्गत अनुमानित 95 छात्र/छात्राएं लाभान्वित होंगे।

22 नेशनल-मीन्स-कम मैरिट छात्रवृत्ति स्कीम-सी.एस.एस. प्लान

यह स्कीम भारत सरकार द्वारा वर्ष 2008-09 में आरम्भ की गई थी। इस स्कीम में 2337 छात्रवृत्तियां प्रतिभावान छात्र/छात्राओं को प्रदान करने का प्रावधान है बशर्ते छात्र/छात्रा द्वारा अधिक से अधिक 60 प्रतिशत अंक प्राप्त करके हरियाणा विद्यालय शिक्षा बोर्ड, भिवानी द्वारा संचालित 8वीं कक्षा पास की हो। जहां तक छात्रवृत्ति का सम्बन्ध है छात्रवृत्ति की राशि भारत सरकार द्वारा सीधे तौर पर निदेशक, एस.सी.ई.आर.टी. हरियाणा, गुडगांव को उपलब्ध करवाई जाती है, जो उन द्वारा छात्र/छात्राओं के बैंक खातों में जमा करवा दी जाती है। प्रत्येक छात्र को 500 /—रुपये प्रति छात्र प्रतिमास की दर से छात्रवृत्ति प्रदान की जा रही है। यह स्कीम निदेशक, एस.सी.ई.आर.टी. हरियाणा, गुडगांव द्वारा संचालित की जाने वाली परीक्षा के लिए वित्त वर्ष 2016-17 के लिये स्कीम के अन्तर्गत केवल परीक्षा के संचालन के खर्च हेतु 6.00 लाख रुपये की राशि का प्रोविजन करवाया गया है। स्कीम में वर्ष 2013-14 से 3.00 lacs Centre Share & 3.00 lacs State Share की बजट व्यवस्था करवाई जा रही है। इस स्कीम के अन्तर्गत वर्ष 2016-17 में लगभग 1500 छात्र लाभान्वित होंगे।

23 मासिक छात्रवृत्ति स्कीम के अन्तर्गत कक्षा 9वीं से 12वीं में पढ़ रहे बी.पी.एल./ बी.सी.-ए. के छात्र/छात्राओं को प्रोत्साहन राशि प्रदान करना

अनुसूचित जाति के छात्र/छात्राओं को दी जा रही प्रोत्साहन छात्रवृत्ति स्कीम की भांति सरकारी विद्यालयों में पढ़ रहे बी.पी.एल./बी.सी.-ए. वर्ग के छात्र/छात्राओं को वित्त वर्ष 2009-10 से मासिक छात्रवृत्ति योजना आरम्भ करके निम्न दर से प्रोत्साहन राशि प्रदान की जा रही है:-

कक्षा	छात्र	छात्रा
9 से 12वीं	: 150 /-रुपये	300 /-रुपये
11 व 12वीं (साईंस संकाय)	: 200 /-रुपये	400 /-रुपये

वर्ष 2016-17 में बी.पी.एल. वर्ग स्कीम के लिये 1200.00 लाख रुपये की बजट व्यवस्था करवाई गई है तथा अनुमानित 39000 छात्र/छात्राएं लाभान्वित होंगे।

वर्ष 2016-17 में बी.सी.-ए. वर्ग स्कीम के लिये 5000.00 लाख रुपये की बजट व्यवस्था करवाई गई है, जिसके अन्तर्गत 168000 छात्र/छात्राएं लाभान्वित होंगे।

9. स्वतन्त्रता सेनानियों के पौत्र-पौत्रियों एवं दौहता-दौहतियों को मासिक छात्रवृत्ति प्रदान करने बारे

यह स्कीम वर्ष 2009-10 में मुख्यमन्त्री महोदय द्वारा की गई घोषणा उपरांत वर्ष 2010-11 से लागू की गई है। इस स्कीम में स्वतन्त्रता सेनानियों के पौत्र/पौत्रियों एवं दौहता/दौहतियों को अनुसूचित जाति के छात्रों को प्रदान की जा रही छात्रवृत्ति की तर्ज पर छात्रवृत्ति प्रदान की जा रही है।

कक्षा	छात्र	छात्रा
पहली से 5वीं	: 150 /-रुपये	225 /-रुपये
6 से 8वीं	: 200 /-रुपये	300 /-रुपये
9 से 12वीं	: 250 /-रुपये	400 /-रुपये
11 व 12वीं (साईंस संकाय)	: 400 /-रुपये	600 /-रुपये

वर्ष 2016-17 में 10.00 लाख रुपये की बजट व्यवस्था करवाई गई है। जिससे अनुमानित 230 छात्र/छात्राएं लाभान्वित होंगे।

10. कक्षा 9वीं व 11वीं सरकारी विद्यालयों में पढ़ने वाले अनुसूचित जाति के छात्र/छात्राओं को मुफ्त साईकिलें उपलब्ध करवाना

यह स्कीम लागू करने के लिए वर्ष 2011-12 में मुख्यमन्त्री महोदय का अनुमोदन प्राप्त किया गया है। स्कीम में कक्षा 9वीं व 11वीं में अनुसूचित जाति के उन छात्र/ छात्राओं को मुफ्त साईकिलें उपलब्ध करवाई जाएंगी। जो छात्र/छात्राएं उच्च शिक्षा ग्रहण करने के लिए अन्य गांव के विद्यालयों में जा रही होंगी। इस स्कीम में वर्ष 2016-17 के लिए 1000.00 लाख रुपये की राशि की बजट व्यवस्था करवाई गई है। स्कीम में वर्ष 2016-17 में अनुमानित 31000 छात्र/छात्राओं को मुफ्त साईकिलें उपलब्ध करवाई जाएंगी।

प्लान/नॉन-प्लान स्कीमें

(परीक्षा शाखा)

- 24 राजीव गांधी पुरस्कार योजना के अन्तर्गत उच्च/वरिष्ठ विद्यालयों में पढ़ रहे मेधावी छात्र/छात्राओं को छात्रवृत्ति प्रदान करना**

वित्त वर्ष 2015-16 के लिये 299.46 लाख रुपये की बजट व्यवस्था की गई है तथा इस राशि से 15874 छात्र लाभान्वित होंगे।

- 25 पंजाबी मैरिट छात्रवृत्ति स्कीम**

इस स्कीम के अन्तर्गत उन छात्र/छात्राओं को कक्षा 11वीं व 12वीं में छात्रवृत्ति दी जाती है जो हरियाणा विद्यालय शिक्षा बोर्ड, भिवानी से 10वीं की वार्षिक परीक्षा में पंजाबी विषय में अधिकतम अंक प्राप्त करके 11वीं व 12वीं कक्षा में पंजाबी का विषय लेकर पढ़ रहे हों। ये छात्रवृत्तियाँ अगली कक्षा में संतोषजनक परिणामों के आधार पर नवीनीकरण की जाती है। 30 छात्रवृत्तियाँ 10वीं कक्षा के परिणाम के आधार कक्षा 11वीं में 75/-रुपये प्रतिमास प्रतिछात्र की दर से प्रदान की जाती हैं। इसी प्रकार आगामी इन छात्रवृत्तियाँ का नवीनीकरण भी किया जाता है। इस उद्देश्य के लिये वर्ष 2015-16 में 54,000/-रुपये की बजट व्यवस्था करवाई गई है, जिसके अन्तर्गत 60 छात्र लाभान्वित होंगे।

- 26 हरियाणा राज्य मैरिट छात्रवृत्ति योजना के अन्तर्गत छात्रवृत्ति प्रदान करने बारे**

यह स्कीम वर्ष 2009-10 से सैकेण्डरी निदेशालय स्तर पर चलाई जा रही है। इस स्कीम के अन्तर्गत 700 छात्रवृत्तियाँ हरियाणा विद्यालय शिक्षा द्वारा संचालित बोर्ड परीक्षा कक्षा 10वीं की मैरिट के आधार पर कक्षा 11वीं में प्रवेश उपरांत प्रदान की जाती हैं तथा कक्षा 12वीं में उनका नवीनीकरण किया जाता है। 350 छात्रवृत्तियाँ शहरी क्षेत्र (175 लड़के, 175 लड़कियाँ) आरक्षित हैं तथा 350 छात्रवृत्तियाँ ग्रामीण क्षेत्र (175 लड़के, 175 लड़कियाँ) आरक्षित हैं। वर्ष 2015-16 में स्कीम के अन्तर्गत 45.00 लाख रुपये की बजट व्यवस्था करवाई गई है, जिसके अन्तर्गत 700 फ्रैश तथा 700 नवीनीकरण छात्रवृत्ति के तौर पर प्रदान की जाती थी।

नोट : यह स्कीम शैक्षणिक सत्र 2014-15 से राज्य सरकार द्वारा संशोधित की गई है। इस स्कीम में 700 छात्रों की संख्या खत्म करते हुए अब 95 प्रतिशत या इससे अधिक अंक प्राप्त करने वाले सभी शहरी/ग्रामीण छात्र/छात्राओं को छात्रवृत्ति प्रदान की जानी है। वर्ष 2014-15 में इस स्कीम के अन्तर्गत 1037 छात्र/छात्रायें लाभान्वित होंगे।

- 27 एक मुश्त भत्ता स्कीम के अन्तर्गत कक्षा 9 से 12वीं में पढ़ रहे अनुसूचित जाति के छात्र/छात्राओं को प्रोत्साहन राशि प्रदान करना**

इस स्कीम के अन्तर्गत अनुसूचित जाति के छात्र/छात्राओं को स्टेशनरी/स्कूल बैग/वर्दी/शब्दकोष/जूते व जुराबें खरीदने हेतु प्रोत्साहन राशि प्रदान की जाती है। प्रोत्साहन राशि विद्यार्थियों के नजदीक की बैंक शाखाओं में बैंक खाते खोलकर वितरित की जा रही है। यह स्कीम वर्ष 2008-09 सेशन के दौरान आरम्भ की गई थी। स्कीम के अन्तर्गत योग्य छात्र/छात्राओं को निम्न दर से छात्रवृत्ति प्रदान करने का प्रावधान है:-

कक्षा

राशि

9th-12th

:

1450/-रुपये

वर्ष 2015-16 में 4500.00 लाख रुपये की बजट व्यवस्था करवाई गई है, जिसके अन्तर्गत 260430 छात्र/छात्राएं लाभान्वित होंगे।

28 मासिक छात्रवृत्ति स्कीम के अन्तर्गत कक्षा 9 से 12वीं में पढ़ रहे अनुसूचित जाति के छात्र/छात्राओं को प्रोत्साहन राशि प्रदान करना

इस स्कीम के अन्तर्गत कक्षा-9वीं से 12वीं सरकारी विद्यालयों में पढ़ रहे अनुसूचित जाति के छात्र/छात्राओं की संख्या में बढ़ौतरी करने हेतु प्रोत्साहन राशि प्रदान की जाती है। प्रोत्साहन राशि विद्यार्थियों के नजदीक की बैंक शाखाओं में बैंक खाते खोलकर वितरित की जा रही है। यह स्कीम वर्ष 2008-09 सेशन के दौरान आरम्भ की गई थी।

वर्ष 2015-16 में 8000.00 लाख रुपये बजट व्यवस्था करवाई गई है, जिसके अन्तर्गत 260430 छात्र/छात्राएं लाभान्वित हुये। स्कीम के अन्तर्गत प्रोत्साहन राशि निम्न दर से प्रदान किये जाने का प्रावधान है:-

कक्षा	छात्र	छात्रा
9 th -12 th :	250/-रुपये	400/-रुपये
9 th -12 th (साईंस संकाय) :	400/-रुपये	600/-रुपये

29 नेशनल टैलेंट सर्च छात्रवृत्ति स्कीम

इस स्कीम के अन्तर्गत कक्षा 10वीं के प्रतिभावान छात्र/छात्राओं को निशुल्क Coaching दी जाती है, ताकि उनको राष्ट्रीय स्तर पर होने वाली परीक्षा के लिये तैयार किया जा सके। इस स्कीम के अन्तर्गत चयनित छात्र/छात्राओं को मैरिट के आधार केन्द्रीय सरकार द्वारा छात्रवृत्ति प्रदान की जाती है तथा निशुल्क Coaching का खर्च राज्य सरकार द्वारा वहन किया जाता है। स्कीम के अन्तर्गत परीक्षा का आयोजन निदेशक, एस.सी.ई.आर.टी. हरियाणा, गुडगांव के स्तर पर किया जाता है।

वित्त वर्ष 2015-16 के लिये भी 14.05 लाख रुपये की बजट व्यवस्था करवाई गई है। इस स्कीम को निदेशक, एस.सी.ई.आर.टी. हरियाणा, गुडगांव द्वारा संचालित किया जा रहा है। वर्ष 2015-16 में स्कीम के अन्तर्गत 85 छात्र/छात्राएं लाभान्वित होंगे।

30 नेशनल-मीन्स-कम मैरिट छात्रवृत्ति स्कीम-सी.एस.एस. प्लान

यह स्कीम भारत सरकार द्वारा वर्ष 2008-09 में आरम्भ की गई थी। इस स्कीम में 2337 छात्रवृत्तियां प्रतिभावान छात्र/छात्राओं को प्रदान करने का प्रावधान है बशर्ते छात्र/छात्रा द्वारा अधिक से अधिक 60 प्रतिशत अंक प्राप्त करके हरियाणा विद्यालय शिक्षा बोर्ड, भिवानी द्वारा संचालित 8वीं कक्षा पास की हो। जहां तक छात्रवृत्ति का सम्बन्ध है छात्रवृत्ति की राशि भारत सरकार द्वारा सीधे तौर पर निदेशक, एस.सी.ई.आर.टी. हरियाणा, गुडगांव को उपलब्ध करवाई जाती है, जो उन द्वारा छात्र/छात्राओं के बैंक खातों में जमा करवा दी जाती है। प्रत्येक छात्र को 500/-रुपये प्रति छात्र प्रतिमास की दर से छात्रवृत्ति प्रदान की जा रही है। यह स्कीम निदेशक, एस.सी.ई.आर.टी. हरियाणा, गुडगांव द्वारा संचालित की जाने वाली परीक्षा के लिए वित्त वर्ष 2015-16 के लिये स्कीम के अन्तर्गत केवल परीक्षा के संचालन के खर्चे हेतु 6.00 लाख रुपये की राशि का प्रोविजन करवाया गया है। इस स्कीम के अन्तर्गत वर्ष 2015-16 में लगभग 10000 छात्र लाभान्वित होंगे।

31 मासिक छात्रवृत्ति स्कीम के अन्तर्गत कक्षा 9वीं से 12वीं में पढ़ रहे बी.पी.एल./ बी.सी.-ए. के छात्र/छात्राओं को प्रोत्साहन राशि प्रदान करना

अनुसूचित जाति के छात्र/छात्राओं को दी जा रही प्रोत्साहन छात्रवृत्ति स्कीम की भांति सरकारी विद्यालयों में पढ़ रहे बी.पी.एल./बी.सी.-ए. वर्ग के छात्र/छात्राओं को वित्त वर्ष 2009-10 से मासिक छात्रवृत्ति योजना आरम्भ करके निम्न दर से प्रोत्साहन राशि प्रदान की जा रही है:-

कक्षा		छात्र	छात्रा
9 से 12वीं	:	150 /-रुपये	300 /-रुपये
11 व 12वीं (साईस संकाय)	:	200 /-रुपये	400 /-रुपये

वर्ष 2015-16 में बी.पी.एल. वर्ग स्कीम के लिये 2000.00 लाख रुपये की बजट व्यवस्था करवाई गई है तथा अनुमानित 43085 छात्र/छात्राएं लाभान्वित होंगे।

वर्ष 2015-16 में बी.सी.-ए. वर्ग स्कीम के लिये 5500.00 लाख रुपये की बजट व्यवस्था करवाई गई है, जिसके अन्तर्गत 183985 छात्र/छात्राएं लाभान्वित होंगे।

9. स्वतन्त्रता सेनानियों के पौत्र-पौत्रियों एवं दौहता-दौहतियों को मासिक छात्रवृत्ति प्रदान करने बारे

यह स्कीम वर्ष 2009-10 में मुख्यमन्त्री महोदय द्वारा की गई घोषणा उपरांत वर्ष 2010-11 से लागू की गई है। इस स्कीम में स्वतन्त्रता सेनानियों के पौत्र/पौत्रियों एवं दौहता/दौहतियों को अनुसूचित जाति के छात्रों को प्रदान की जा रही छात्रवृत्ति की तर्ज पर छात्रवृत्ति प्रदान की जा रही है।

कक्षा		छात्र	छात्रा
पहली से 5वीं	:	150 /-रुपये	225 /-रुपये
6 से 8वीं	:	200 /-रुपये	300 /-रुपये
9 से 12वीं	:	250 /-रुपये	400 /-रुपये
11 व 12वीं (साईस संकाय)	:	400 /-रुपये	600 /-रुपये

वर्ष 2015-16 में 16.17 लाख रुपये की बजट व्यवस्था करवाई गई है। जिससे अनुमानित 263 छात्र/छात्राएं लाभान्वित होंगे।

10. कक्षा 9वीं व 11वीं सरकारी विद्यालयों में पढ़ने वाले अनुसूचित जाति के छात्र/छात्राओं को मुफ्त साईकिलें उपलब्ध करवाना एवं साईकिल मरम्मत के लिए राशि उपलब्ध करवाने बारे

यह स्कीम लागू करने के लिए वर्ष 2011-12 में मुख्यमन्त्री महोदय का अनुमोदन प्राप्त किया गया है। स्कीम में कक्षा 9वीं व 11वीं में अनुसूचित जाति के उन छात्र/ छात्राओं को मुफ्त साईकिलें उपलब्ध करवाई जाएंगी। जो छात्र/छात्राएं उच्च शिक्षा ग्रहण करने के लिए अन्य गांव के विद्यालयों में जा रही होंगी। इसके उपरान्त 400/-रुपये की राशि मरम्मत के तौर पर उन छात्रों को उपलब्ध करवाई जाएगी, जिन्हें सर्व शिक्षा अभियान या अन्य एजेंसी द्वारा कक्षा छटी से आठवी तक साईकिलें उपलब्ध करवाई गई है। इस स्कीम में वर्ष 2015-16 के लिए 800.00 लाख रुपये की राशि की बजट व्यवस्था करवाई गई है। स्कीम में वर्ष 2015-16 में अनुमानित 30000 छात्र/छात्राओं को मुफ्त साईकिलें उपलब्ध करवाई

प्लान/नॉन-प्लान स्कीमें

(परीक्षा शाखा)

- 32 राजीव गांधी पुरस्कार योजना के अन्तर्गत उच्च/वरिष्ठ विद्यालयों में पढ़ रहे मेधावी छात्र/छात्राओं को छात्रवृत्ति प्रदान करना**

वित्त वर्ष 2015-16 के लिये 299.46 लाख रुपये की बजट व्यवस्था की गई है तथा इस राशि से 15874 छात्र लाभान्वित होंगे।

- 33 पंजाबी मैरिट छात्रवृत्ति स्कीम**

इस स्कीम के अन्तर्गत उन छात्र/छात्राओं को कक्षा 11वीं व 12वीं में छात्रवृत्ति दी जाती है जो हरियाणा विद्यालय शिक्षा बोर्ड, भिवानी से 10वीं की वार्षिक परीक्षा में पंजाबी विषय में अधिकतम अंक प्राप्त करके 11वीं व 12वीं कक्षा में पंजाबी का विषय लेकर पढ़ रहे हों। ये छात्रवृत्तियाँ अगली कक्षा में संतोषजनक परिणामों के आधार पर नवीनीकरण की जाती है। 30 छात्रवृत्तियाँ 10वीं कक्षा के परिणाम के आधार कक्षा 11वीं में 75/-रुपये प्रतिमास प्रतिछात्र की दर से प्रदान की जाती हैं। इसी प्रकार आगामी इन छात्रवृत्तियाँ का नवीनीकरण भी किया जाता है। इस उद्देश्य के लिये वर्ष 2015-16 में 54,000/-रुपये की बजट व्यवस्था करवाई गई है, जिसके अन्तर्गत 60 छात्र लाभान्वित होंगे।

- 34 हरियाणा राज्य मैरिट छात्रवृत्ति योजना के अन्तर्गत छात्रवृत्ति प्रदान करने बारे**

यह स्कीम वर्ष 2009-10 से सैकेण्डरी निदेशालय स्तर पर चलाई जा रही है। इस स्कीम के अन्तर्गत 700 छात्रवृत्तियाँ हरियाणा विद्यालय शिक्षा द्वारा संचालित बोर्ड परीक्षा कक्षा 10वीं की मैरिट के आधार पर कक्षा 11वीं में प्रवेश उपरांत प्रदान की जाती हैं तथा कक्षा 12वीं में उनका नवीनीकरण किया जाता है। 350 छात्रवृत्तियाँ शहरी क्षेत्र (175 लड़के, 175 लड़कियाँ) आरक्षित हैं तथा 350 छात्रवृत्तियाँ ग्रामीण क्षेत्र (175 लड़के, 175 लड़कियाँ) आरक्षित हैं। वर्ष 2015-16 में स्कीम के अन्तर्गत 45.00 लाख रुपये की बजट व्यवस्था करवाई गई है, जिसके अन्तर्गत 700 फ्रैश तथा 700 नवीनीकरण छात्रवृत्ति के तौर पर प्रदान की जाती थी।

नोट : यह स्कीम शैक्षणिक सत्र 2014-15 से राज्य सरकार द्वारा संशोधित की गई है। इस स्कीम में 700 छात्रों की संख्या खत्म करते हुए अब 95 प्रतिशत या इससे अधिक अंक प्राप्त करने वाले सभी शहरी/ग्रामिण छात्र/छात्राओं को छात्रवृत्ति प्रदान की जानी है। वर्ष 2014-15 में इस स्कीम के अन्तर्गत 1037 छात्र/छात्रायें लाभान्वित होंगे।

- 35 एक मुश्त भत्ता स्कीम के अन्तर्गत कक्षा 9 से 12वीं में पढ़ रहे अनुसूचित जाति के छात्र/छात्राओं को प्रोत्साहन राशि प्रदान करना**

इस स्कीम के अन्तर्गत अनुसूचित जाति के छात्र/छात्राओं को स्टेशनरी/स्कूल बैग/वर्दी/शब्दकोष/जूते व जुराबें खरीदने हेतु प्रोत्साहन राशि प्रदान की जाती है। प्रोत्साहन राशि विद्यार्थियों के नजदीक की बैंक शाखाओं में बैंक खाते खोलकर वितरित की जा रही है। यह स्कीम वर्ष 2008-09 सेशन के दौरान आरम्भ की गई थी। स्कीम के अन्तर्गत योग्य छात्र/छात्राओं को निम्न दर से छात्रवृत्ति प्रदान करने का प्रावधान है:-

कक्षा	राशि
9 th -12 th :	1450/-रुपये

वर्ष 2015-16 में 4500.00 लाख रुपये की बजट व्यवस्था करवाई गई है, जिसके अन्तर्गत 260430 छात्र/छात्राएं लाभान्वित होंगे।

36 मासिक छात्रवृत्ति स्कीम के अन्तर्गत कक्षा 9 से 12वीं में पढ़ रहे अनुसूचित जाति के छात्र/छात्राओं को प्रोत्साहन राशि प्रदान करना

इस स्कीम के अन्तर्गत कक्षा-9वीं से 12वीं सरकारी विद्यालयों में पढ़ रहे अनुसूचित जाति के छात्र/छात्राओं की संख्या में बढ़ौतरी करने हेतु प्रोत्साहन राशि प्रदान की जाती है। प्रोत्साहन राशि विद्यार्थियों के नजदीक की बैंक शाखाओं में बैंक खाते खोलकर वितरित की जा रही है। यह स्कीम वर्ष 2008-09 सेशन के दौरान आरम्भ की गई थी।

वर्ष 2015-16 में 8000.00 लाख रुपये बजट व्यवस्था करवाई गई है, जिसके अन्तर्गत 260430 छात्र/छात्राएं लाभान्वित हुये। स्कीम के अन्तर्गत प्रोत्साहन राशि निम्न दर से प्रदान किये जाने का प्रावधान है:-

कक्षा	छात्र	छात्रा
9 th to 12 th	: 250 /-रुपये	400 /-रुपये
9 th to 12 th (साईंस संकाय)	: 400 /-रुपये	600 /-रुपये

37 नेशनल टैलेंट सर्च छात्रवृत्ति स्कीम

इस स्कीम के अन्तर्गत कक्षा 10वीं के प्रतिभावान छात्र/छात्राओं को निशुल्क Coaching दी जाती है, ताकि उनको राष्ट्रीय स्तर पर होने वाली परीक्षा के लिये तैयार किया जा सके। इस स्कीम के अन्तर्गत चयनित छात्र/छात्राओं को मैरिट के आधार केन्द्रीय सरकार द्वारा छात्रवृत्ति प्रदान की जाती है तथा निशुल्क Coaching का खर्च राज्य सरकार द्वारा वहन किया जाता है। स्कीम के अन्तर्गत परीक्षा का आयोजन निदेशक, एस.सी.ई.आर.टी. हरियाणा, गुड़गांव के स्तर पर किया जाता है।

वित्त वर्ष 2015-16 के लिये भी 14.05 लाख रुपये की बजट व्यवस्था करवाई गई है। इस स्कीम को निदेशक, एस.सी.ई.आर.टी. हरियाणा, गुड़गांव द्वारा संचालित किया जा रहा है। वर्ष 2015-16 में स्कीम के अन्तर्गत 85 छात्र/छात्राएं लाभान्वित होंगे।

38 नेशनल-मीन्स-कम मैरिट छात्रवृत्ति स्कीम-सी.एस.एस. प्लान

यह स्कीम भारत सरकार द्वारा वर्ष 2008-09 में आरम्भ की गई थी। इस स्कीम में 2337 छात्रवृत्तियां प्रतिभावान छात्र/छात्राओं को प्रदान करने का प्रावधान है बशर्ते छात्र/छात्रा द्वारा अधिक से अधिक 60 प्रतिशत अंक प्राप्त करके हरियाणा विद्यालय शिक्षा बोर्ड, भिवानी द्वारा संचालित 8वीं कक्षा पास की हो। जहां तक छात्रवृत्ति का सम्बन्ध है छात्रवृत्ति की राशि भारत सरकार द्वारा सीधे तौर पर निदेशक, एस.सी.ई.आर.टी. हरियाणा, गुड़गांव को उपलब्ध करवाई जाती है, जो उन द्वारा छात्र/छात्राओं के बैंक खातों में जमा करवा दी जाती है। प्रत्येक छात्र को 500 /-रुपये प्रति छात्र प्रतिमास की दर से छात्रवृत्ति प्रदान की जा रही है। यह स्कीम निदेशक, एस.सी.ई.आर.टी. हरियाणा, गुड़गांव द्वारा संचालित की जाने वाली परीक्षा के लिए वित्त वर्ष 2015-16 के लिये स्कीम के अन्तर्गत केवल परीक्षा के संचालन के खर्चे हेतु 6.00 लाख रुपये की राशि का प्रोविजन करवाया गया है। इस स्कीम के अन्तर्गत वर्ष 2015-16 में लगभग 10000 छात्र लाभान्वित होंगे।

39 मासिक छात्रवृत्ति स्कीम के अन्तर्गत कक्षा 9वीं से 12वीं में पढ़ रहे बी.पी.एल./ बी.सी.-ए. के छात्र/छात्राओं को प्रोत्साहन राशि प्रदान करना

अनुसूचित जाति के छात्र/छात्राओं को दी जा रही प्रोत्साहन छात्रवृत्ति स्कीम की भांति सरकारी विद्यालयों में पढ़ रहे बी.पी.एल./बी.सी.-ए. वर्ग के छात्र/छात्राओं को वित्त वर्ष 2009-10 से मासिक छात्रवृत्ति योजना आरम्भ करके निम्न दर से प्रोत्साहन राशि प्रदान की जा रही है:-

कक्षा	छात्र	छात्रा
9 से 12वीं	: 150 /-रुपये	300 /-रुपये
11 व 12वीं (साईस संकाय)	: 200 /-रुपये	400 /-रुपये

वर्ष 2015-16 में बी.पी.एल. वर्ग स्कीम के लिये 2000.00 लाख रुपये की बजट व्यवस्था करवाई गई है तथा अनुमानित 43085 छात्र/छात्राएं लाभान्वित होंगे।

वर्ष 2015-16 में बी.सी.-ए. वर्ग स्कीम के लिये 5500.00 लाख रुपये की बजट व्यवस्था करवाई गई है, जिसके अन्तर्गत 183985 छात्र/छात्राएं लाभान्वित होंगे।

9. स्वतन्त्रता सेनानियों के पौत्र-पौत्रियों एवं दोहता-दोहतियों को मासिक छात्रवृत्ति प्रदान करने बारे

यह स्कीम वर्ष 2009-10 में मुख्यमन्त्री महोदय द्वारा की गई घोषणा उपरांत वर्ष 2010-11 से लागू की गई है। इस स्कीम में स्वतन्त्रता सेनानियों के पौत्र/पौत्रियों एवं दोहता/दोहतियों को अनुसूचित जाति के छात्रों को प्रदान की जा रही छात्रवृत्ति की तर्ज पर छात्रवृत्ति प्रदान की जा रही है।

कक्षा	छात्र	छात्रा
पहली से 5वीं	: 150 /-रुपये	225 /-रुपये
6 से 8वीं	: 200 /-रुपये	300 /-रुपये
9 से 12वीं	: 250 /-रुपये	400 /-रुपये
11 व 12वीं (साईस संकाय)	: 400 /-रुपये	600 /-रुपये

वर्ष 2015-16 में 16.17 लाख रुपये की बजट व्यवस्था करवाई गई है। जिससे अनुमानित 263 छात्र/छात्राएं लाभान्वित होंगे।

10. कक्षा 9वीं व 11वीं सरकारी विद्यालयों में पढ़ने वाले अनुसूचित जाति के छात्र/छात्राओं को मुफ्त साईकिलें उपलब्ध करवाना एवं साईकिल मुरम्मत के लिए राशि उपलब्ध करवाने बारे

यह स्कीम लागू करने के लिए वर्ष 2011-12 में मुख्यमन्त्री महोदय का अनुमोदन प्राप्त किया गया है। स्कीम में कक्षा 9वीं व 11वीं में अनुसूचित जाति के उन छात्र/ छात्राओं को मुफ्त साईकिलें उपलब्ध करवाई जाएगीं। जो छात्र/छात्राएं उच्च शिक्षा ग्रहण करने के लिए अन्य गांव के विद्यालयों में जा रही होगीं। इसके उपरान्त 400 /-रुपये की राशि मुरम्मत के तौर पर उन छात्रों को उपलब्ध करवाई जाएगीं, जिन्हें सर्व शिक्षा अभियान या अन्य एजेंसी द्वारा कक्षा छठी से आठवी तक साईकिलें उपलब्ध करवाई गई है। इस स्कीम में वर्ष 2015-16 के लिए 800.00 लाख रुपये की राशि की बजट व्यवस्था करवाई गई है। स्कीम में वर्ष 2015-16 में अनुमानित 30000 छात्र/छात्राओं को मुफ्त साईकिलें उपलब्ध करवाई।

प्लान/नॉन-प्लान स्कीमें

(परीक्षा शाखा)

40 राजीव गांधी पुरस्कार योजना के अन्तर्गत उच्च/वरिष्ठ विद्यालयों में पढ़ रहे मेधावी छात्र/छात्राओं को छात्रवृत्ति प्रदान करना

राजीव गांधी पुरस्कार योजना वर्ष 2005-06 से लागू की गई है। इस स्कीम में कक्षा छठी से बाहरवीं में परीक्षा परिणाम के आधार पर प्रथम आने उपरान्त एक छात्र तथा एक छात्रा को छात्रवृत्ति प्रदान करने का प्रावधान है। स्कीम में कक्षा छठी से आठवीं के छात्र/छात्राओं को 750/-रु० तथा कक्षा नौवीं से बाहरवीं के छात्र/छात्राओं को 1000/-रु० प्रतिवर्ष एक मुश्त भत्ता के तौर पर छात्रवृत्ति प्रदान की जा रही है। वित्त वर्ष 2016-17 के लिये 299.46 लाख रुपये की बजट व्यवस्था की गई है तथा इस राशि से अनुमानित 31000 छात्र लाभान्वित होंगे।

41 पंजाबी मैरिट छात्रवृत्ति स्कीम

इस स्कीम के अन्तर्गत उन छात्र/छात्राओं को कक्षा 11वीं व 12वीं में छात्रवृत्ति दी जाती है जो हरियाणा विद्यालय शिक्षा बोर्ड, भिवानी से 10वीं की वार्षिक परीक्षा में पंजाबी विषय में अधिकतम अंक प्राप्त करके 11वीं व 12वीं कक्षा में पंजाबी का विषय लेकर पढ़ रहे हों। ये छात्रवृत्तियाँ अगली कक्षा में संतोषजनक परिणामों के आधार पर नवीनीकरण की जाती है। 30 छात्रवृत्तियाँ 10वीं कक्षा के परिणाम के आधार कक्षा 11वीं में 75/-रुपये प्रतिमास प्रतिछात्र की दर से प्रदान की जाती हैं। इसी प्रकार आगामी इन छात्रवृत्तियाँ का नवीनीकरण भी किया जाता है। इस उद्देश्य के लिये वर्ष 2016-17 में 54,000/-रुपये की बजट व्यवस्था करवाई गई है, जिसके अन्तर्गत 60 छात्र लाभान्वित होंगे।

42 नेशनल टैलेंट सर्च छात्रवृत्ति स्कीम

इस स्कीम के अन्तर्गत कक्षा 10वीं के प्रतिभावान छात्र/छात्राओं को निशुल्क Coaching दी जाती है, ताकि उनको राष्ट्रीय स्तर पर होने वाली परीक्षा के लिये तैयार किया जा सके। इस स्कीम के अन्तर्गत चयनित छात्र/छात्राओं को मैरिट के आधार केन्द्रीय सरकार द्वारा छात्रवृत्ति प्रदान की जाती है तथा निशुल्क Coaching का खर्च राज्य सरकार द्वारा वहन किया जाता है। स्कीम के अन्तर्गत परीक्षा का आयोजन निदेशक, एस.सी.ई.आर.टी. हरियाणा, गुडगांव के स्तर पर किया जाता है।

वित्त वर्ष 2016-17 के लिये भी 14.00 लाख रुपये की बजट व्यवस्था करवाई गई है। इस स्कीम को निदेशक, एस.सी.ई.आर.टी. हरियाणा, गुडगांव द्वारा संचालित किया जा रहा है। वर्ष 2016-17 में स्कीम के अन्तर्गत अनुमानित 95 छात्र/छात्राएं लाभान्वित होंगे।

43 नेशनल-मीन्स-कम मैरिट छात्रवृत्ति स्कीम-सी.एस.एस. प्लान

यह स्कीम भारत सरकार द्वारा वर्ष 2008-09 में आरम्भ की गई थी। इस स्कीम में 2337 छात्रवृत्तियाँ प्रतिभावान छात्र/छात्राओं को प्रदान करने का प्रावधान है बशर्ते छात्र/छात्रा द्वारा अधिक से अधिक 60 प्रतिशत अंक प्राप्त करके हरियाणा विद्यालय शिक्षा बोर्ड, भिवानी द्वारा संचालित 8वीं कक्षा पास की हो। जहां तक छात्रवृत्ति का सम्बन्ध है छात्रवृत्ति की राशि भारत सरकार द्वारा सीधे तौर पर निदेशक, एस.सी.ई.आर.टी. हरियाणा, गुडगांव को उपलब्ध करवाई जाती है, जो उन द्वारा छात्र/छात्राओं के बैंक खातों में जमा करवा दी जाती है। प्रत्येक छात्र को 500/-रुपये प्रति छात्र प्रतिमास की दर से छात्रवृत्ति प्रदान की जा रही है। यह स्कीम निदेशक, एस.सी.ई.आर.टी. हरियाणा, गुडगांव द्वारा संचालित की जाने वाली परीक्षा के लिए वित्त वर्ष 2016-17 के लिये स्कीम के अन्तर्गत केवल परीक्षा के संचालन के खर्च हेतु 6.00 लाख रुपये की राशि का प्रोविजन करवाया गया है। स्कीम में वर्ष 2013-14 से 3.00 lacs Centre Share & 3.00 lacs State Share की बजट व्यवस्था करवाई जा रही है। इस स्कीम के अन्तर्गत वर्ष 2016-17 में लगभग 1500 छात्र लाभान्वित होंगे।

5. स्वतन्त्रता सेनानियों के पौत्र-पौत्रियों एवं दौहता-दौहतियों को मासिक छात्रवृत्ति प्रदान करने बारे

यह स्कीम वर्ष 2009-10 में मुख्यमन्त्री महोदय द्वारा की गई घोषणा उपरांत वर्ष 2010-11 से लागू की गई है। इस स्कीम में स्वतन्त्रता सेनानियों के पौत्र/पौत्रियों एवं दौहता/दौहतियों को अनुसूचित जाति के छात्रों को प्रदान की जा रही छात्रवृत्ति की तर्ज पर छात्रवृत्ति प्रदान की जा रही है।

कक्षा		छात्र	छात्रा
पहली से 5वीं	:	150 /—रुपये	225 /—रुपये
6 से 8वीं	:	200 /—रुपये	300 /—रुपये
9 से 12वीं	:	250 /—रुपये	400 /—रुपये
11 व 12वीं (साईंस संकाय)	:	400 /—रुपये	600 /—रुपये

वर्ष 2016-17 में 10.00 लाख रुपये की बजट व्यवस्था करवाई गई है। जिससे अनुमानित 230 छात्र/छात्राएं लाभान्वित होंगे।

प्रोत्साहन स्कीमें

1. मासिक छात्रवृत्ति स्कीम के अन्तर्गत कक्षा 9 से 12वीं में पढ़ रहे अनुसूचित जाति के छात्र/छात्राओं को प्रोत्साहन राशि प्रदान करना ।

इस स्कीम के अन्तर्गत कक्षा-9वीं से 12वीं सरकारी विद्यालयों में पढ़ रहे अनुसूचित जाति के छात्र/छात्राओं की संख्या में बढ़ौतरी करने हेतु प्रोत्साहन राशि प्रदान की जाती है। प्रोत्साहन राशि विद्यार्थियों के नजदीक की बैंक शाखाओं में बैंक खाते खोलकर वितरित की जा रही है। यह स्कीम वर्ष 2008-09 सेशन के दौरान आरम्भ की गई थी।

वर्ष 2016-17 में 10000.00 लाख रुपये बजट व्यवस्था करवाई गई है, जिसके अन्तर्गत अनुमानित 237000 छात्र/छात्राएं लाभान्वित होंगे। स्कीम के अन्तर्गत प्रोत्साहन राशि निम्न दर से प्रदान किये जाने का प्रावधान है:-

कक्षा	छात्र	छात्रा
9 th to 12 th :	250/-रुपये	400/-रुपये
9 th to 12 th (साईंस संकाय) :	400/-रुपये	600/-रुपये

इस स्कीम में छात्राओं को छात्रों से छात्रवृत्ति की दर अधिक प्रदान करने के कारण छात्राओं की संख्या को बढ़ावा दिया जा रहा है।

2. मासिक छात्रवृत्ति स्कीम के अन्तर्गत कक्षा 9वीं से 12वीं में पढ़ रहे बी.पी.एल./ बी.सी.-ए. के छात्र/छात्राओं को प्रोत्साहन राशि प्रदान करना

अनुसूचित जाति के छात्र/छात्राओं को दी जा रही प्रोत्साहन छात्रवृत्ति स्कीम की भांति सरकारी विद्यालयों में पढ़ रहे बी.पी.एल./बी.सी.-ए. वर्ग के छात्र/छात्राओं को वित्त वर्ष 2009-10 से मासिक छात्रवृत्ति योजना आरम्भ करके निम्न दर से प्रोत्साहन राशि प्रदान की जा रही है:-

कक्षा	छात्र	छात्रा
9 से 12वीं :	150/-रुपये	300/-रुपये
11 व 12वीं (साईंस संकाय) :	200/-रुपये	400/-रुपये

वर्ष 2016-17 में बी.पी.एल. वर्ग स्कीम के लिये 1200.00 लाख रुपये की बजट व्यवस्था करवाई गई है तथा अनुमानित 39000 छात्र/छात्राएं लाभान्वित होंगे।

वर्ष 2016-17 में बी.सी.-ए. वर्ग स्कीम के लिये 5000.00 लाख रुपये की बजट व्यवस्था करवाई गई है, जिसके अन्तर्गत 168000 छात्र/छात्राएं लाभान्वित होंगे।

इस स्कीम में छात्राओं को छात्रों से छात्रवृत्ति की दर अधिक प्रदान करने के कारण छात्राओं की संख्या को बढ़ावा दिया जा रहा है ।

3. स्वतन्त्रता सेनानियों के पौत्र-पौत्रियों एवं दौहता-दौहतियों को मासिक छात्रवृत्ति प्रदान करने बारे।

यह स्कीम वर्ष 2009-10 में मुख्यमन्त्री महोदय द्वारा की गई घोषणा उपरांत वर्ष 2010-11 से लागू की गई है। इस स्कीम में स्वतन्त्रता सेनानियों के पौत्र/पौत्रियों एवं दौहता/दौहतियों को अनुसूचित जाति के छात्रों को प्रदान की जा रही छात्रवृत्ति की तर्ज पर छात्रवृत्ति प्रदान की जा रही है।

कक्षा	छात्र	छात्रा
पहली से 5वीं	: 150 /—रुपये	225 /—रुपये
6 से 8वीं	: 200 /—रुपये	300 /—रुपये
9 से 12वीं	: 250 /—रुपये	400 /—रुपये
11 व 12वीं (साईंस संकाय)	: 400 /—रुपये	600 /—रुपये

वर्ष 2016-17 में 10.00 लाख रुपये की बजट व्यवस्था करवाई गई है। जिससे अनुमानित 230 छात्र/छात्राएं लाभान्वित होंगे।

इस स्कीम में छात्राओं को छात्रों से छात्रवृत्ति की दर अधिक प्रदान करने के कारण छात्राओं की संख्या को बढ़ावा दिया जा रहा है।

प्लान/नॉन-प्लान स्कीमें

(परीक्षा शाखा)

44 राजीव गांधी पुरस्कार योजना के अन्तर्गत उच्च/वरिष्ठ विद्यालयों में पढ़ रहे मेधावी छात्र/छात्राओं को छात्रवृत्ति प्रदान करना

राजीव गांधी पुरस्कार योजना वर्ष 2005-06 से लागू की गई है। इस स्कीम में कक्षा छठी से बाहरवीं में परीक्षा परिणाम के आधार पर प्रथम आने उपरान्त एक छात्र तथा एक छात्रा को छात्रवृत्ति प्रदान करने का प्रावधान है। स्कीम में कक्षा छठी से आठवीं के छात्र/छात्राओं को 750/-रु0 तथा कक्षा नौवीं से बाहरवीं के छात्र/छात्राओं को 1000/-रु0 प्रतिवर्ष एक मुश्त भत्ता के तौर पर छात्रवृत्ति प्रदान की जा रही है। वित्त वर्ष 2016-17 के लिये 299.46 लाख रुपये की बजट व्यवस्था की गई है तथा इस राशि से अनुमानित 31000 छात्र लाभान्वित होंगे।

45 पंजाबी मैरिट छात्रवृत्ति स्कीम

इस स्कीम के अन्तर्गत उन छात्र/छात्राओं को कक्षा 11वीं व 12वीं में छात्रवृत्ति दी जाती है जो हरियाणा विद्यालय शिक्षा बोर्ड, भिवानी से 10वीं की वार्षिक परीक्षा में पंजाबी विषय में अधिकतम अंक प्राप्त करके 11वीं व 12वीं कक्षा में पंजाबी का विषय लेकर पढ़ रहे हों। ये छात्रवृत्तियाँ अगली कक्षा में संतोषजनक परिणामों के आधार पर नवीनीकरण की जाती है। 30 छात्रवृत्तियाँ 10वीं कक्षा के परिणाम के आधार कक्षा 11वीं में 75/-रुपये प्रतिमास प्रतिछात्र की दर से प्रदान की जाती हैं। इसी प्रकार आगामी इन छात्रवृत्तियाँ का नवीनीकरण भी किया जाता है। इस उद्देश्य के लिये वर्ष 2016-17 में 54,000/-रुपये की बजट व्यवस्था करवाई गई है, जिसके अन्तर्गत 60 छात्र लाभान्वित होंगे।

46 हरियाणा राज्य मैरिट छात्रवृत्ति योजना के अन्तर्गत छात्रवृत्ति प्रदान करने बारे

यह स्कीम वर्ष 2009-10 से सैकेण्डरी निदेशालय स्तर पर चलाई जा रही है। यह स्कीम शैक्षणिक सत्र 2014-15 से राज्य सरकार द्वारा संशोधित की गई है। इस स्कीम में 700 छात्रों की संख्या खत्म करते हुए अब 95 प्रतिशत या इससे अधिक अंक प्राप्त करने वाले सभी शहरी/ग्रामिण छात्र/छात्राओं को छात्रवृत्ति प्रदान की जानी है। वर्ष 2016-17 में इस स्कीम के अन्तर्गत अनुमानित 1000 छात्र/छात्रायेँ लाभान्वित होंगे। इसके अतिरिक्त स्कीम में वार्षिक बोर्ड परीक्षा कक्षा दसवीं की मैरिट के आधार पर छात्रों /छात्राओं को मुफ्त लैपटॉप भी प्रदान किये जायेंगे इसके लिये वर्ष 2016-17 में 600.00 लाख रु0 की बजट व्यवस्था करवाई गई है।

47 एक मुश्त भत्ता स्कीम के अन्तर्गत कक्षा 9 से 12वीं में पढ़ रहे अनुसूचित जाति के छात्र/छात्राओं को प्रोत्साहन राशि प्रदान करना

इस स्कीम के अन्तर्गत अनुसूचित जाति के छात्र/छात्राओं को स्टेशनरी/स्कूल बैग/वर्दी/शब्दकोष/जूते व जुराबें खरीदने हेतु प्रोत्साहन राशि प्रदान की जाती है। प्रोत्साहन राशि विद्यार्थियों के नजदीक की बैंक शाखाओं में बैंक खाते खोलकर वितरित की जा रही है। यह स्कीम वर्ष 2008-09 सेशन के दौरान आरम्भ की गई थी। स्कीम के अन्तर्गत योग्य छात्र/छात्राओं को निम्न दर से छात्रवृत्ति प्रदान करने का प्रावधान है:-

कक्षा	राशि
9 th -12 th	: 1450 /-रुपये

वर्ष 2016-17 में 3700.00 लाख रुपये की बजट व्यवस्था करवाई गई है, जिसके अन्तर्गत 237000 छात्र/छात्राएं लाभान्वित होंगे।

48 मासिक छात्रवृत्ति स्कीम के अन्तर्गत कक्षा 9 से 12वीं में पढ़ रहे अनुसूचित जाति के छात्र/छात्राओं को प्रोत्साहन राशि प्रदान करना

इस स्कीम के अन्तर्गत कक्षा-9वीं से 12वीं सरकारी विद्यालयों में पढ़ रहे अनुसूचित जाति के छात्र/छात्राओं की संख्या में बढ़ोतरी करने हेतु प्रोत्साहन राशि प्रदान की जाती है। प्रोत्साहन राशि विद्यार्थियों के नजदीक की बैंक शाखाओं में बैंक खाते खोलकर वितरित की जा रही है। यह स्कीम वर्ष 2008-09 सेशन के दौरान आरम्भ की गई थी।

वर्ष 2016-17 में 10000.00 लाख रुपये बजट व्यवस्था करवाई गई है, जिसके अन्तर्गत अनुमानित 237000 छात्र/छात्राएं लाभान्वित होंगे। स्कीम के अन्तर्गत प्रोत्साहन राशि निम्न दर से प्रदान किये जाने का प्रावधान है:-

कक्षा	छात्र	छात्रा
9 th to 12 th	: 250 /—रुपये	400 /—रुपये
9 th to 12 th (साईंस संकाय)	: 400 /—रुपये	600 /—रुपये

49 नेशनल टैलेंट सर्च छात्रवृत्ति स्कीम

इस स्कीम के अन्तर्गत कक्षा 10वीं के प्रतिभावान छात्र/छात्राओं को निशुल्क Coaching दी जाती है, ताकि उनको राष्ट्रीय स्तर पर होने वाली परीक्षा के लिये तैयार किया जा सके। इस स्कीम के अन्तर्गत चयनित छात्र/छात्राओं को मैरिट के आधार केन्द्रीय सरकार द्वारा छात्रवृत्ति प्रदान की जाती है तथा निशुल्क Coaching का खर्च राज्य सरकार द्वारा वहन किया जाता है। स्कीम के अन्तर्गत परीक्षा का आयोजन निदेशक, एस.सी.ई.आर.टी. हरियाणा, गुडगांव के स्तर पर किया जाता है।

वित्त वर्ष 2016-17 के लिये भी 14.00 लाख रुपये की बजट व्यवस्था करवाई गई है। इस स्कीम को निदेशक, एस.सी.ई.आर.टी. हरियाणा, गुडगांव द्वारा संचालित किया जा रहा है। वर्ष 2016-17 में स्कीम के अन्तर्गत अनुमानित 95 छात्र/छात्राएं लाभान्वित होंगे।

50 नेशनल-मीन्स-कम मैरिट छात्रवृत्ति स्कीम-सी.एस.एस. प्लान

यह स्कीम भारत सरकार द्वारा वर्ष 2008-09 में आरम्भ की गई थी। इस स्कीम में 2337 छात्रवृत्तियां प्रतिभावान छात्र/छात्राओं को प्रदान करने का प्रावधान है बशर्ते छात्र/छात्रा द्वारा अधिक से अधिक 60 प्रतिशत अंक प्राप्त करके हरियाणा विद्यालय शिक्षा बोर्ड, भिवानी द्वारा संचालित 8वीं कक्षा पास की हो। जहां तक छात्रवृत्ति का सम्बन्ध है छात्रवृत्ति की राशि भारत सरकार द्वारा सीधे तौर पर निदेशक, एस.सी.ई.आर.टी. हरियाणा, गुडगांव को उपलब्ध करवाई जाती है, जो उन द्वारा छात्र/छात्राओं के बैंक खातों में जमा करवा दी जाती है। प्रत्येक छात्र को 500 /—रुपये प्रति छात्र प्रतिमास की दर से छात्रवृत्ति प्रदान की जा रही है। यह स्कीम निदेशक, एस.सी.ई.आर.टी. हरियाणा, गुडगांव द्वारा संचालित की जाने वाली परीक्षा के लिए वित्त वर्ष 2016-17 के लिये स्कीम के अन्तर्गत केवल परीक्षा के संचालन के खर्च हेतु 6.00 लाख रुपये की राशि का प्रोविजन करवाया गया है। स्कीम में वर्ष 2013-14 से 3.00 lacs Centre Share & 3.00 lacs State Share की बजट व्यवस्था करवाई जा रही है। इस स्कीम के अन्तर्गत वर्ष 2016-17 में लगभग 1500 छात्र लाभान्वित होंगे।

51 मासिक छात्रवृत्ति स्कीम के अन्तर्गत कक्षा 9वीं से 12वीं में पढ़ रहे बी.पी.एल./ बी.सी.-ए. के छात्र/छात्राओं को प्रोत्साहन राशि प्रदान करना

अनुसूचित जाति के छात्र/छात्राओं को दी जा रही प्रोत्साहन छात्रवृत्ति स्कीम की भांति सरकारी विद्यालयों में पढ़ रहे बी.पी.एल./बी.सी.-ए. वर्ग के छात्र/छात्राओं को वित्त वर्ष 2009-10 से मासिक छात्रवृत्ति योजना आरम्भ करके निम्न दर से प्रोत्साहन राशि प्रदान की जा रही है:-

कक्षा	छात्र	छात्रा
9 से 12वीं	: 150 /-रुपये	300 /-रुपये
11 व 12वीं (साईंस संकाय)	: 200 /-रुपये	400 /-रुपये

वर्ष 2016-17 में **बी.पी.एल. वर्ग स्कीम** के लिये 1200.00 लाख रुपये की बजट व्यवस्था करवाई गई है तथा अनुमानित 39000 छात्र/छात्राएं लाभान्वित होंगे।

वर्ष 2016-17 में **बी.सी.-ए. वर्ग स्कीम** के लिये 5000.00 लाख रुपये की बजट व्यवस्था करवाई गई है, जिसके अन्तर्गत 168000 छात्र/छात्राएं लाभान्वित होंगे।

9. स्वतन्त्रता सेनानियों के पौत्र-पौत्रियों एवं दौहता-दौहतियों को मासिक छात्रवृत्ति प्रदान करने बारे

यह स्कीम वर्ष 2009-10 में मुख्यमन्त्री महोदय द्वारा की गई घोषणा उपरांत वर्ष 2010-11 से लागू की गई है। इस स्कीम में स्वतन्त्रता सेनानियों के पौत्र/पौत्रियों एवं दौहता/दौहतियों को अनुसूचित जाति के छात्रों को प्रदान की जा रही छात्रवृत्ति की तर्ज पर छात्रवृत्ति प्रदान की जा रही है।

कक्षा	छात्र	छात्रा
पहली से 5वीं	: 150 /-रुपये	225 /-रुपये
6 से 8वीं	: 200 /-रुपये	300 /-रुपये
9 से 12वीं	: 250 /-रुपये	400 /-रुपये
11 व 12वीं (साईंस संकाय) :	400 /-रुपये	600 /-रुपये

वर्ष 2016-17 में 10.00 लाख रुपये की बजट व्यवस्था करवाई गई है। जिससे अनुमानित 230 छात्र/छात्राएं लाभान्वित होंगे।

10. कक्षा 9वीं व 11वीं सरकारी विद्यालयों में पढ़ने वाले अनुसूचित जाति के छात्र/छात्राओं को मुफ्त साईकिलें उपलब्ध करवाना

यह स्कीम लागू करने के लिए वर्ष 2011-12 में मुख्यमन्त्री महोदय का अनुमोदन प्राप्त किया गया है। स्कीम में कक्षा 9वीं व 11वीं में अनुसूचित जाति के उन छात्र/ छात्राओं को मुफ्त साईकिलें उपलब्ध करवाई जाएगी। जो छात्र/छात्राएं उच्च शिक्षा ग्रहण करने के लिए अन्य गांव के विद्यालयों में जा रही होंगी। इस स्कीम में वर्ष 2016-17 के लिए 1000.00 लाख रुपये की राशि की बजट व्यवस्था करवाई गई है। स्कीम में वर्ष 2016-17 में अनुमानित 31000 छात्र/छात्राओं को मुफ्त साईकिलें उपलब्ध करवाई जायेंगी।

प्लान/नॉन-प्लान स्कीमें

(परीक्षा शाखा)

- 52 राजीव गांधी पुरस्कार योजना के अन्तर्गत उच्च/वरिष्ठ विद्यालयों में पढ़ रहे मेधावी छात्र/छात्राओं को छात्रवृत्ति प्रदान करना**

वित्त वर्ष 2015-16 के लिये 299.46 लाख रुपये की बजट व्यवस्था की गई है तथा इस राशि से 15874 छात्र लाभान्वित होंगे।

- 53 पंजाबी मैरिट छात्रवृत्ति स्कीम**

इस स्कीम के अन्तर्गत उन छात्र/छात्राओं को कक्षा 11वीं व 12वीं में छात्रवृत्ति दी जाती है जो हरियाणा विद्यालय शिक्षा बोर्ड, भिवानी से 10वीं की वार्षिक परीक्षा में पंजाबी विषय में अधिकतम अंक प्राप्त करके 11वीं व 12वीं कक्षा में पंजाबी का विषय लेकर पढ़ रहे हों। ये छात्रवृत्तियाँ अगली कक्षा में संतोषजनक परिणामों के आधार पर नवीनीकरण की जाती है। 30 छात्रवृत्तियाँ 10वीं कक्षा के परिणाम के आधार कक्षा 11वीं में 75/-रुपये प्रतिमास प्रतिछात्र की दर से प्रदान की जाती हैं। इसी प्रकार आगामी इन छात्रवृत्तियाँ का नवीनीकरण भी किया जाता है। इस उद्देश्य के लिये वर्ष 2015-16 में 54,000/-रुपये की बजट व्यवस्था करवाई गई है, जिसके अन्तर्गत 60 छात्र लाभान्वित होंगे।

- 54 हरियाणा राज्य मैरिट छात्रवृत्ति योजना के अन्तर्गत छात्रवृत्ति प्रदान करने बारे**

यह स्कीम वर्ष 2009-10 से सैकेण्डरी निदेशालय स्तर पर चलाई जा रही है। इस स्कीम के अन्तर्गत 700 छात्रवृत्तियाँ हरियाणा विद्यालय शिक्षा द्वारा संचालित बोर्ड परीक्षा कक्षा 10वीं की मैरिट के आधार पर कक्षा 11वीं में प्रवेश उपरांत प्रदान की जाती हैं तथा कक्षा 12वीं में उनका नवीनीकरण किया जाता है। 350 छात्रवृत्तियाँ शहरी क्षेत्र (175 लड़के, 175 लड़कियाँ) आरक्षित हैं तथा 350 छात्रवृत्तियाँ ग्रामीण क्षेत्र (175 लड़के, 175 लड़कियाँ) आरक्षित हैं। वर्ष 2015-16 में स्कीम के अन्तर्गत 45.00 लाख रुपये की बजट व्यवस्था करवाई गई है, जिसके अन्तर्गत 700 फ्रैश तथा 700 नवीनीकरण छात्रवृत्ति के तौर पर प्रदान की जाती थी।

नोट : यह स्कीम शैक्षणिक सत्र 2014-15 से राज्य सरकार द्वारा संशोधित की गई है। इस स्कीम में 700 छात्रों की संख्या खत्म करते हुए अब 95 प्रतिशत या इससे अधिक अंक प्राप्त करने वाले सभी शहरी/ग्रामीण छात्र/छात्राओं को छात्रवृत्ति प्रदान की जानी है। वर्ष 2014-15 में इस स्कीम के अन्तर्गत 1037 छात्र/छात्रायें लाभान्वित होंगे।

- 55 एक मुश्त भत्ता स्कीम के अन्तर्गत कक्षा 9 से 12वीं में पढ़ रहे अनुसूचित जाति के छात्र/छात्राओं को प्रोत्साहन राशि प्रदान करना**

इस स्कीम के अन्तर्गत अनुसूचित जाति के छात्र/छात्राओं को स्टेशनरी/स्कूल बैग/वर्दी/शब्दकोष/जूते व जुराबें खरीदने हेतु प्रोत्साहन राशि प्रदान की जाती है। प्रोत्साहन राशि विद्यार्थियों के नजदीक की बैंक शाखाओं में बैंक खाते खोलकर वितरित की जा रही है। यह स्कीम वर्ष 2008-09 सेशन के दौरान आरम्भ की गई थी। स्कीम के अन्तर्गत योग्य छात्र/छात्राओं को निम्न दर से छात्रवृत्ति प्रदान करने का प्रावधान है:-

कक्षा

राशि

9th-12th

:

1450/-रुपये

वर्ष 2015-16 में 4500.00 लाख रुपये की बजट व्यवस्था करवाई गई है, जिसके अन्तर्गत 260430 छात्र/छात्राएं लाभान्वित होंगे।

56 मासिक छात्रवृत्ति स्कीम के अन्तर्गत कक्षा 9 से 12वीं में पढ़ रहे अनुसूचित जाति के छात्र/छात्राओं को प्रोत्साहन राशि प्रदान करना

इस स्कीम के अन्तर्गत कक्षा-9वीं से 12वीं सरकारी विद्यालयों में पढ़ रहे अनुसूचित जाति के छात्र/छात्राओं की संख्या में बढ़ौतरी करने हेतु प्रोत्साहन राशि प्रदान की जाती है। प्रोत्साहन राशि विद्यार्थियों के नजदीक की बैंक शाखाओं में बैंक खाते खोलकर वितरित की जा रही है। यह स्कीम वर्ष 2008-09 सेशन के दौरान आरम्भ की गई थी।

वर्ष 2015-16 में 8000.00 लाख रुपये बजट व्यवस्था करवाई गई है, जिसके अन्तर्गत 260430 छात्र/छात्राएं लाभान्वित हुये। स्कीम के अन्तर्गत प्रोत्साहन राशि निम्न दर से प्रदान किये जाने का प्रावधान है:-

कक्षा	छात्र	छात्रा
9 th to 12 th	: 250/-रुपये	400/-रुपये
9 th to 12 th (साईंस संकाय)	: 400/-रुपये	600/-रुपये

57 नेशनल टैलेंट सर्च छात्रवृत्ति स्कीम

इस स्कीम के अन्तर्गत कक्षा 10वीं के प्रतिभावान छात्र/छात्राओं को निशुल्क Coaching दी जाती है, ताकि उनको राष्ट्रीय स्तर पर होने वाली परीक्षा के लिये तैयार किया जा सके। इस स्कीम के अन्तर्गत चयनित छात्र/छात्राओं को मैरिट के आधार केन्द्रीय सरकार द्वारा छात्रवृत्ति प्रदान की जाती है तथा निशुल्क Coaching का खर्च राज्य सरकार द्वारा वहन किया जाता है। स्कीम के अन्तर्गत परीक्षा का आयोजन निदेशक, एस.सी.ई.आर.टी. हरियाणा, गुडगांव के स्तर पर किया जाता है।

वित्त वर्ष 2015-16 के लिये भी 14.05 लाख रुपये की बजट व्यवस्था करवाई गई है। इस स्कीम को निदेशक, एस.सी.ई.आर.टी. हरियाणा, गुडगांव द्वारा संचालित किया जा रहा है। वर्ष 2015-16 में स्कीम के अन्तर्गत 85 छात्र/छात्राएं लाभान्वित होंगे।

58 नेशनल-मीन्स-कम मैरिट छात्रवृत्ति स्कीम-सी.एस.एस. प्लान

यह स्कीम भारत सरकार द्वारा वर्ष 2008-09 में आरम्भ की गई थी। इस स्कीम में 2337 छात्रवृत्तियां प्रतिभावान छात्र/छात्राओं को प्रदान करने का प्रावधान है बशर्ते छात्र/छात्रा द्वारा अधिक से अधिक 60 प्रतिशत अंक प्राप्त करके हरियाणा विद्यालय शिक्षा बोर्ड, भिवानी द्वारा संचालित 8वीं कक्षा पास की हो। जहां तक छात्रवृत्ति का सम्बन्ध है छात्रवृत्ति की राशि भारत सरकार द्वारा सीधे तौर पर निदेशक, एस.सी.ई.आर.टी. हरियाणा, गुडगांव को उपलब्ध करवाई जाती है, जो उन द्वारा छात्र/छात्राओं के बैंक खातों में जमा करवा दी जाती है। प्रत्येक छात्र को 500/-रुपये प्रति छात्र प्रतिमास की दर से छात्रवृत्ति प्रदान की जा रही है। यह स्कीम निदेशक, एस.सी.ई.आर.टी. हरियाणा, गुडगांव द्वारा संचालित की जाने वाली परीक्षा के लिए वित्त वर्ष 2015-16 के लिये स्कीम के अन्तर्गत केवल परीक्षा के संचालन के खर्च हेतु 6.00 लाख रुपये की राशि का प्रोविजन करवाया गया है। इस स्कीम के अन्तर्गत वर्ष 2015-16 में लगभग 10000 छात्र लाभान्वित होंगे।

59 मासिक छात्रवृत्ति स्कीम के अन्तर्गत कक्षा 9वीं से 12वीं में पढ़ रहे बी.पी.एल./बी.सी.-ए. के छात्र/छात्राओं को प्रोत्साहन राशि प्रदान करना

अनुसूचित जाति के छात्र/छात्राओं को दी जा रही प्रोत्साहन छात्रवृत्ति स्कीम की भांति सरकारी विद्यालयों में पढ़ रहे बी.पी.एल./बी.सी.-ए. वर्ग के छात्र/छात्राओं को वित्त वर्ष 2009-10 से मासिक छात्रवृत्ति योजना आरम्भ करके निम्न दर से प्रोत्साहन राशि प्रदान की जा रही है:-

कक्षा	छात्र	छात्रा
9 से 12वीं	: 150 /-रुपये	300 /-रुपये
11 व 12वीं (साईस संकाय)	: 200 /-रुपये	400 /-रुपये

वर्ष 2015-16 में **बी.पी.एल. वर्ग स्कीम** के लिये 2000.00 लाख रुपये की बजट व्यवस्था करवाई गई है तथा अनुमानित 43085 छात्र/छात्राएं लाभान्वित होंगे।

वर्ष 2015-16 में **बी.सी.-ए. वर्ग स्कीम** के लिये 5500.00 लाख रुपये की बजट व्यवस्था करवाई गई है, जिसके अन्तर्गत 183985 छात्र/छात्राएं लाभान्वित होंगे।

9. स्वतन्त्रता सेनानियों के पौत्र-पौत्रियों एवं दौहता-दौहतियों को मासिक छात्रवृत्ति प्रदान करने बारे

यह स्कीम वर्ष 2009-10 में मुख्यमन्त्री महोदय द्वारा की गई घोषणा उपरांत वर्ष 2010-11 से लागू की गई है। इस स्कीम में स्वतन्त्रता सेनानियों के पौत्र/पौत्रियों एवं दौहता/दौहतियों को अनुसूचित जाति के छात्रों को प्रदान की जा रही छात्रवृत्ति की तर्ज पर छात्रवृत्ति प्रदान की जा रही है।

कक्षा	छात्र	छात्रा
पहली से 5वीं	: 150 /-रुपये	225 /-रुपये
6 से 8वीं	: 200 /-रुपये	300 /-रुपये
9 से 12वीं	: 250 /-रुपये	400 /-रुपये
11 व 12वीं (साईस संकाय) :	400 /-रुपये	600 /-रुपये

वर्ष 2015-16 में 16.17 लाख रुपये की बजट व्यवस्था करवाई गई है। जिससे अनुमानित 263 छात्र/छात्राएं लाभान्वित होंगे।

10. कक्षा 9वीं व 11वीं सरकारी विद्यालयों में पढ़ने वाले अनुसूचित जाति के छात्र/छात्राओं को मुफ्त साईकिलें उपलब्ध करवाना एवं साईकिल मुरम्मत के लिए राशि उपलब्ध करवाने बारे

यह स्कीम लागू करने के लिए वर्ष 2011-12 में मुख्यमन्त्री महोदय का अनुमोदन प्राप्त किया गया है। स्कीम में कक्षा 9वीं व 11वीं में अनुसूचित जाति के उन छात्र/ छात्राओं को मुफ्त साईकिलें उपलब्ध करवाई जाएगी। जो छात्र/छात्राएं उच्च शिक्षा ग्रहण करने के लिए अन्य गांव के विद्यालयों में जा रही होंगी। इसके उपरान्त 400/-रुपये की राशि मुरम्मत के तौर पर उन छात्रों को उपलब्ध करवाई जाएगी, जिन्हें सर्व शिक्षा अभियान या अन्य एजेंसी द्वारा कक्षा छठी से आठवी तक साईकिलें उपलब्ध करवाई गई है। इस स्कीम में वर्ष 2015-16 के लिए 800.00 लाख रुपये की राशि की बजट व्यवस्था करवाई गई है। स्कीम में वर्ष 2015-16 में अनुमानित 30000 छात्र/छात्राओं को मुफ्त साईकिलें उपलब्ध करवाई जायेगी।

Note On Activities of Works Branch

- 1 **Non-Recurring (Maintenance /repair /construction) GHS/GSSS “2202-General Education-02-Secondary Education-053-Maintenance of Buildings- (99)/Addition and alterations in Govt. Schools (17) Minor works”:-** The Works Branch deals with cases of construction, Repair/Maintenance and Addition/Alteration in Govt. High/Sr. Sec. Schools building in the State. Besides it, the works relating the physical amenities, covering drinking water facilities, toilets, urinals, sufficient class rooms/boundary walls including different requisite labs and libraries etc. are taken up. In the Year 2019-20, an amount of Rs. 7000.00 Lac on Non Recurring/Recurring side have been provided for 914 GHS/GSSS in State of Haryana.
- 2 **Mukhya Mantri School Sondariyakarn Scheme (Plan Scheme) “2202-General Education -02- Secondary Education-109-Govt. Secondary School (99) Teaching Staff including others Establishment (98) Establishment expenses-34) other charges:-** To create inserts of students towards the cleanliness of environment of schools ‘Mukha Mantri School Beautification Motivational Scheme’ was started in the year 2011-12. For this, one high and one Senior Secondary School is selected at block level each of 119 blocks of State. Each selected High and Senior Secondary School is given Rs. 50,000/- for this after that among these selected schools, out of best High and Senior Secondary School is selected at district level in all 22 districts and given Rs. 1,00,000/-. Then two school i.e. one High and one Senior Secondary School are selected among these selected schools for state level prize and are given Rs. 5,00,000/- each as award money. An amount Rs. 38.03 lacs has already been provided in this year 2019-20 for this purpose. An balance amount Rs. 132.97 Lacs will be provided in the scheme.
- 3 **4202 Capital (Plan) Sports, Art & Culture - 01 – General Education - 202 –Secondary Education - (99) Construction of Secondary School Building (Plan) Part-I State Plan Schemes:-** An amount of Rs. 13000.00 Lacs will be provided for the construction of new/school building under capital head 4202 for the Financial year 2019-20. Out of above state provision the department will give the administrative approval to EIC PWD B&R Haryana for 52 GHS/GSSS building in the state of Haryana who will transferred the funds to Haryana School Shiksha Priyojna Prishad Panchkula (HSSPP). An amount of Rs. 7032.48 Lacs has been released during the year 2019-20.
- 4 **Electricity Non Plan- Major Head 2202 General Education-02 Secondary Education-109-Government Secondary Schools [99] Teaching Staff including other Establishments [98] Establishment expenses (Non-Plan) 92 Energy Charges:-** In the Year 2019-20, an amount of Rs. 500.00 Lacs will be provided for new Electricity Connection/Electricity bill of Govt. High/Senior Secondary Schools, a provision has been made in the Non-Recurring. To improve and maintain regular lighting system in the Schools. The funds will be allotted to all the District Education Officer on their demand for the above said purpose. An amount of Rs. 500.00 Lacs has been released during the year 2019-20.

उपलब्धी

- 1 **Non-Recurring (Maintenance /repair /construction)GHS/GSSS “2202-General Education-02-Secondary Education-053-Maintenance of Buildings- (99)/Addition and alterations in Govt. Schools (17) Minor works” :-** निर्माण शाखा में राजकीय विद्यालय भवनो के लिये निर्माण/मुरम्मत तथा रख रखाव तथा नये विद्यालय भवनो से सम्बन्धित मामलो का निपटान किया जाता है। इसके अतिरिक्त मूलभूत सुविधाओ तथा पेय जल सुविधाए, शौचालय पर्याप्त, अध्ययन कक्ष, चारदीवारी निर्माण एवं विभिन्न कार्य उपयुक्त प्रयोगशाला तथा पुस्तकालयों सम्बन्धी निर्माण के कार्य भी करवाये जाते हैं। वित्त वर्ष 2019-20 में नान रेंकरिंग/रेंकरिंग पक्ष पर 7000.00 लाख रुपये की राशि का प्रावधान करवाया गया है। इस राशि से 914 विद्यालयों में भवन निर्माण/मुरम्मत/चार दीवारी/नये कमरो का निर्माण के कार्य करवाये गये हैं।
- 2 **Mukhya Mantri School Sondariyakarn Scheme (Plan Scheme) “2202-General Education -02- Secondary Education-109-Govt. Secondary School (99) Teaching Staff including others Establishment (98) Establishment expenses-34) other charges:-** विद्यार्थियों में स्वच्छता व स्वच्छ वातावरण जागरूक करने बारे मुख्यमंत्री स्कूल सौन्दर्यकरण योजना वर्ष 2011-12 में आरम्भ की गई थी। इस योजना से विद्यालय सौन्दर्यकरण के अन्तर्गत खण्ड स्तर पर प्रथम आने वाले राजकीय उच्च तथा वरिष्ठ माध्यमिक विद्यालयों को 50,000/- रुपये प्रति उच्च/वरिष्ठ माध्यमिक विद्यालय को तथा खण्ड स्तर पर चयनित विद्यालय में सें जिला स्तर पर प्रथम आने वाले विद्यालयों को 1,00,000/- रुपये की राशि तथा राज्य स्तर पर प्रथम आने वाले एक राजकीय उच्च विद्यालय तथा एक राजकीय वरिष्ठ माध्यमिक विद्यालय को 5,00,000/- रुपये की राशि प्रदान की जाती है। राज्य के कुल 22 जिलो के 119 खण्डों के विद्यालयों के लिये वित्त वर्ष 2019-20 में 38.03 लाख रुपये की राशि का प्रावधान करवाया गया था। वर्ष 2019-20 में इस राशि से जिला शिक्षा अधिकारियों को सौन्दर्यकरण योजना के तहत 132.97 लाख रुपये पुरस्कार विजेता स्कूलो को वितरित करने हेतु जारी की जा चुकी है।
- 3 **4202 Capital (Plan) Sports, Art & Culture - 01 – General Education - 202 –Secondary Education - (99) Construction of Secondary School Building (Plan) Part-I State Plan Schemes:-** शीर्ष 4202 से लोक निर्माण विभाग (भवन एवं सडकें) हरियाणा को 40 राजकीय उच्च/वरिष्ठ माध्यमिक विद्यालयों के नव निर्माण/अतिरिक्त कमरो की मांग हेतु 13000.00 लाख रुपये की राशि का प्रावधान करवाया गया है। व्यवस्थित राशि से कुल 52 राजकीय उच्च/वरिष्ठ माध्यमिक विद्यालयों के नव निर्माण/अतिरिक्त कमरो की मांग से प्रशासकीय स्वीकृति लोक निर्माण विभाग को निर्माण एंजसी सर्व शिक्षा अभियान को स्थानान्तरण करने हेतु भेजी जायेगी।
- 4 **Electricity Non Plan- Major Head 2202 General Education-02 Secondary Education-109-Government Secondary Schools [99] Teaching Staff including other Establishments [98] Establishment expenses (Non-Plan) 92 Energy Charges:-** नान रेंकरिंग पक्ष पर वित्त वर्ष 2019-20 में 500.00 लाख रुपये का बजट प्रावधान करवाया गया है। इस राशि से राजकीय उच्च/वरिष्ठ माध्यमिक विद्यालयों के बिजली बिलो की अदायगी हेतु 21 जिला शिक्षा अधिकारियों की मांग अनुसार राशि की वित्तीय स्वीकृति जारी की जायेगी।

Observations/Recommendations of the Committee –

1. During the course of oral examination, the Committee discussed the matter of the declining percentage of School going children in the Government Schools. The Committee observed that the strength of Private Schools is increasing day by day. The Committee also realizes that only poor people's children are going the Government Schools. The Committee raises the point of the declining in the percentage of result in the Government Schools. It has also come into the notice of the Committee that infrastructure in the Government Schools is not up to the mark. There are crumbling buildings in some of the Government Schools. Although there are enough space but not funds to build up good buildings for the Government Schools.

The Committee recommended that the quality education in the Government Schools must be provided to the students so that the strength of Government going school children may be increased. The School Education Department should take necessary steps in this regard. The Committee also recommended that the teachers who work excellent job to improve the standard of Education in the Government Schools should be awarded or given incentives so that more teachers should come forward to do good job in teachings. The Committee also recommended that there is great need to improve the infrastructure of the schools in order to provide better quality of education and facilitate to the students.

2. The Committee discussed the matter of scholarships which is given to the poor students of SC/ST/BC in the Government Schools is very much insufficient. The Committee also take a serious view in this regard that there is no increment since 2013 in the above said Scholarship. The Committee also discussed about the National Talent Cum Merit Scholarship and National Means Cum Merit Scholarship which are given to the talented students is also not up to the mark.

Therefore, the Committee recommended that the Scholarship which is to be given to the poor students of SC/ST/BC in the Government Schools must be increased time to time. The Committee also desired that such Scholarship should be given to the other economically weaker sections and single parent's children of the society. The Committee also recommended that National Talent Cum Merit Scholarship and National Means Cum Merit Scholarship which are given to the talented students should be increased so that the brilliant students can be inspired to go forward for their bright future.

3. The Committee discussed the matter of financial problems faced by Government Schools in celebration the function of Republic day in the Schools. Only Five Hundred rupees are given for this function in the Government Schools. The Committee feels that Five Hundred rupees are insufficient amount to celebrate the function of Republic day in the Government Schools.

The Committee recommended that it should be minimum Ten rupees per student into total number of students.

4. The Committee discussed the matter regarding the extra duty as in census and election duty etc. for the Government teachers.

The Committee recommended that the extra duties for the Government Schools teachers are an obstacle in the way of quality Education. The students have to suffer heavy

loss in their regular study. So, the Committee recommended that teachers have to free from all such type of duties to improve the quality education in the Government Schools.

5. The Committee discussed the matter of shortage of Group-D employees in the Government Schools. There are many posts are lying vacant in the Schools as Peon, Sweeper, Mali etc. in the Department's reply.

The Committee recommended that the Department should make a policy to fill up the Group-D employees in Government Schools so that proper discipline can be maintained in the Schools to improve Education system.