



ABSTRACT

Chief Ministers Comprehensive Health Insurance Scheme - to ensure uniform maintenance of accounts and expenditure by all the Government empanelled Hospitals under Chief Minister's Comprehensive Health Insurance Scheme – Financial guidelines - Orders – Issued.

HEALTH AND FAMILY WELFARE (EAPI/1) DEPARTMENT

G. O. (Ms) No.17

Dated: 23. 01.2017

Thiruvalluvar Aandu – 2048

Manmatha, Thai – 11

Read :

- 1) G.O. (Ms) No.169, Health and Family Welfare Department, Dated:11.07.2011.
- 2) G.O.(MS) No.127, Health and Family Welfare Department, Dated:10.04.2012.
- 3) G.O.(Ms) No.320, Health and Family Welfare Department, Dated:19.11.2012.
- 4) G.O.(Ms) No.154, Health and Family Welfare Department, Dated:29.05.2014.
- 5) G.O.(Ms) No.331, Health and Family Welfare Department, Dated:21.10.2014.
- 6) From the Project Director, Tamil Nadu Health Systems Project, Letter No.6201/TNHSP/ Ins/2013, Dated: 05.12.2014.

ORDER:

Based on Government orders first to fifth read above, instructions have been issued periodically to all the Government empanelled Hospitals for making expenditure under Chief Minister's Comprehensive Health Insurance Scheme claim money.

2. The Project Director, Tamil Nadu Health Systems Project has stated that it has been observed that empanelled Government Hospitals are not making expenditure and maintaining their Chief Minister's Comprehensive Health Insurance Scheme account uniformly. In order to ensure uniform maintenance of accounts and expenditure by all the Government empanelled institutions a set of Financial guidelines have been drafted in consultation with Financial Advisor and Chief Accounts Officers of Tamil Nadu Health Systems Project, Director of Medical Education, Director of Medical and Rural Health Services, Director of Public Health and Preventive Medicine and Chief Accounts Officer of State Health Insurance Unit.

3. The Project Director, Tamil Nadu Health Systems Project has therefore requested the Government to approve the draft financial guidelines to ensure uniform

maintenance of accounts and expenditure by all the Government empanelled hospitals under Chief Minister's Comprehensive Health Insurance Scheme.

4. The Government have carefully examined the proposal of the Project Director, Tamil Nadu Health Systems Project and decided to accept the same and accordingly the Government approve the guidelines on utilization of Chief Minister's Comprehensive Health Insurance Scheme claim fund by Government Hospitals as annexed to this G.O to ensure uniform maintenance of accounts and expenditure by all the Government empanelled Hospitals under Chief Minister's Comprehensive Health Insurance Scheme.

5. This order issues with concurrence of Finance Department, vide its U.O.No.10905/H-II/2015, dated: 11.05.2016.

(BY ORDER OF THE GOVERNOR)

**J.RADHAKRISHNAN
PRINCIPAL SECRETARY TO GOVERNMENT**

To

The Project Director, Tamil Nadu Health Systems Project, Chennai- 6.

The Mission Director, State Health Society, Chennai-6.

The Director of Public Health and Preventive Medicine, Chennai-6.

The Director of Medical and Rural Health Services, Chennai-6.

The Director of Medical Education, Chennai-10.

All District Collectors, All Joint Directors, All Deputy Directors,

The Principal Accountant General (A&E), Chennai – 18/35.

The Principal Accountant General (Audit I), Chennai -18.

The Pay and Accounts Officer (South), Chennai – 35.

Copy to:

The Personnel Secretary to Chief Secretary, Chennai-9.

The Hon'ble Chief Minister Office, Chennai-9

The Special Officer, Chief Minister's Special Cell, Chennai-9.

The Special Personal Assistant to Hon'ble Minister (Finance) Department, Chennai-9

The Special Personal Assistant to Hon'ble Minister ((Health) Department, Chennai-9

The Finance (Health – II, BG-I/BG-II) Department, Chennai – 9.

The Health and Family Welfare (Data Cell) Department, Chennai-9.

SF/SC.

// FORWARDED BY ORDER //

**(S.AKILA)
UNDER SECRETARY TO GOVERNMENT**

ANNEXURE
G.O(Ms).No. 17, Health and Family Welfare (EAP1/1) Department, dated:
23.01.2017.

GOVERNMENT OF TAMIL NADU
TAMIL NADU HEALTH SYSTEMS PROJECT, CHENNAI
CHIEF MINISTER'S COMPREHENSIVE HEALTH INSURANCE SCHEME
FINANCIAL GUIDELINES

1. INTRODUCTION:

The new "Chief Minister's Comprehensive Health Insurance Scheme" has been introduced by the Government of Tamil Nadu with an objective of "Universal Health Care" through affordable and quality health care. Under the scheme, health insurance premium will be paid by the Government, for people whose annual family income is less than Rs.72,000/- so as to avail cashless medical treatment in approved private hospitals and also at all approved Government hospitals. The sum assured is Rs. 1 Lakh per family per year. However, the scheme provides up to Rs. 1.5 Lakhs per year per family for specified procedures like renal transplantation, more than one cardiac valve replacement etc. Under the scheme 1016 procedures, 23 diagnostic tests are covered. In addition to this, for 120 identified procedures, follow up medicines are also provided for extended period of time. Certain specific procedures have been reserved for Government Hospitals.

Under the insurance scheme, full package cost is being given to Government Hospitals so as to improve their performance. The Government has issued detailed guidelines for creation of Insurance Wards in Government hospitals under CMCHIS vide G.O.Ms.No. 127, H&FW Dept., dated 10.04.2012.

In G.O.Ms.No.320, H&FW Department dated 19.11.2012, Government have ordered creation of a Corpus fund with an initial amount of Rs.10 Crores to help the needy and poor people, especially children who undergo surgeries under the category of specialized procedures viz., (i) Liver transplantation, (ii) Renal transplantation including post transplant immunosuppressant therapy, (iii) Bone marrow transplantation, (iv) Cochlear implantation and (v) stem cell transplantation under CMCHIS, to meet the cost of surgery over and above the sum assured under CMCHIS (Rs.1.5 Lakhs per annum.)

2. ALLOCATION OF INSURANCE CLAIM AMOUNT:

- (i) The package cost received from the Insurance Company/TPA by the Government hospitals has been ordered to be shared as below:

S.No	Description	G.O.Ms.No.169 H&FW Dt. 11.07.11	G.O.Ms.No.320 H&FW Dt. 19.11.12	G.O. Ms.No- 154 H&FW Dt.29.05.14	Latest G.O. Ms.No-331 H&FW Dt.21.10.14
1.	Consumables	60%	50%	50%	45%
2.	Institutional Development/ Hospital Upgradation	25%	22.5%	20%	20%
3.	Incentive to Operating team	15%	15%	15%	15%
4.	Corpus fund	-	12.5%	15%	20%

(ii) The orders issued in G.O.Ms.No.331 H&FW dated 21.10.2014 prevails over all the preceding orders on CMCHIS.

(iii)

The incentive to operating team has been further divided as follows.

DMS SIDE:

Surgeon/Doctors	...	...	5%
Anaesthetists	...	...	4%
Theatre Staff/Staff nurses team	...	...	2%
Supportive Departments/ Consultants	...	...	4%

DME SIDE:

Surgeon/Doctors	...	...	5%
Anaesthetists	...	...	2%
Staff Nurse/ Theatre staff team	...	...	4%
Supportive Dept./Consultant	...	...	4%

(iii) For equitable distribution of funds, allocation under consumables can be further divided among Sections/Departments. However the % of allocation for each section/department should be decided by the Committee **as defined in para 4 below** . The Department who earns the claim to be given preference based on needs. This is to ensure that every department is motivated to earn for their development. However the Committee should ensure that no fund is locked up by any department, even if it has earned it, if the fund cannot be used in that year on any real requirement.

(iv) Similarly 4% of incentive amount meant for supportive department/consultants among various supportive services viz. Laboratory, Radiology, Blood Bank etc. can also be reallocated with the approval of the Committee.

(v) Items that are directly used / applied / consumed in connection with the treatment to a patient are to be considered as **Consumables**. A few examples are given below:

- a. Medicines
- b. Implants
- c. Lab consumables
- d. Diagnostic charges
- e. X-ray film
- f. Usage of blood
- g. Diesel for generators
- h. Petrol/Diesel for vehicles
- i. Purchase and Refilling of oxygen cylinder
- j. Refilling of kitchen gas
- k. Stationery
- l. Computer/printer/scanner consumables etc.
- m. Electrical item like fans, water heaters, A.C for ICUs

The above list is only indicative not restrictive.

(vi) Consumable fund should not be used for acquiring fixed assets such as machinery, equipments, instruments, tools, plants, furniture, building construction etc. Likewise, funds allocated under Institutional Development **Incentives & Corpus fund** should not be used for purchase of consumable items and vice-versa.

(vii) However flexibility in utilizing Consumables Fund for Institutional Development and vice-versa within the total of both, locally on need basis, is permissible with the prior specific approval of the Committee. If a department is in need of high end medical equipment but the claim amount at its credit is less, then the Committee Chairman has the discretion to request the other departments to provide funds to meet the shortfall. The resources so obtained from various departments can be pooled and utilized for purchasing the required medical equipment through a suitable resolution. On receipt of adequate funds through claims, the borrowing department shall return the advance taken from the other departments.

3. INCENTIVE:

- i. Operating team which includes Doctors, Anaesthetists and staff nurses **and consultant** who are directly involved in the operation and who take care of the patient alone are eligible for incentive. However if the postgraduate students are engaged in life saving procedures, then they are entitled for incentives.

- ii. In any Medical College/District HQ Hospital, if specialists are not available, they may be hired for performing the required procedure and the fee shall preferably be given from the 4% of claim earmarked for "Supportive Department/Consultants ". The exact fee has to be decided by the Committee based on the local conditions.
- iii. The incentive amount should be disbursed to all the persons concerned once every month without any delay. While **assessing** Income-tax **statement of the individual the incentive amount** should invariably be deducted **as per prevailing Income Tax (IT) Act.**
- iv. Each Hospital /Institution shall have only one TAN for tax assessment.

4. CONSTITUTION OF COMMITTEE:

Medical College Hospital:

In the Medical College Hospitals, a Committee headed by the Dean may be constituted for maintenance of accounts and approval of expenditure. The following will be the members of the Committee:

(a) Dean	...	Chairman
(b) Respective HODs in Medical Colleges (Concerned Department)	...	Member
(c) Nodal Officer of the Insurance scheme	....	Member
(d) Administrative Officer/ Junior Administrative Officer	...	Member
(e) FA&CAO/CAO/AO/AAO	...	Member
(f) Medical Stores In-charge/ Senior most Pharmacist	...	Member

Govt. Head Quarters Hospital:

In the Government Head Quarters Hospital, a committee headed by the Hospital Superintendent/Chief Medical Officer may be constituted for maintenance of accounts and approval of expenditure. The following shall be the **members of the Committee.**

(a) Hospital Superintendent/RMO	...	Chairman
(b) Medical Officer in-charge (Nodal Officer)	...	Member
(c) Administrative Officer/	...	Member
(d) Medical Stores in-charge/ Senior most Pharmacist	...	Member

Taluk and Non - Taluk Hospitals

(a) Hospital Superintendent/ Chief Medical Officer	...	Chairman
(b) Medical Officer in-charge (Nodal Officer)	...	Member
(c) Junior Administrative Officer	...	Member
(d) Medical Stores in-charge/Senior most Pharmacist	...	Member

Where officers in the stipulated cadres are not available, junior officers may be included in the Committee.

The Committee shall have total responsibility for decisions taken on list of items to be purchased, procuring them and on all other items of expenditure sanctioned from the claim. The committee should be convened at frequent intervals as required and take appropriate decisions on the proposals of various departments of the institution. The decision taken by the Committee should be communicated to the departments concerned, including Stores Section of the Hospital for pursuing further action. Services of Ward Managers outsourced for maintaining Ward 500 may be utilized for processing the files. All the proceedings at the Committee meetings should be recorded in the Minutes Book and the signature of Chairman and all the members of the committee who attend the meeting should be obtained.

All proposals including purchase of items, sanction of expenditure, appointment of contract staff, miscellaneous finance issues, progress of work being carried out from CMCHIS funds and any other matter relevant to CMCHIS should be placed before the committee for approval. **As per G.O(Ms).No.127, Health and Family Welfare (EAPI/I) Department, dated: 10.04.2012.** No financial limit or ceiling has been prescribed by the Government for the powers exercised by the committee. No action shall be initiated by the requisitioning departments/sections without prior approval of the same by the Committee. The committee is fully empowered to take appropriate decision on any matter relating to implementation of CMCHIS in the institution/hospital.

5 .PURCHASES:

(1) All purchases should be made/work executed following codal rules ONLY. For purchase of any item/execution of work, prior approval of the committee should be obtained. Where any item is purchased owing to an emergency /work executed without prior approval of the committee, the committee's approval should be obtained in the next meeting duly justifying the reasons/compulsions which necessitated such procurement/work.

- (2) The methods **and value of** procurement normally followed are:
- (a) Open tenders : Value Rs. 10 lakhs and above (Purchase of Goods) (upto Rs 25 lakhs for civil and electrical works).

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|-----------------------|--|
| (b) Limited tenders | : Value of Rs 10,000 up to Rs. 9.99 lakhs. |
| (c) Single Tender | : Value of Rs.5000 to upto Rs. 9,999 |
| (d) Without Quotation | : Value upto Rs. 4,999 |

(a) Open Tender is the competitive bidding procedure normally used for public procurement in the State and it is the most efficient and economic way of procuring goods or works, by their nature or scope. The procedures shall provide for adequate competition in order to ensure reasonable prices. The methods used in the evaluation of tenders and the award of contracts shall be made known to all bidders and should not be applied arbitrarily.

Procedure to be followed in open tenders

- i. The institution shall identify the tender inviting and accepting authority preferably the head of the institution.
- ii. Notification / Advertising: The Head of the institution or the HOD should design a precise advertisement for the tender indicating the specification of the equipment required, value of the equipment, date and time of receipt of the tender. Tender notice should be communicated to the District bulletin officer for the publication of notice in appropriate District tender bulletin. Notice should also be published in two Tamil daily news paper with wide circulation.
 - (a) Issue of tender documents, notice shall be made available for sale.
 - (b) Submission of tender documents,
 - (c) Opening of tender in public,
 - (d) Evaluation,
 - (e) Selection of lowest evaluated responsive tender based on post qualification,
 - (f) Negotiation with L-I (if necessary)
 - (g) Contract award, and
 - (h) Contract performance

The institutions that require implants or medical equipment can purchase it from TNMSC if it is available on rate contract basis. If it is not available on rate contract with TNMSC and if it is required urgently for the institution, as decided by the high level committee of the institution, then it can be procured by floating a tender, irrespective of the value. In all other cases of purchases of any medical equipment with an estimated value of Rs.10 Lakhs and above should be made only through Tamil Nadu Medical Services Corporation. Indents for such purchases through TNMSC should be submitted to TNMSC along with specifications of the equipment and estimated cost of the equipment should be deposited with TNMSC.

(b) Limited Tender is a procurement method based on comparing price quotations obtained from several suppliers to ensure competitive prices. **Enquiries for Limited Tenders shall primarily be issued to all the leading firms dealing**

with the particular item. Head of the institution must ensure that no single firm is given preference while sending the enquiries. It is advised that copies of the enquiry letters may be fixed in the office notice boards of the institution and also in the collector's office.

The requests for quotations shall be made indicating the description, specification, and quantity of the goods, as well as desired delivery time and place. Institutions are advised to follow two cover system of tender: one cover for the technical bid and another cover for the financial / price bid. Price bid shall be opened only for such vendors whose technical bids are accepted by the technical evaluation committee. Evaluation of the bids shall be made strictly based on the details provided by the vendor compared with the specifications required by the institutions. The result of evaluation should be made known to the vendors/bidders. After short listing the bids based on the technical evaluation the price bids must be opened in the presence of the shortlisted bidders. HODs are instructed to refer to the TT Act 1998 pages 5 to 9. All the terms of the accepted offer shall be incorporated in the purchase order.

Steps to be followed for Limited Tender Procurement

- (i) Identifying items for purchase,
- (ii) Laying down specifications for the items identified,
- (iii) Estimating total numbers and costs of items identified based on approximate unit costs,
- (iv) Identifying likely agencies from whom quotations can be invited (8-10 agencies would ensure more competitive rates),
- (v) Obtaining approvals of the Committee for items to be purchased along with Specifications, estimated costs and agencies from whom quotations should be invited,
- (vi) Issuing letters of invitation based on approvals,
- (vii) Processing quotations received, obtaining orders of competent authority for placing of orders for supply,
- (viii) Issuing letters placing orders for supply, specifying period in which the delivery is to be completed,
- (ix) Ensuring timely supply of items, and
- (x) Making payments after delivery in satisfactory condition.

(C) Single Tender

- i. The Single Tender system may be adopted in case of articles which are specifically certified as of proprietary nature or in cases where only a particular firm is the manufacturer of the articles demanded. Goods, hiring of vehicles and operation and maintenance of equipment etc may be procured under contracts awarded under the single tender system. Provided that a committee of three experts consisting one technical representative of the procuring entity, one technical representative of a state or central government organization dealing

with similar procurement and one representative from a reputed academic or research institution or non-commercial institution having expertise in such line, declares it as single source procurement. (As per TT Act page no 9).

- ii. The single tender system shall be permitted under the following circumstances:
 - (a) The tender can be exceeded by 25% of the tender value and the contract can be extended for 3 months after the contract period, if the next supplier could not be identified immediately
 - (b) Standardization of equipment or spare parts to be compatible with existing equipment may justify additional purchases from the original supplier,
 - (c) The required item is proprietary and obtainable only from one source,
 - (d) Need for early delivery to avoid costly delays, as decided by the Head of the institution
 - (e) In exceptional cases, such as in response to disaster / calamity.
- iii. Rate contracts of Directorate General of Supplies and Disposals (DGS& D) and of the State Governments shall also be an appropriate method under Single Tender system.

(d) Procurement without quotation:

Purchase of articles or group of articles estimated to cost less than the financial ceiling prevailing in the State i.e, Rs. 4,999/- on each occasion may be made without inviting tenders/ quotations, provided this does not involve any splitting of purchases.

For purchase of any item the value of which is more than Rs.5000/- but below Rs.9.99 lakhs quotations should be obtained from recognized/approved institutions only. The following procedure shall be adopted:

- ❖ At least 3 quotations should be obtained.
- ❖ In the call letter specifications of the item should be mentioned. The date within which the quotation should reach the office should be specifically mentioned.
- ❖ On receipt of quotation in sealed cover, it should be opened by the competent authority who should put his/her initial **with date** in the quotation and also on the cover. Official seal should be affixed on the quotation letter.
- ❖ Comparative statement should be prepared and L1, L2 etc should be marked. It should be ensured that the rate are quoted for the items with the same specifications.
- ❖ In the quotation as well as in the bill/invoice, TIN number, Service tax/Sales tax number should have been noted.

- ❖ Orders should be placed with the firm who has quoted the lowest price (L1)
- ❖ On receipt of goods, it should be ensured whether it is in good working condition and as per the specifications indicated in the quotation and supply order. If the item is an equipment, it should be installed by the company at their own cost.
- ❖ On receipt of bill/Invoice, Stock entry certificate, good working condition certificate, rate verification certificate should be issued.
- ❖ All expenditure should be approved by the committee and supported by financial sanction order.
- ❖ The original bill should be defaced with seal 'PAID AND CANCELLED'
- ❖ All payments above Rs.1000 should be paid through Account payee cheque / ECS only.
- ❖ Proper stamped receipt should be obtained from the vendor for having received payment and filed with the original bill.
- ❖ Wherever necessary income tax/service tax should be deducted from the bill and remitted into Government account.

While purchasing equipments, machinery including computer, X-ray machine etc. while calling for tender/quotation or placing orders with TNMSC/ELCOT etc. Specifications should be clearly indicated. More over the period of guarantee for a minimum period of 3 years should be ensured so that if any defect occurs within that specified period gives an option of buy back / rectified without any delay. After expiry of guarantee period AMC should be entered into with the original manufacturer/ supplier or his authorized service centre/dealer so as to ensure that all purchased medical equipments are accurate and working to the optimum performance and achieve the maximum availability and continuity of service. As far as possible the practice of engaging local unauthorized service persons should be avoided.

Once a decision is taken in the Departmental purchase committee to purchase consumables / instruments / equipments / machinery / civil works / electrical works etc. HOD shall place the proposal in the ensuing committee constituted by the Government in G.O.(Ms) No.127, Health and Family Welfare (EAP-I/I), dated: 10.04.2012 for approval. After approval by the Committee, the minutes of the meeting should be communicated to HOD and also Stores Section of the Hospital. Stores Section shall take appropriate action for purchase of the items by following the codal procedures and route the file through **AAO/Accounts Officer / FAO/FA/FA&CAO and Admin.** and finally submit the file to the Dean or Hospital Superintendent/Chief Medical Officer as the case may be for approval. It is the responsibility of the Stores Section **AAO/Accounts Officer / FAO/FA/FA&CAO** Administrative Officer that codal procedures and instructions of Government and TNHSP are properly followed in purchase of items. After receipt of

goods in good working condition the HOD have to give installation report to the store section for further action.

IN CASE OF EMERGENCY THE DEPARTMENT CAN PURCHASE THE DRUGS/CONSUMABLES DIRECTLY FROM THE MARKET AND PLACE THE MATTER IN THE NEXT COMMITTEE MEETING FOR RATIFICATION JUSTIFYING THE REASON FOR URGENT PURCHASE SINCE THE COMMITTEE HAS NO LIMITATIONS AS PER G.O.(MS) No.127 H&FW(EAPII) dated: 10.04.12.

PURCHASE OF DRUGS AND IMPLANTS:

Implants required may be purchased from the vendor identified by the Insurance Company or purchased locally at the rate fixed by the Central Purchase Committee (CPC). Similarly drugs and consumable should be purchased from the TNMSC or from the local market at the rate fixed by the CPC. Drugs and consumables which are normally supplied by TNMSC should be purchased from TNMSC only. If any such item of drug or consumable could not be supplied by TNMSC due to non availability of stock, such items could be purchased locally at the rate fixed by the CPC only after obtaining an NOC from TNMSC. If any item do not find place in CPC or if the dealer listed in CPC list do not supply the items within a reasonable time, it could be purchased locally by calling for quotations following procedures enumerated under state codal rules. In many places Medical shops are run by co-operative institutions. As far as possible, medicines and consumables should be purchased from these co-operative departmental store/shops. Only when such a facility is not available other options of purchase of drugs and consumables from local market should be explored.

If any of the items of drug and consumables that are regularly required are not normally supplied by TNMSC or do not find place in CPC list but repeatedly purchased from local market over the period, rate contract for such items for a period of one year should be approved by the committee along with supplier details and these items could be purchased as and when required at the approved rate thus avoiding delay in calling for quotation every time and also avoid escalation of cost of drugs/consumables.

As regards medical equipments, instruments, tools and plants including X-ray machine etc. If these items are normally supplied by TNMSC, they should be purchased from TNMSC only. Further, all purchase of medical equipments etc. Of value Rs. 10 lakhs, and above they should be purchased through TNMSC only. In both cases, orders should be placed with TNMSC indicating requirements and specifications. Advance for the estimated cost of the equipment etc. should also be deposited with TNMSC with the approval of the committee. Further if the estimated cost of Equipment is less than Rs.10 lakhs (i.e 9.9999 lakh) and the Equipment is not supplied by TNMSC, it can be procured by calling for tender as per procedure after getting the resolution of the Committee.

Hospitals could purchase computer, printer, scanner, LCD projector etc either from ELCOT or on DGSD rate contract/Tender. Broadband connection, separate telephone connection etc may also be obtained from the Fund with the approval of the committee.

6. DEPOSIT OF ADVANCE AND UTILISATION OF AMOUNT TO CREATE/

MAINTAIN INSURANCE WARD:

(A) For Head Quarters Hospitals/Government Hospitals:

The category of work may be classified as

- a) Construction work and
- b) Maintenance work

a) Construction work :

The **Dean/** Hospital Superintendent/Chief Medical Officer of the respective hospital will prepare the estimate **including centage chargers** for the **construction** /creation/maintenance of insurance ward in consultation with the respective Executive Engineer, Public Works Department and submit it to the Joint Director of Health Services. The Joint Director of Health Services will discuss with **Dean** /Hospital Superintendent/Chief Medical Officer and Executive Engineer, Public Works Department and it will be counter signed by Joint Director of Health Services and will be sent to the Project Director, Tamil Nadu Health Systems Project with his/her recommendations to confirm the availability of funds under CMCHISTN. Based on the recommendations work will be executed through the PWD.

b) Maintenance work :

For maintenance works up to the value of Rs. 25,00,000/- The **Dean/** Hospital Superintendent/CMO of the respective hospitals will call Local Quotations among the approved contractors and the lowest quoted will be given the work order, for execution of work .

(B) For Medical Colleges:

a) Construction work :

The Head of the Department of the Specialist department will prepare the estimate including centage chargers for the construction /creation/maintenance of insurance ward in consultation with the concerned Executive Engineer, Public Works Department and submit it to the Dean. The Dean Hospital Superintendent/Chief Medical Officer will discuss the estimate with the AAO/ACC.Officer/FAO/FA&CAO and Admin.Officer and Executive Engineer, Public Works Department and counter sign and send to the Project Director, Tamil Nadu Health Systems Project with his/her recommendations after confirming the availability of funds under CMCHISTN. After the receipt of approval from PD, TNHSP, the estimated funds is to be deposited to PWD and clearance may be issued to PWD to go ahead with the execution of the work.

The Deans/Chief Medical Officers/Hospital Superintendents are permitted to do small refurbishment work in the proposed insurance ward by themselves which is within their financial limits as per procedure.

Before submitting the proposal to the Project Director, Tamil Nadu Health Systems Project, the proposal should invariably be placed before the Committee and its approval obtained.

In insurance wards, no false ceiling should be done unless it is absolutely necessary.

b) Maintenance work :

For maintenance works up to the value of Rs. 25,00,000/- The Dean Hospital Superintendent/CMO of the respective hospitals will call Local Quotations among the approved contractors and the lowest quoted will be given the work order, for execution of work .

Works carried out under CMCHIS should not have been done by other programs/schemes and there shall never be a duplication of work.

The Funds released against the works are to be considered as "Deposits" under Capital work in progress. The "deposit" will be cleared on the basis of progress report on work completion and the reported amount for which the work has been completed will have to be booked as final expenditure.

7.DIAGNOSTIC PROCEDURES:

- (i) 23 diagnostic procedures approved under CMCHIS should be done only if there is a referral slip from the Government institution to the Empanelled Diagnostic Centre.

- (ii) If a particular diagnostic procedure is not available in the institution/ empanelled diagnostic centre, then the same can be done at any outside centre with the approval of the committee and charges for such diagnostic procedure should be paid from the claim money and patients should not be asked to pay for it.
- (iii) **METHODOLOGY FOR EMPANELLED DIAGNOSTIC CENTERS.**
- First the patient with referral slip from Government Institution for CT/MRI should go to the empanelled diagnostic center and meet the Liaison Officer.
 - Liaison officer after verifying the referral letter intimates to the insurance company and generates preauthorization number and note it in the referral slip and send the patient to the CT/MRI scan.
 - Patient then will undergo CT/MRI scan
 - The film and report will be given to the patient and a copy of the report will be scanned and sent to the Insurance Company for claims within a week of test.
 - On receipt of claim amount the hospital will release the amount to the diagnostic center within a week.
- (iv) Payment of CT/MRI Scan charges to TNMSC: Under CMCHIS It is the practice in the Government hospitals that the charges for CT/MRI scan are being collected from the patients at designated diagnostic centers maintained by the Tamil Nadu Medical Services Corporation in the hospital campus. The above charges could not be collected from the beneficiaries under the Chief Minister's Comprehensive Health Insurance Scheme treated in the Government Hospitals as this is a cashless scheme. For inpatient and outpatient from the Government hospitals where CT/MRI is located, Scan will be done by the Tamil Nadu Medical Services Corporation as per the request from the concerned doctors of the hospitals. The Liaison Officer in the Hospital will get the pre-auth number after ensuring the eligibility under CMCHISTN and write on the Scan request. The Tamil Nadu Medical Services Corporation will take the Scan and submit report to the hospital without collecting fees from the patient. The amount will be adjusted by Tamil Nadu Medical Services Corporation against the 10% contribution to the hospital to be given by them and it may be paid back by concerned departments under the claims available.
- (v) This is applicable even if the Tamil Nadu Medical Service Corporation centre does the test for outside patients referred from other Government institutions under stand alone diagnostic services.

8. MAN POWER REQUIREMENT OF INSURANCE WARDS IN HOSPITALS:

In addition to regular staff, the following staff can be provided to the CMCHIS wards (for every 30 beds) for providing round the clock service.

HOSPITALS UNDER DIRECTORATE OF MEDICAL & RURAL HEALTH SERVICES :

S.No.	POST	NO OF POSTS	MONTHLY PAYMENT
1.	Staff Nurse	3	Same rate as given to other Contract Staff nurses in Govt. Hospitals under TNHSP/NRHM
2.	Ward Manager	1	Rs.10,000 to Rs.15,000 (based on qualification and experience)
3.	Multipurpose Hospital worker	2	Equal to daily wage fixed by Dt. Collectors multiplied by 25 working days.
4.	Sanitary worker	2	

HOSPITALS UNDER DIRECTORATE OF MEDICAL EDUCATION :

S.No.	POST	NO OF POSTS	MONTHLY PAYMENT
1.	Ward Manager	1	Rs.10,000 to Rs.15,000 (based on qualification and experience)
2.	House keeper	2	Rs.7,000 - Rs.7,500
3.	Multipurpose Hospital Worker	2	Equal to daily wage fixed by Dt. Collectors multiplied by 25 working days
4.	Sanitary worker	2	

The above pattern is prescribed for CMCHIS wards up to 30 beds. Further manpower may be recruited based on requirement with the approval of the committee.

While appointing Ward Managers, persons with computer **knowledge** alone should be appointed. He should be utilized to track and update the work on day to day basis, maintenance of records, **inrespect of** patient, approval and claim and liaison with various departments like, Insurance Company/TPA, All appointments should be made through outsourcing by manpower agency only for which the approval of the committee should be obtained.

9. OPENING OF BANK ACCOUNT:

A) Medical college hospitals:

A new separate Savings Bank account may be opened in any Nationalised Bank for each department separately in the name of "CMCHIS -(Viz)General Medicine, Ortho, Neuro, Nephrology etc (Name of the Department if applicable). (Name of the Hospital) with specific provision to operate the account jointly by Dean and **AAO/ACC.Officer/FAO/FA&CAO** for all transactions of the claim amount. Package cost admitted by the Insurance company/TPA will be transferred to this account. This Savings Bank account shall have cheque facility. **The interest amount accrued from SB account should be properly accounted for current account. The bank A/c which do not fetch interest should not be entertained.**

B. Government HQ Hospital/Taluk Hospital :

A new separate Savings Bank account may be opened in any Nationalized Bank in the name of "CMCHIS (Name of the Hospital) with specific provision to operate the account jointly by Hospital Superintendent/Chief Medical Officer **and AAO/ACC.Officer** of the hospital as the case may be for all transactions of the claim amount. Package cost admitted by the Insurance company/TPA will be transferred to this account. This Savings Bank account shall have cheque facility. It should be ensured that no single person operable Savings Bank account is opened and operated for Chief Minister's Comprehensive Health Insurance Scheme. Entries in the pass book should be updated as frequently as possible or at least once a week.

10. MAINTENANCE OF ACCOUNT BOOKS/REGISTERS:

A record of all scheme transactions should be maintained with appropriate supporting documents for the transaction. These supporting documents should be cross referenced so as to link them to each item of expenditure. These books of accounts together with supporting documents should be maintained for atleast 5 years after completion of internal and statutory audit of the scheme. These Registers and records shall be retained by the regular government staff of **cash section under the control of AAO/Acc.Officer/FAO/FA&CAO** of the Medical College Hospital/ HQ Hospital.

The following books of accounts should be maintained in all Hospitals. Persons responsible to maintain for every department.

1. Cash Book
2. Ledger
3. Cheque Issue Register

4. Bank Reconciliation Register
5. Stock Register of Fixed Assets

6. Stock Register of Drugs/Consumables
7. Register of Works
8. Bank SB account pass book
9. Claim Allocation Register.
10. Committee resolutions/minutes.

CASH BOOK: Cash book is the principal record of all money transactions taken place every day and all other registers are subsidiary. It should be maintained on double entry book keeping principles on cash basis of accounting. All receipts which are received in any form including electronic cash transfer into Bank account directly should be entered into the Cash Book on the same date. Like-wise all payments/disbursements should also be entered in the Cash book on the day of payment. Cash book should be written on daily basis and put up for checking and authentication to one of the cheque signing officer **AAO/Acc.Officer/FAO/FA&CAO**. If no transaction has taken place in a day the entry "NO TRANASACTION" has to be noted in the Cash Book on that day(s) in red ink and the balances are carried over to the next day. Over writing should be avoided and corrections if any, should be attested by the authorized officer under his dated initials. While making payment through cheque, its number should invariably be noted in the cash book for cross checking. "Account Payee" cheque alone should be issued for all payments of Rs.1,000 **and above** to third parties/firms etc and the issue of bearer cheque should be limited to small payments. While making payment to Contractors/Suppliers, IT should be deducted where ever necessary. Each voucher should be assigned a serial number and Ledger Folio (LF) number should be noted against each entry in the Cash Book. This register is to be maintained from the beginning of the financial year. **The cash section which is under the control of AAO/Acc.Officer/FAO/FA&CAO** is responsible for maintenance the cash register.

LEDGER: Ledger is also an important register in which all transactions recorded in Cash Book are classified under different heads of accounts as codified. The Ledger should be kept in the prescribed form. Separate pages need to be opened for each item of expenditure. The Ledger account shall be arranged and grouped in such a manner that the desired information is promptly secured. At the end of the month totals should be drawn and verified with Trial Balance. **The cash section which is under the control of AAO/Acc.Officer/FAO/FA&CAO** is responsible for maintenance of this register.

CHEQUE ISSUE REGISTER: Cheque Issue Register should be maintained in the prescribed format. It should be submitted to the **AAO/Acc.Officer/FAO/FA&CAO** on the date of transaction along with cash book and other account books. As and when cheque is submitted for signature, necessary entry should be made in this register and

submitted along with cheque book and both officials who are authorized to sign the cheque should affix their initial at the appropriate column. As and when cheque is issued, necessary entry should also be made in the Cheque Issue Record Slip which is available in the cheque book itself. The cheque book and cheque issue register should be kept under the custody of cash section under the control of AAO/Acc.Officer/FAO/FA&CAO .

(6) BANK RECONCILIATION STATEMENT: Bank Reconciliation Statement should be prepared on monthly basis i.e. every Tuesday, by reconciling the Cash Book and Bank Pass Book/Bank Statement of Account before 5th of the following month. Bank Pass Book should be sent to Bank for making up-to-date entries of credits and debits in the pass book. Entries shown in the passbook / bank statement should be tallied monthly with the entries in the cashbook Any discrepancy should be rectified and the difference explained in the Bank Reconciliation Statement. A copy of Bank Reconciliation Statement (BRS) should be sent to Director of Medical Education/ Director of Medical & Rural Health Services/ Director of Public Health and Preventive Medicine and Project Director, TNHSP, like other accounts before 5th of the following month along with Statement of Expenditure (SOE) with a copy to TNHSP for information. The cash section under the control of AAO/Acc.Officer/FAO/FA&CAO. is responsible for preparing the reconciling statement.

REGISTER OF FIXED ASSETS: The Medical Store Officer in the Government Medical College Hospital /District/Taluk/ Head Quarters Hospital should maintain a separate Stock Register for the articles/equipments/items of permanent nature including non-consumable nature for each department. The assets includes such as furniture, fixture, machinery, equipments, instruments, computer systems, Scanner, Printer, Fan, Air conditioner, LCD Projector, X Ray machine etc. The details of all these items purchased from and out of CMCHIS fund should be entered in the Fixed Assets Register. In the Fixed Assets Register whenever an asset is purchased/ acquired/transferred to the institution, the details such as (a) Description of the asset (2) Date of purchase/transfer/acquisition (3) Name and address of supplier(4) Bill Number and date (5) Cost per unit (actual basic cost + taxes separately) (6) location of the asset (7) Guarantee period etc should be noted in RED INK. As and when items are issued, it should be shown under the column "Issues" and signature of the person receiving the item should invariably be obtained. All items of fixed assets shall be assigned serial numbers in accordance with the group/nomenclature of the item and shall be entered in the Register of Fixed Assets. The same number should also be written on the asset in white paint.

Annual physical verification of all assets should be done in the first week of April every year and a certificate of such verification should be recorded in the Register.

Only the assets which are purchased/acquired/transferred from the CMCHIS funds will be treated as asset of CMCHIS and formal tracking as per requirements of the Assets Register for the entire life of the asset will be done by the Medical Store Officer, who shall **also** physically verify the fixed assets at its location with respect to the physical presence, condition of the asset and its working condition (whether it is in working condition or not Any discrepancy or otherwise noted during physical verification. In case of shortage, the cost of such item should be recovered from the custodian of asset.

All items of fixed assets shall be **assigned Sl.No** in accordance with the group/nomenclature of the item and shall be entered in the Register of Fixed Assets The Medical Store Officer should maintain this register. The Officer of cash section should supervise the maintenance of this register.

STOCK REGISTER OF CONSUMABLES/DRUGS: A separate stock register for Consumable should be maintained. Separate page should be allotted for each item and as and when purchases are made, on receipt of the item(s) on good condition and as per the specification, with reference to the delivery note or Invoice, entries should be made in RED ink with details such as date of purchase, description of the item, name and address of the supplier, Invoice number and date, cost per unit/item (basic cost + tax separately). Consumables to various Department should be issued as per indent only. At the time of issue of consumable, the signature of the person receiving the articles should be obtained in the register. At the end of the financial year, stock of items on hand as on 31st March should be physically verified by a competent authority, identified by the Joint Director of Health Services and a certificate issued. Any discrepancy during the physical verification should be brought to the notice of the higher authorities. The **Medical Store Officer** is responsible for maintenance of this register.

INSURANCE CLAIM APPROPRIATION REGISTER: Once claim amount is received from the Insurance Company or TPA it should be entered into this register date-wise. Earlier to 17.01.2013, entire approved claim amount was transferred to the Savings Bank account of each department . Since 12.5% of the approved claim amount is deducted by Insurance Company/TPA and remitted directly to Corpus Fund maintained by TNHSP, Chennai with effect from 17.01.2013, only 87.5% of the approved claim amount is being transferred to the concerned Hospital/Departments. As per G.O.(Ms) No. 154, H & FW (**EAPI/I**) Department, **dated: 29.05.2014**, 15% of the approved claim is remitted to corpus fund and 85% transferred to the concerned Hospital/Departments. Hence claim amount received under CMCHIS from Insurance company/TPA should be appropriated as follows:

S.No	Description	G.O.Ms.No.169 H&FW Dt. 11.07.11	G.O.Ms.No.320 H&FW Dt. 19.11.12	G.O. Ms.No-154 H&FW Dt.29.05.14	Latest G.O MS. No-331 H& FW Dt. 21.10.14
1.	Consumables	60%	50%	50%	45%
2.	Institutional Development/ Hospital Upgradation	25%	22.5%	20%	20%
3.	Incentive to Operating team	15%	15%	15%	15%
4.	Corpus fund	-	12.5%	15%	20%

with effect from 17.11.14, the claim amount received from Insurance Company/TPA, is only 80%, the actual claim i.e. full claim amount as admitted and approved by the Insurance Company/TPA which is available in CMCHIS web site alone should be taken into account for re-appropriation of the amount under various heads. The Dean/CMO/Medical Superintendent should review the register every week and see that incentives are distributed to various beneficiaries without delay, expenditure under various heads are made as per instructions. The **AAO/Accounts Officer/FAO/FA&CAO** is responsible for maintenance of this register.

STATEMENT OF EXPENDITURE (SOE): At the close of each month, a Statement of Expenditure (SOE) showing Opening Balance, receipt of funds during the month and details of expenditure incurred during the month and balance of fund available at the last day of the month i.e. closing balance should be prepared and submitted to the Director of Medical Education/ Director of Medical & Rural Health Services/ Director of Public Health and Preventive Medicine and Project Director, Tamil Nadu Health Systems Project, Chennai before 5th of the following month with a copy to the State Insurance Cell of TNHSP for information. The **AAO/Accounts Officer/FAO/FA&CAO** are responsible for preparing this SOE.

11. Interest and other Income:

Interest income from banks and any miscellaneous receipt is treated as income on a cash basis.

The interest received should also be utilized for the same activities envisaged under the program and no portion of it should be utilized for other expenses not envisaged in the program. Any other returns from PWD or TNMSC (balance of the deposited amount) should also be utilized for the same activities.

12. Claims (watching) Register:

In the case of patients admitted in the Insurance wards, after they are discharged on completion of treatment claim should be preferred with the Insurance Company within a period of 10 days from the date of discharge. The claim shall be processed by the Insurance Company and if all records are proper the amount will be settled by them within 7 days and the claim amount (after deducting 15% towards Corpus Fund) will be directly credited to the Savings Bank account of **each department of Hospitals**. To effectively watch the claim, receipt of eligible package amount, a separate register should be maintained by each HOD in Medical College Hospital/Dist HQ Hospital. The details of claim preferred and reimbursed by the Insurance Company/TPA shall be reviewed in the Committee Meeting. Suitable action should be taken for delayed receipt/non-receipt of claim amount, approving amount less than the package rates, rejection of claim for procedures available under the scheme (stating as not covered) unnecessarily returning the claim as need more information etc. In cases where there is inordinate delay in receipt of claim amount or reduction of claim amount or rejection of claim in addition to taking up the matter with Insurance Company/TPA, it should be brought to the notice of Project Director, TNHSP for pursuing the matter with the Insurance Company/TPA.

13. EXPENDITURE AND ACCOUNTABILITY

It is clarified to all staff that accountability is a joint responsibility and does not rest solely with Head of the Institution. The maintenance of accounts of the Program should be governed by the principle that no expenditure is incurred by the Hospital which is repugnant to the objectives of the Program and every item of expenditure is incurred in accordance with the prescribed procedures as per the guidelines and the canons of Financial Propriety. In accordance with these **canons of Financial Propriety**, every Government servant is expected to exercise the same vigilance in respect of expenditure incurred from public money as a person of ordinary prudence would exercise in respect of expenditure of his own money. The expenditure should be allocable, allowable and reasonable. No authority should exercise its powers of sanctioning expenditure to pass an order which will be directly or indirectly to its own advantage. Public money should not be utilized for the benefit of a particular person or

section of the people unless a claim for the amount could be enforced in a Court of Law, or the expenditure is in pursuance of a recognized policy or custom.

14.Controls to be exercised

- All letters/instructions to the bank should be signed by the **Head of the Institution** only. Cheques should never be signed in advance or in blank.
- Un-cashed cheques should be cancelled within a reasonable period. Specimen signatures should not be left around.
- Cheque books should always be kept under lock and key **of cash section**. Only authorized persons should be allowed to handle them.
- Using a carbon (black side up) under the cheque will leave an impression on the reverse of the cheque making it difficult to alter. It is recommended that for high value transactions a transparent cello tape be affixed on the figures of the cheque to avoid any alterations. This should be done immediately before the cheque is sent for signature.
- Insist on a receipt after payment by cheque.
- It is the responsibility of each person who is responsible for buying goods/ services in Hospital to check each bill for its validity i.e. check that the description of items, number of items, cost per unit and total cost, date of the bill and name of payee are accurate. Payments should be made only after checking these details.
- No alterations or corrections should be allowed in the bill.
- Funds should not be drawn if they are not required for immediate disbursement. It should be drawn when it is required for immediate payment to the party/company/firm, if the amount is upto Rs.5000/-.
- Officers authorized to incur expenditure must ensure that financial orders and strict economy are enforced at every step and see that all relevant financial rules, orders, instructions are observed.

Any officer who is authorized to incur expenditure or draws money out of the CMCHIS funds (Bank Account) for disbursement, should treat himself as a trustee of the funds of such scheme. The officer, who is authorised to draw and incur expenditure is expected to exercise same vigilance, which a man of ordinary prudence exercises while spending his own money. He should keep in mind that:

- Funds should not be drawn if they are not required for immediate disbursement.
- The expenditure on any item / work, article etc., should be incurred according to the Committee's approval.
- Funds should not be utilised directly or indirectly on himself or on any family member or relative of the officers who operate the funds of the scheme for the time being. All vouchers should be serially numbered and stitched neatly month wise and kept under the safe custody.

15.AUDIT:

The Institutions on approval from the Committee, shall appoint a Concurrent Auditor, to ensure the maintenance of the accounts and registers, following codal procedures, in finalising the tender/quotations regarding purchase of equipment/execution of construction/maintenance work and for Concurrent Auditing on monthly basis .

The funds of the scheme shall be audited by internal auditors appointed by the Tamil Nadu Health Systems Project on quarterly basis.

Audit may also be taken by the Internal Audit Wing of the **Director of Medical Education** once in a year.

Besides this, the fund account is also subject to statutory audit by the Comptroller and Auditor General of India. Audit objections pointed out by Internal Auditors as well as CAG should be rectified by giving top priority and rectification report sent within the stipulated time. **All audit matters should be dealt by Audit section of the Institution.** An Audit objection Register should also be maintained in the prescribed format **by Audit Section.**

**CHIEF MINISTER'S COMPREHENSIVE HEALTH INSURANCE SCHEME
GOVERNMENT HOSPITAL
STATEMENT OF EXPENDITURE for the month of**

Sl.No	HEAD/COMPONENT	Unspent balance of previous month	Fund received during the month	Expenditure incurred during the month	Unspent balance as on last day of the month
Total					

**Signature of AAO/ACC
Officer /FAO/FA&CAO of
the Institution**

CHIEF MINISTER'S COMPREHENSIVE HEALTH INSURANCE SCHEME

HOSPITAL:

EQUIPMENT STOCK STATUS REPORT FOR THE YEAR ENDED:

Name of the equipment and Date of Installation	Equipment stock status				AMC status			working status		
	Openin g stock	Additions during the year	Condemnation during the year	Closing stock at the end of the year	Covered	Not covered	Reason	Working	Not working	Reason

Medical Store Officer

CHIEF MINISTER'S COMPREHENSIVE HEALTH INSURANCE SCHEME

GOVT.....HOSPITAL

BANK RECONCILIATION STATEMENT FOR THE MONTH OF

1. Balance as per Pass book	
ADD:	
a) Cheque issued but not encashed	
b) Credit entries made in the Bank pass book but not shown in the Cash Book	
c) Interest credited by Bank but not shown in the Cash book	
TOTAL	
LESS:	
a) Cash/Cheque deposited	
b) Bank charges debited in Bank account but not accounted for in Cash Book	
TOTAL	
BALANCE AS PER PASS BOOK/BANK STATEMENT	

Office of the Dean, Government
Medical College Hospital,
.....

Ref: CMCHIS/1234/2013

Dated:

CIRCULAR

SUB: Chief Minister's Comprehensive Health Insurance Scheme –
Committee Meeting on..... – Intimation sent.

The CMCHIS Committee meeting will be held at the Chamber of the Dean, Government Medical College Hospital..... on (date) at(time). All the Members are requested to attend the meeting without fail. The Members are also requested to bring with them the proposals relating to their department and also on general issues for consideration by the Committee.

DEAN

To
All Members of the Committee

Office of the Dean, Government Medical
College Hospital,

REF: 1234/CMCHIS/2013

Dated:

SUB: Chief Minister's Comprehensive Health Insurance Scheme –
Committee meeting held on - Minutes of the meeting
Communicated.

A copy of the Minutes of the CMCHIS Committee meeting held on..... is sent
herewith. All Members of the Committee and Stores section are requested to take
suitable further action based on the decisions taken in the meeting.]

DEAN

To
Members of the Committee
Stores Section

COMPARITIVE STATEMENT FOR THE PURCHASE OF DRUG CONSUMABLES

File No.1234/CMCHIS/2013

Name of item	Unit	M/s. A	M/s. B	M/s. C
Disposable syringe with Needle 2CC	100 Nos	Rs.5	Rs.3.90	Rs.4.10
Absorbent Cotton	Per box	Rs.12	Rs.10.70	Rs.11
Infant Feeding tube No.10	Per 10 Nos	Rs.40	Rs.36.30	Rs.39
Infant feeding tube No.5	Per 10 Nos.	Rs.37	Rs.35	Rs.36
Gloves 7"	Per box of 12	Rs.4.30	Rs.3.30	Rs.3.70
Gloves 7.5	Per Box of 12	Rs.4.70	Rs.3.30	Rs.3.80
Bandage cloth	Per 10 rolls	Rs.32	Rs.28	Rs.31
Venflon 18G	Per 100 nos	Rs.56	Rs.47	Rs.49
Venflon 22G	Per 100 nos	Rs.56	Rs.47	Rs.49
Venflon 24G	Per 100 nos	Rs.54	Rs.44	Rs.45
1.0 Proline (per box)	Per 10 boxes	Rs.12	Rs.11	Rs.11.50

The lowest rate (L1) quoted by M/s. B may be accepted.

Dean of Medical College
Hospital/Hospital Superintendent/Chief
Medical Officer of Government Head
Quarters/Taluk Hospital

PROCEEDINGS OF THE DEAN, GOVERNMENT MEDICAL COLLEGE HOSPITAL.....

PRESENT:.....

Ref: 1234/CMCHIS/2013

Dated:

SUB: CMCHIS – Government Medical College Hospital..... –
Purchase of Drug consumables - Sanction accorded – Orders issued:

READ: 1) Minutes of the Meeting held on.....
2) This office letter No.1234/CMCHIS/2013 dt.
3) Bill No. AXC/590/13 dated received from M/s. B

ORDER:

In the meeting held on..... it was decided to purchase drug consumables for Ward 500 usage from local market since these items are not readily available with TNMSC for which NOC has been furnished by them.

2.M/s. B who have furnished the lowest quotation have supplied the drugs vide their Delivery note NJo. 89 dated The goods have been received as per specifications and also in good condition the details are entered in the stock Register of consumables at Page Nos..... Now they have sent their bill of cost for payment as detailed below.

S.No.	D.N.. No	Bill No. & Date	Name of firm	Amount
1.	89/	AXC/590/13 Dt.	M/s.B S.T. at 4% TOTAL	43,500 1,740 45,240

3.Sanction is hereby accorded for the payment of Rs.45,240/- (Rupees forth five thousand two hundred and forty only) towards the cost of drugs purchased for hospital use from M/s. B.

4.The expenditure is debitible to CMCHIS – Paediatric Dept -Consumables .

Dean of Medical College
Hospital/Hospital Superintendent/Chief
Medical Officer of Government Head
Quarters or Taluk Hospitals

To
The HOD, Paediatric Dept (with a request to issue cheque in favour of the Co.)
The Nodal Officer for information
Copy to Stores Officer, Medical Stores Dept.

LETTER FOR PLACING ORDERS:

From:
The Dean
Government Medical College Hospital

To:
M/s. B

.....
Rc.No.1234/CMCHIS/2013

Dated:

Sir,

SUB: CMCHIS – Supply of Drug Consumables – Quotations furnished – Rate Accepted – Orders placed.

REF: Your quotation dated.....

Your above quotation for supply of Drug consumables is accepted and you are requested to supply the following items at the rate specified against each.

Name of item	Total Requirement	Unit	Cost per Unit
Disposable syringe with Needle 2CC	10,000 Nos.	100 Nos	Rs.3.90
Absorbent Cotton	100 boxes	Per box	Rs.10.70
Infant Feeding tube No.10	120 Nos	Per 10 Nos	Rs.36.30
Infant feeding tube No.5	120 Nos.	Per 10 Nos.	Rs.35
Gloves 7"	10 boxes X12	Per box of 12	Rs.3.30
Gloves 7.5	10 Boxes/12	Per Box of 12	Rs.3.30
Bandage cloth	100 rolls	Per 10 rolls	Rs.28
Venflon 18G	5,000 nos	Per 100 nos	Rs.47
Venflon 22G	5000 nos	Per 100 nos	Rs.47
Venflon 24G	5,000 nos	Per 100 nos	Rs.44
1.0 Proline (per box)	100 boxes	Per 10 boxes	Rs.11

The above items as per the specifications should be supplied in good condition within 10 days from the date of receipt of this order failing which the order will be cancelled without prior notice. The bill of cost (in duplicate) should be sent after the goods are accepted by this office.

The rates quoted by you in the quotation is valid for 3 months from the date of this order.

Dean of Medical College
Hospital/Hospital Superintendent/Chief Medical
Officer of Government Head Quarters/Taluk
Hospital

LETTER CALLING FOR QUOTATION

FROM:

The Dean,
Government Medical College Hospital,

.....

Ref: 1234/CMCHIS/2013

TO:

1. M/s. (name and Address)
2. M/s. (Name and address)
3. M/s. (Name and address)

Dated:

Sir,

SUB: CMCHIS – purchase of drug consumables for Hospital usage –
Quotation called for.

It is proposed to purchase the following items for our hospital usage.

Disposable syringe with Needle 2CC	10,000
Absorbent Cotton	100 boxes
Infant Feeding tube No.10	120 Nos
Infant feeding tube No.5	120 Nos.
Gloves 7"	10 boxes X12
Gloves 7.5	10 Boxes/12
Bandage cloth	100 rolls
Venflon 18G	5,000 nos
Venflon 22G	5000 nos
Venflon 24G	5,000 nos
1.0 Proline (per box)	100 boxes

Your lowest rate for supply of the above items may be quoted. Taxes and other charges should be shown separately and should not be included in the cost of the items. The rates quoted should be valid for a period of 3 months.

The quotation should be sent in a sealed cover with the superscription "Quotation for the supply of drug consumables" and addressed to "The Dean, Government Medical College Hospital....." and sent so as to reach this office by 3.00 p.m. on(date).

The quotation received on or after this time/date will not be accepted and considered. The quotations will be opened at 4.00 p.m. on the same day in the presence of representatives of the companies.

DEAN

LETTER CALLING FOR QUOTATION

FROM:

The Dean,
Government Medical College Hospital,
.....

TO:

1. M/s. (name and Address)
2. M/s. (Name and address)
3. M/s. (Name and address)

Ref: 1234/CMCHIS/2013

Dated:

Sir,

SUB: CMCHIS – purchase of drug consumables for Hospital usage – Quotation called for.

It is proposed to purchase the following items for our hospital usage.

Disposable syringe with Needle 2CC	10,000
Absorbent Cotton	100 boxes
Infant Feeding tube No.10	120 Nos
Infant feeding tube No.5	120 Nos.
Gloves 7"	10 boxes X12
Gloves 7.5	10 Boxes/12
Bandage cloth	100 rolls
Venflon 18G	5,000 nos
Venflon 22G	5000 nos
Venflon 24G	5,000 nos
1.0 Proline (per box)	100 boxes

Your lowest rate for supply of the above items may be quoted. Taxes and other charges should be shown separately and should not be included in the cost of the items. The rates quoted should be valid for a period of 3 months.

The quotation should be sent in a sealed cover with the superscription "Quotation for the supply of drug consumables" and addressed to "The Dean, Government Medical College Hospital....." and sent so as to reach this office by 3.00 p.m. on(date).

The quotation received on or after this time/date will not be accepted and considered. The quotations will be opened at 4.00 p.m. on the same day in the presence of representatives of the companies.

DEAN

J.RADHAKRISHNAN**PRINCIPAL SECRETARY TO GOVERNMENT****//True Copy//****Section Officer**