

GOVERNMENT ORDERS

COMPILED BY KGMOA

Acrobat Version Prepared
by Dr. Shashikumar

**ORDER INTO 2004
ARE ONLY INCLUDED
IT WILL BE UPDATED SOON.**

HOSPITAL EMPLOYEES - CATEGORIES AND DUTIES

7-1-1997

G.O.M.S. 7/75/Health dated 7-1-1975

Health (E) Department

Health Services department-Hospital employees-classification of different categories-Duties and responsibilities assigned-Modification orders issued.

Read- 1.G. O.MS.814/62/HLD dated 14-11-1962
2. G. O. MS. 164/64/HLD dated 9-3-1964
3. G. O. M.S. 764/66/HLD dated 14-10-1966
4. G. O. Rt. 2454/68/Health dated 6-8-1968
5. G. O. Rt.2956/68/Health dated 5-11-1968

In the G. O. read as 1st and 2nd above, the Hospital Last Grade employees were classified into four grades and their duties and responsibilities were defined. Later, as per the Govt. order, 3rd cited, the four grades of employees were designated as attendants Grade I, Grade II, nursing 'Assistants' and Attender. With a view to specifying their duties and functions, the Government are pleased to issue the following orders in supersession of G. O. Ms. 84162/ HLD dated 14-11-1962.

(i) Hospital Attendant Grade II.

This group will consist of Cleaners, Sweepers, Thotti, Scavenger and Sweeper-cum-Thotti, who were formerly designated as Scavengers and Hospital Attendants Grade IV in the Health Services, Department.

(ii) Hospital Attendants Grade I.

This group includes, Lascars, Mess Attendant, Gate Keeper, Receiving room Attendant, Watchman, Night Watchman, Watcher, Gardener, Woman Servant, Stretcher Bearer, Ambulance Cleaner, Servant, Board Cleaner, Van Cleaner, Disinfectionist Boy, Dressing boy, Ayah, Mess servant, Domestic Servant, Trolley bearer, Fireman, Cook Matty/Coo, Waterman, Watcher-cum-Cleaner, who were formerly designated as hospital Attendant grade III in the Health Services Department.

(iii) Nursing Assistants.

This group consists of all the employees formerly designated as Hospital Attendant Grade II.

(iv) Attenders.

This group includes other Attenders, X-ray Attenders, power Laundry Attender, Theater Attenders, Pump House Attender, Mechanic Attender, Record Attender, Library Attender, etc. ie. all attenders designed as Hospital Attendant Grade II.

DUTIES

I. Hospital Attendant Grade II

- (i) Cleaning of the floor of the Wards, Veranda, Latrines.
- (ii) Removal of bedpans and urinals after use and cleaning them. Giving bedpans and urinals to patients.
- (iii) Helping the Nursing Assistant or Nurse in giving the Enema, Bowel wash etc.
- (iv) Washing of soiled lines.
- (v) Disposal of human waster-excreta, urine, sputum.
- (vi) Sweeping the floor and swabbing when required.
- (vii) Conveying the sweepings and disposal by Burial, burning, incineration etc.
- (viii) Destroying linens etc. used by patients with infectious diseases like small pox, cholera etc.
- (ix) Removal of dead body from the ward to the mortuary etc.
- (x) Cleaning the drains.
- (xi) Help in the cleaning of walls, windows etc. when directed.

- (xii) Clean the beds when soiled by motion or urine.
- (xiii) Help in destroying condemned articles.

II Hospital Attendants Grade I

- (i) To carry patient patients from the O.P. Department to Ward or from one ward to another.
- (ii) To carry specimens of blood, urine, faeces etc. from wards to Laboratory.
- (iii) To carry messages and letter from the ward to other sections and outside when needed.
- (iv) To carry unserviceable articles to the Stores and replacement from stores to the wards.
- (v) To clean vessels in the wards including plates, cups etc.
- (vi) To give hot water to patients in the morning.
- (vii) To help in bed making, removal of used lines.
- (viii) To clean the wheeled vehicles, lamps.
- (ix) Bring food from the kitchen to the wards and distribute to patients.
- (x) Bringing firewood to the wards when required.
- (xi) To do duties of Nursing Assistant when posted in that place.
- (xii) To help in carrying medicines to stock.
- (xiii) To work as office Peon when required.
- (xiv) To do the duties of Attenders and Nursing Assistant if required in exigencies of service.
- (xv) Removal of cobwebs from the walls, windows and roof of the hospital.

III Nursing Assistants.

- (i) Cleaning of beds, bed side lockers, wash basins, cupboards (walls, windows and doors etc.)
- (ii) Cleaning of wheeled equipments.
- (iii) Helping Sisters in bed making.
- (iv) Giving sponge bath under the Supervision of the Nurse when required and also to help patients for taking bath.
- (v) Giving cleaning enema.
- (vi) Giving bowel wash, retention enema, passing of flatus tube under supervision.
- (vii) Assisting in dressing, catheterisation, lumbar puncture and other procedure.
- (viii) Carrying patients to other departments and to other institutions in case of emergencies.
- (ix) Preparing patients for operation under supervision.
- (x) Carrying medicines, stationery and equipment from the respective place for use in the ward or Department.
- (xi) Carrying messages to other Departments, offices and personnel.
- (xii) Giving all possible help to patients in case of necessity when other category of staff are not present such as giving urinals, bed pan, sputum cups etc.
- (xiii) Helping in preparation of drugs and bundles for sterilisation.
- (xiv) Preparing hand lotion kept in the ward.
- (xv) Carrying blood and other specimens to the clinical laboratory and medicine from dispensary.
- (xvi) Collecting articles from kitchen for use in the wards or department.
- (xvii) Seeing to the general cleanliness of the ward.
- (xviii) Carrying unserviceable articles in the ward or department to the stores section for repair and replacement.
- (xix) Collecting and storing of patients linen with proper label when hospital linen is supplied to them.
- (xx) The night duty people will clean all the basins etc. in use before they leave the ward every morning.
- (xxi) In case when Hospital Attendant Grade I is on leave they will look after their duties also.
- (xxii) They will do the other duties assigned to them according to necessity.
- (xxiii) To feed patients who are not able to eat by themselves.
- (xxiv) Preparation of patients by shaving etc. for operations.
- (xxv) To clean the walls, window frames, dining rooms or the place where food is served.

IV Hospital Attender.

- (i) When an Attender is posted to any place where there is no Nursing Assistant he/she

will carry out all routine work that are done by the Nursing Assistant in the wards under the guidance and supervision of the Ward Sister.

- (ii) When he/she is posted to a ward, he/she may be required to do the duties of Nursing Assistant and Hospital Attendant Grade I who is on leave.
- (iii) When posted to special department including Theatre.
- (a) He/she will carry out all the instruction given to them by the Medical officer, Sister-in charge, Compounder or Technician whoever is responsible to supervise the service rendered in that Department in relation to the routine management of the Department.
- (b) He/She will be responsible for the neatness and cleanliness of that place.
- (c) He/She will be responsible for any breakage or loss if and when any hospital property is entrusted to his/her care.

The following general instructions will be binding on all categories of subordinate staff in the Department.

- i. They will work on night duty and day duty as required.
- ii. They should come in clean uniforms to attend roll call at the appropriate hour. As soon as they come to the ward or department they should report for duty to the superior officer.
- iii. They should not absent themselves from duty without previous permission.
- iv. The casual leave application should be submitted to the officer concerned at least 24 Hours previously before the leave is required. They should ascertain whether the leave is sanctioned before availing it.
- v. They should not leave the place of duty without getting permission from the superior officer.
- vi. They will not enter the ward or loiter about the hospital when not on duty. If they have to be in the hospital, they will wear the uniforms. They will not disturb the ward.
- vii. In case of sickness, the matter should be reported to the officer in charge who will direct them for treatment.

Not with standing anything contained in the aforesaid paragraphs, the Heads of all institutions are empowered to ask any class of employees to do the work of any other class of employees in exigencies of service.

This G.O. will not affect other categories of employees in the Health Services Department who are doing specialised jobs like carpenters, Tailors and Barbers, who will be treated as a separate category and will have to attend to their specialised work.

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DUTIES OF OTHER HOSPITAL STAFF PHC

PHARMACIST

1. The pharmacist is responsible for the receipt and issues of all materials including drugs, vaccines in the Primary Health Centre. He/She will also have to maintain proper records for receipts and issue of materials. The pharmacist is expected to ensure adequate supplies of materials and will help the medical officer in charge through the preparation of indents in time so that minimum required quantity of all materials including vaccines can be ensured in the store. It is expected that at least three months requirements must be always maintained in the primary health centre. Among these the pharmacist has to make sure that the supplies in the store and kept in good condition and the drugs ,vaccines etc are stored according to the requirements for storage of such materials as directed by the medical officer in charge or authority.

2. Be in charge of the cold chain system and receipt and distribution of vaccines in time to various immunisations clinics and maintain necessary registers.

CLERK

1. The clerk is under the administrative control of the medical officer in charge of the primary health centre and will receive technical guidance from administrative assistant of dist medical office. The clerk in the primary health centre (LDC/UDC/Head clerk/Manager) has to give clerical assistance to the Medical Officer in charge in preparing and maintaining records of all matters regarding the administration of the P.H.Centre and will also be responsible for taking care of financial matters as required by the medical officer.

2. The clerk will be responsible for maintaining cash bill and contingency register in the primary health centre.

OTHER CATEGORIES IN PRIMARY HEALTH CENTER

The following category of staff will follow the existing general rules under the health service department. The duties and responsibilities will be same as in the general service. They have also to act according*to the directions of the medical officer in charge of the primary health centre.

Staff under this category

- 1. Staff Nurse
- 2. Leprosy Health Visitor / NMS / Circle superior
- 3. Driver
- 4. Nursing Assistant
- 5. Attendant grade 1
- 6. Attendant grade 2
- 7. Part Time sweeper

OPHTHALMIC ASSISTANTS

- 1. Assist the PHC medical officers in handling all eye cases.
- 2. Perform refraction check up and prescribe eye glasses.
- 3. Assist PHC, MOs in routine diagnostic and investigation procedure for which material and equipment are available with PHC. Eg. Tonometer for glaucoma screening etc.
- 4. Assist mobile unit team conducting eye camp in his area.
- 5. Assist and organize mini eye camps based at PHC under supervision of district ophthalmic surgeon / medical officer ,PHC.
- 6. Organize school health clinic for early detection of eye diseases.
- 7. Conduct field eye surveys and maintain all records at PHC level.
- 8. Assist in the training of peripheral staff (para medical) and volunteers in respect of eye care.
- 9. Assist in eye health education activities.
- 10. Also refer the serious cases to the ophthalmic surgeon in dist hospitals and medical colleges.

LABORATORYTECHNICIAN

- 1. Nature of duties
 - a)Routine laboratory investigations
 - b)Special investigations under state programmes and reporting to Medical Officer in charge.
 - c) Special investigations under national health programs and reporting to M.O. in charge.
 - d) Any other duty assigned by the medical officer
- 2 He/She will have to maintain proper record and registers provided
- 3 He / She will make indents of materials required for the laboratories in time to the medical officer in charge.

By Order of the Governor
V. VIJAYACHANDRAN Secretary to Government

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3-12-2003 CLERICAL STAFF OF PHC WORK GUIDELINES

ചുറ്ററിയിപ്പ്

വിഷയം : ആരോഗ്യവകുപ്പിലെ മിനിസ്റ്റീരിയൽ വിഭാഗം ജീവനക്കാരുടെ സേവനങ്ങൾ കൂടുതൽ കാര്യക്ഷമമാക്കുന്നത് സംബന്ധിച്ച്.

സൂചന : 2003 ഡിസംബർ 1-ാം തീയതി കേരള സെക്രട്ടറിയേറ്റിലെ സാൻഡ്വിച്ച് ബ്ലോയിൽ ആരോഗ്യവകുപ്പ് സെക്രട്ടറിയുടെ അദ്ധ്യക്ഷതയിലും ആരോഗ്യവകുപ്പിന്റെ സാന്നിധ്യത്തിലും നടത്തപ്പെട്ട അഡ്മിനിസ്ട്രേറ്റീവ് അസിസ്റ്റന്റുമാരുടെ യോഗത്തിലെ പരാമർശങ്ങൾ.

മേൽസൂചന പ്രകാരം കൂടിയ യോഗത്തിൽ ആരോഗ്യവകുപ്പിലെ മിനിസ്റ്റീരിയൽ ജീവനക്കാരുടെ സേവനത്തേക്കുറിച്ച് സമഗ്രമായ വിശകലനം നടത്തുകയും നിലവിലുള്ള അവസ്ഥയിൽ നിന്നും അത് കൂടുതൽ കാര്യക്ഷമമാക്കുന്നതിന്റെ ആവശ്യത്തേക്കുറിച്ച് നടപടി കൈക്കൊള്ളണമെന്ന് തീരുമാനിക്കുകയും ചെയ്തു.

അതിനാൽ ജില്ലയിലെ എല്ലാ സ്ഥാപനങ്ങളിലേയും മിനിസ്റ്റീരിയൽ വിഭാഗം ജീവനക്കാരുടെ അറിവിലേക്കും കർശനമായ പരിപാലനത്തിനുമായി താഴെപ്പറയുന്ന നിർദ്ദേശങ്ങൾ നൽകുന്നു.

- 1. ജീവനക്കാർ പ്രവർത്തനസമയം മുഴുവനും കർത്തവ്യനിർവ്വഹണത്തിൽ ഏർപ്പെടുന്നുണ്ടെന്ന് ഉറപ്പാക്കേണ്ടതാണ്.

2. എല്ലാ മിനിസ്റ്റീരിയൽ ജീവനക്കാരും തങ്ങളുടെ ജോലിക്കാരായമായ തൻപതിവേട് (പേഴ്സണൽ രജിസ്റ്റർ) കൃത്യമായും എഴുതി സൂക്ഷിക്കേണ്ടതാണ്.
3. എല്ലാ സ്ഥാപനങ്ങളിലേയും/ജീവനക്കാര്യസെക്ഷനുകളിലും കേഡർ രജിസ്റ്റർ കൃത്യമായും എഴുതി സൂക്ഷിക്കേണ്ടതാണ്.
4. ആരോഗ്യവകുപ്പിലെ വിവിധ വിഭാഗം ജീവനക്കാരുടെ ദീർഘകാല അവധി അപേക്ഷകൾക്ക് പ്രത്യേക ശ്രദ്ധ നൽകുകയും അവ സംബന്ധിച്ച വിവരങ്ങൾ സൂക്ഷിക്കുന്നതിന് ഒരു രജിസ്റ്റർ സൂക്ഷിക്കേണ്ടതുമാണ്. ഈ വക ഫയലുകളിൽ യഥാസമയം അനുധാവന നടപടികൾ സ്വീകരിക്കേണ്ടതാണ്.
5. അടുത്തുൺപറ്റി പിരിയുന്ന ജീവനക്കാർക്ക് ബാധ്യതാരഹിത സാക്ഷ്യപത്രമോ/ബാധ്യതാസാക്ഷ്യപത്രമോ എത്രയും വേഗം ലഭ്യമാക്കേണ്ടതാണ്. ഈ സാഹചര്യം സൃഷ്ടിക്കുന്നതിലേക്കായി കാലാകാലങ്ങളിൽ അക്കൗണ്ടന്റ് ജനറലും, ആരോഗ്യവകുപ്പിലെ ഓഡിറ്റുവിഭാഗങ്ങളും നടത്തുന്ന പരിശോധനകളിൽമേലുള്ള റിപ്പോർട്ടുകൾക്ക് മറുപടി സമയബന്ധിതമായി തന്നെ നൽകേണ്ടതും യഥാകാലം അനുധാവന നടപടികൾ (ഫോളോ അപ്പ് ആക്ഷൻ) സ്വീകരിക്കേണ്ടതുമാണ്.
6. മിനിസ്റ്റീരിയൽ ജീവനക്കാരുടെ മേൽ നോട്ടത്തിനായി ഹെഡ്ക്വാർക്ക്/ജൂനിയർ സൂപ്രണ്ട് തസ്തികകളുള്ള ഓഫീസുകളിൽ ഫയലുകൾ ടി മേലുദ്യോഗസ്ഥൻ മുഖാന്തിരം മാത്രമേ ആഫീസർക്ക് സമർപ്പിക്കുകയും ഉത്തരവുകൾ ലഭ്യമാക്കുകയും ചെയ്യുവാൻ പാടുള്ളൂ.
7. ക്ലിനിക്കൽ വിഭാഗം ജീവനക്കാർ എഴുതി സൂക്ഷിക്കേണ്ട രജിസ്റ്ററുകളും മറ്റു രേഖകളും യഥാസമയം പരിശോധന നടത്തുന്നുണ്ടെന്ന് മേലുദ്യോഗസ്ഥൻ ഉറപ്പുവരുത്തേണ്ടതാണ്. ഈ ചുറ്ററിയിപ്പ് കൈപ്പറ്റിയതായി വിവരം അറിയിക്കുകയും ഇതിൽപറഞ്ഞിരിക്കുന്ന നിർദ്ദേശങ്ങളുടെ പരിപാലനം നടക്കുന്നുണ്ടെന്നതു സംബന്ധിച്ച് റിപ്പോർട്ടുകൾ ഓരോ മൂന്നു മാസം കൂടുമ്പോളും ഈ ആഫീസിലേക്ക് അയയ്ക്കേണ്ടതുമാണ്.

ജില്ലാ മെഡിക്കൽ ആഫീസർ (ആരോഗ്യം)
ആലപ്പുഴ

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GOVERNMENT OF KERALA

ABSTRACT

European Commission supported Sector Investment Programme - "Define/Redefine the Job Responsibilities of Multi Purpose Health Workers and Medical Officers in Primary Health Care Institutions in the Kerala Health Services"- Approved - Orders issued

HEALTH&FAMILYWELFARE(FW)DEPARTMENT.

G.Q. (P) NQ.254/03/H&FWD **Dated, Thiruvananthapuram, 9-12-2003**
Read:- G.O. (P) 225/83/H&FWD dated 8-8-1983.

ORDER

As envisaged in the European Commission - Sector Investment Programme Project Document and in supercession of the Government Order read above, Government are pleased to approve the "Define/Redefine the Job Responsibilities of Multi Purpose Health Workers and Medical Officers in Primary Health Care Institutions in the "Kerala Health Services" appended to this order.

BY ORDER OF THE GOVERNOR,
E.K. BHARAT BHUSHAN, Secretary to Government.

JOB RESPONSIBILITIES OF MULTI PURPOSE HEALTH WORKERS & MEDICAL OFFICERS IN PRIMARY HEALTH CARE INSTITUTIONS

I Junior Public Health Nurses (JPHNs)

The Female Health Workers or Junior Public Health Nurses (JPHNs), as they are known in Kerala, are expected to provide comprehensive primary health care to the community. The gamut of services they are expected to provide under Multi purpose Health Worker (MPW) scheme is very wide and encompasses promotive, preventive and curative services. They are neither trained nor

intended to work as full time curative service providers. They are basically trained as field oriented functionaries. A JPHN can work attached to a Primary Health Care institution and be involved in field activities. They can be deployed for in-patient and out patient services only if such services are integral components of primary health care activities or those under National Health Programmes like contraception, immunization etc.

JPHNs have both institutional and field responsibilities. Their institutional responsibilities include activities in sub centres from where they operate. Their field level activities are related to specified population or geographic areas assigned from time to time. Normally they will be assigned 3,000 to 8,000 population depending on the density of population of the area and its geographic terrain. The area assigned jointly to a male and female worker constitutes a "sub centre area". Both workers will be operating from a sub centre situated in the service delivery area.

A committee viz. "Sub centre Committee" should be constituted to help, guide and monitor the functioning of the sub centre, with the local Grama Panchayat ward members as Chair person and JPHN as convener. The members of the committee should be as per the guidelines issued from time to time. The committee should meet at least once in two months. It will support the sub centre in its smooth and effective functioning. The committee should support the sub centre in activities like CAN, selection and motivation of beneficiaries and in the implementation of health programmes and other activities. The JPHN should maintain written minutes suggested action take of the meetings of such committee.

Field Level Activities

For the ease of discharging duties, area assigned to the grass root level workers viz. the male and female workers may be divided in to 40 "Day Blocks". A "Day Block" is the field area to be covered by a health worker in a day's fieldwork. Earlier the service area of a sub centre used to be divided in 20 "day blocks". Taking in to consideration the demographic changes that have occurred over the past two decades, the area to be covered in day's fieldwork may be reduced to half of its previous dimension and hence the earlier 20 day blocks to be re-organized in to 40. A worker should cover 20 such day blocks in a month so that the whole area may be covered in 2 months. Field visits should be planned in such a way that her male counter part (JHI) is involved in field activities in the other half of the area. Thus if a JPHN is involved in the field activities in day blocks 1-20 during a month, the concerned JHI from the sub centre is expected to cover the day blocks from 21 to 40. This should be reversed during the succeeding month so that each household in the area is visited by a health worker (either male or female) every month and each worker visits all the households in their area in two months time.

1. Field Visit

1. Area - Designated area under a sub centre. This may be redefined as and when necessary. The whole population under the designated area may be considered as her beneficiaries. Irrespective of the residential status whole population in the area should be provided services. Any individual who is a normal resident in the area for more than six months will be considered a "regular beneficiary" for her service provision. This definition of "regular beneficiary" need not deter her from providing services to others who don't qualify to be "regular beneficiaries". They should also be provided services and reported accordingly. Whoever is provided service, irrespective of their beneficiary status; should be reported and accounted for. **2 Visit** - At least one visit, once in two months to each household in the area allotted. **3 Reporting** - To the concerned medical officer through their Multi purpose supervisors. In the case of Block Primary Health Centers and Community Health Centers the reports should be routed through the Health Supervisors or Lady Health Supervisors. **4 Supervision** - Being multipurpose health workers, JPHNs should be supervised by female multipurpose supervisors viz. Lady Health Inspectors and Lady Health Supervisors.

2. Maintenance of Records and Registers

1. Family and Village Survey. : Comprehensive survey of all households in the sub centre areas should be conducted during specified period. Such data should be updated from time to time. Periodicity of such updating will be specified from time to time by authorities. The responsibility of survey should be shared by male and female workers and a single updated database on the area should be maintained in the sub centre, which may be used by both the workers. All households that qualify to be "beneficiary households" are to be separately registered. The sub centre should also collect details about migrant or nomadic population present in the area, houseless dwellers and individual on visit to the area. These groups should be constantly followed up. Once they exceed their stay in the area for more than six months they should also be considered regular eligible beneficiaries. **2 Family and Village Records** : A copy of the family and village record should be maintained in the sub centre and utilized by both the male and female workers for planning activities. This may be prepared and updated through joint effort.

3. Reproductive and Child Health (RCH) Services

RCH programme envisages "client centred, quality oriented, demand driven services) provided with full community participation and based on "life cycle approach". Subcentre is the key institution in provision of such services. The programme implementation plan of RCH project clearly defines the services to be made available through the sub centres. Here also sub centre is considered as a unit having two grass root level workers- one male and one female. Essential services to be provided at the sub centre and community levels under this programme are as follows:

ESSENTIAL REPRODUCTIVE AND CHILD HEALTH SERVICES AT COMMUNITY AND SUB CENTRE LEVELS

Health Interventions	Community Level	Subcentre level
Prevention and management of unwanted pregnancy	<ol style="list-style-type: none"> 1. Sexuality and gender information, education and counseling, 2) Community mobilization and education for adolescents, newly married youth, men and women. 3) Community based contraceptive distribution (through Panchayats Village Health Guides, Mahila Swastiya Sangham,etc with follow up) 4.) Motivating referral for sterilization 5.) Social marketing of condoms and oral pills through Community sources and G.P.(oral pills to be distributed through health personnel including GPs to women who are starting pills for the first time) 6.) Free Supply of condoms at the community level, through depot holders etc 	<ol style="list-style-type: none"> 1. Sexuality and gender information, education and counseling 2. Providing Oral Contraceptives (OCS) and condoms 3. Providing IUD after screening for contra-indications 4. Counseling and early referral for medical termination of pregnancy 5. Counseling / management / referral for side effects, methods -related problems. Change of method where indicated 6. Add other methods to expand choice 7. Providing treatment for minor ailments and referral for problems
Maternity Care	<ol style="list-style-type: none"> 1. Awareness raising for Importance of appropriate care during pregnancy & identification of danger signs 2. To mobilize community support for transport, referral and blood donation 3. Counseling/ education for breast-feeding, nutrition, family planning, rest, exercise & personal hygiene etc. 4. Early detection and referral of high risk pregnancies 	<ol style="list-style-type: none"> 1.Awareness raising for Importance of appropriate care during pregnancy & identification of danger signs 2. To mobilize community support for transport, referral and blood donation 3. Counseling/ education for breast-feeding, nutrition, family planning, rest, exercise & personal hygiene etc. Early detection and referral of high risk pregnancies 4. Three Antenatal contacts with women either at the Subcentre or at the outreach village sites during immunization/MCH sessions. 5. Early detection of High risk factors & maternal complication and prompt referral. 6. Referral of High-risk women for Institutional Delivery. 7. Treatment of Malaria (facilities including Drugs to be made available at Sub-centres.)
Prenatal Care	<p>Delivery planning</p> <p>* The need for IEC support and establishment of first referral facilities</p>	

	Community Level	Subcentre level
DELIVERY SERVICES	<ol style="list-style-type: none"> 1. Early recognition of Pregnancy and its danger signals (rupture of membranes of more than 12 hours duration, prolapse of the cord, hemorrhage) 2. Conducting clean deliveries with delivery kits by trained personnel. 3. Detection of complications referral for hospital delivery. 4. providing transport for referral. 	<ol style="list-style-type: none"> 1. Early recognition of Pregnancy and its danger signals (rupture of membranes of more than 12 hours duration, prolapse of the cord, hemorrhage) 2. Conducting clean deliveries with delivery kits by trained personnel. 3. Detection of complications referral for hospital delivery. 4. Providing transport for referral. 5. Supervising Home Delivery 6. Prophylaxis & Treatment for Infection (Except sepsis) 7. Routine Prophylaxis gonococcal eye infection.
Postpartum Services	<ol style="list-style-type: none"> 1. Breast- Feeding Support 2. Family Planning Counseling 3. Nutrition Counseling 4. Resuscitation for asphyxia of the New Born 5. Management of Neonatal Hypothermia 6. Early recognition of Post Partum sepsis and referral 	<ol style="list-style-type: none"> 1. Breast- Feeding Support 2. Family Planning Counsel ing 3. Nutrition Counseling 4. Resuscitation for asphyxia of the New Born 5. Management of Neonatal Hypothermia 6. Early recognition of Post Partum sepsis and referral after 7. Referral for Complications Giving Inj. Ergometrine after delivery of placenta.

JPHNs are expected to assign more importance to services to women and children. For this purpose should provide some specific services and maintain specific records and registers.

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3-1 Registration

1. Register : (a) Women in the reproductive age group (15 to 45 years of age) (b) All pregnant women in her area as early as possible during pregnancy (c) All Post menopausal women in the area (d) All Infants and children through home visits and clinics. Separate list of children of age less than one year and less than 5 years may be maintained. (e) All adolescents, sex -wise in the area. **2 Maintain :** (a) Eligible Couple Register (Common for both the workers) (b) Mother and Child Register (c) Register of Contraceptive acceptors- by methods : **3.** Categorize the Eligible Couple according to the number of children and age of mothers.

3-2 Field level services

JPHN should render the following services. **1)** Render care to pregnant women through out the period of pregnancy (vide RCH guidelines) **2)** Give advice on nutrition to expectant and nursing mothers. **3)** Distribute Iron and Folic acid tablets to eligible beneficiaries. **4)** Distribute Vit.A drops or syrup. **5)** Immunize pregnant women with Tetanus Toxoid. **6)** Test urine for albumin and sugar and estimate Hemoglobin percentage. **7)** Identify high-risk cases and refer them early. **8)** Attend to deliveries in the area, if so requested. Prefer institutional delivery and refer accordingly. **9)** Supervise deliveries conducted by dais when called in. **10)** Refer cases of difficult labour to institutions and render follow up care. **11)** Refer newborns with abnormalities to institutions and follow them up. **12)** Provide at least three post delivery visits to each mother and render necessary advice (vide RCH guidelines). **13)** Contact eligible couples, educate and motivate them for accepting family welfare methods **14)** Distribute conventional contraceptives. **15)** Provide follow-up service to acceptors and identify complications and failures and provide service or advice. **16)** Assess growth and development of infants and take necessary

actions. **17)** Provide advise to peri -menopausal and post menopausal women. Sensitize them regarding common malignancies among women and motivate them for periodic check up and screening for these conditions. **18)** Provide counseling services to the adolescents. Monitor the girl children for anemia, malnutrition and take corrective steps. Arrange sessions to provide sex education and family education to this group of beneficiaries. Care at the Clinic JPHN should render the following services. **19)** Arrange and assist the Medical officer in various RCH clinics **20)** Conduct Antenatal and Immunization clinics in the sub centre on a regular basis. Routine examination, weight recording, checking the blood pressure, urine examination, haemoglobin estimation and per abdominal examination may be done in all pregnant women attending these clinics. SERUM VDRL and HBsAg testing may be done in all pregnant women. Periodicity of such examination maybe decided as per the guidelines issued in the RCH programme or as modified from time to time. Details of such examinations may always be documented. Proper entries to be made in the "Mother and Child register" and the beneficiary to be provided a copy of such examination findings and details of services provided. **21)** Educate mothers individually and in groups regarding family health, M.C.H., family planning, nutrition, immunisation, personal hygiene etc. **22)** Conduct adolescent counseling sessions, distribute Iron and folic acid tablets.

3-3 Care in the community

JPHN should render the following services at community level.

1) Spread the message of small family concept and of family welfare to the community and motivate the eligible couples to adopt the small family norm. **2)** Identify local leaders and educate them and utilize their services for implementing RCH programme. **3)** Distribute contraceptives and setup depot holders for contraceptive distribution. **4)** Participate in Manila Samajam meetings and utilize the occasion for educating women. **5)** Render necessary assistance to voluntary workers and organizations involved in health and family welfare activities. **6)** Organize and conduct meetings of Mahila Swasthya Sanghs (MSS) and provide guidance and supervision to these voluntary workers in health activities. **7)** Utilize satisfied customers and village leaders for promoting family welfare methods. **8)** Provide regular follow up services to contraceptive acceptors for early detection of complications. **9)** Provide prompt services to any complication following contraception. Make timely referral under report to the medical officer through supervisors. **10)** Participate in training of Dais when required: **11)** Impart training to voluntary workers, MSS workers and Anganwadi Workers when required.

4. Nutritional Services

1. Identify cases of malnutrition among children and refer them to feeding centres or P.H. Centres for nutrient supplement or treatment. **2.** Distribute iron and folic acid tablets to eligible beneficiaries. **3.** Administer Vit.A drops or syrup to children. **4.** Visit Balavadis, Anganwadis under the ICDS programme and other feeding centers under other departments and provide support and supervision. **5** Educate families about nutritious diets and method of preparing food without loss of nutritive value. **6.** Conduct nutrition education sessions, orientation sessions to women and adolescents and help other departments in arranging camps and nutrition education sessions.

5 Immunisation

1. JPHNs should be responsible for maintenance of cold chain at all levels of service provision. They may discharge duties as per the instructions of Lady Health Inspectors and Lady Health Supervisors and other superiors in maintenance of cold chain, upkeep of vaccines and other related activities. **2** JPHN attached to the main center should do the temperature recording of ILR and all other activities related to vaccine storage. She may help the LHI in maintaining stock and distribution of vaccines. She may also render support in maintenance and utilization of ice-packs, vaccine carries, day carriers and any other accessory for vaccine storage and distribution. **3 .** Administer vaccines against Vaccine Preventable Diseases (VPDs), as and when supplied with instructions. **4.** Assist in organizing immunization camps and in school immunisation. **5.** Conduct immunisation clinics in the subcentre or at fixed places in subcentre area. At least monthly sessions may be arranged in such manner. It is preferred to have fixed day "out reach sessions". **6.** Educate the community about the importance and procedures of immunisation and encourage community participation in immunisation programmes. **7.** Organize and conduct special immunisation sessions as and when necessary. This will include sessions like National Immunisation Days (NIDs) as in "Pulse Polio" immunisation, "Mop up rounds" etc. Help to arrange immunisation sessions for other vaccine preventable diseases that are not currently included in the government immunisation schedule. Examples are vaccination against Hepatitis-B, Meningitis etc. Keep abreast with the latest developments in immunisation and spread the message. Render support to individuals and

organisations coming forward for immunisation against any VPDs. Implementation of Health Programmes

JPHN should be responsible for the following services.

1. take blood smear of any fever case that she comes across during house visits and give presumptive treatment. The blood smears may be handed over to the male Health worker. 2 Enquire about persons with chest symptoms, particularly cough of more than two weeks duration and direct them to the nearest sputum examination centres. 3 Administer DOTS and arrange for DOTS providers for TB patients RNTCP. Ensure follow up of patients enrolled for treatment. Help to trace defaulters of treatment and bring them back to medical treatment. 4. Provide health education about prevention, detection and treatment of Tuberculosis with emphasis on DOTS. 5 Identify persons having suspicious patches or anaesthetic patches and direct them to S.E.T. Centres, medical officers or to visiting medical team during "Pulse circuit". 6 Assist to collect or collect cervical smears for cancer detection when instructed. 7 Sensitize females about the common forms of cancers among them and educate them on, early detection and timely care seeking 8 Any other duties or functions in respect of implementation of any other health programmes as and when instructed by authorities.

7. Health and Family Welfare Education

1 Educate community about health and diseases, personal hygiene, prevention of diseases and promotion of health. 2 Conduct health and Family Welfare education through personal interviews, group discussions. 3 Assist in conducting film shows and health and family welfare education activities. 4 Assist in special programmes of education for specified purposes.

8. Control of communicable diseases

1. Notify notifiable diseases and other diseases of public health importance. 2. Assist in carrying out control measures like anti-cholera inoculation, chlorination, distribution of ORS, DDT spraying, mass survey etc. 3 Exchange information about communicable diseases with the male Health Worker.

9. Provision of Curative Services

1. Render services in the management of sick persons including treatment of minor ailments and render first aid to the extent to which she is trained and permitted

10. National Disease Surveillance Programme

10.1 Assist in the implementation of National Diseases Surveillance programme as per guidelines issued.

11. Vital Events

1 Enquire and record births and deaths and give information about deaths to the Health Worker or Health Inspector. 2 Provide information about births/deliveries to the Registrar of Births and Deaths. 3 Educate community about the importance of registration of births and deaths, and about procedure for-Registration.

12 School Health

1) Assist in organizing and conducting Medical Examination of School children. 2) Assist in organizing and conducting School immunization sessions. 3) Conduct health education talks to pupils of the schools of the area.

13. Environmental Sanitation

13- 1) Render help and co-operation for implementation of environmental sanitation programmes. 2) Educate community about the importance and significance of environmental sanitation.

14. Medical Termination of Pregnancy.

14 -1) Render assistance and guidance of those requiring Medical Termination of Pregnancy (vide services under RCH programme) & Act. 2) educate women on the availability of services for medical termination of pregnancy. Educate women on the availability of services for medical termination of pregnancy.

15. Other Responsibilities

15.1 Identify the elderly in the area and keep a list of all persons above 65 years of age. Collect details about the common ailments among them and provide services to the extent possible. 15.2 Identify cases of Hypertension and Diabetes mellitus in the community. Provide health education about prevention, detection, timely and proper management and complications of such diseases. 15.3 Help in the implementation of mental health programme and provide health education on early detection and treatment of such problems. Assist in follow up and

community rehabilitation of the mentally ill. 15.4 Provide health education about other life style related diseases. 15.5 Provide health education about Reproductive Tract Infections, Sexually Transmitted Infections, HIV and AIDS. (Vide RCH guidelines). Help in early detection of such diseases and fetch the victims counseling and medical support. 15.6 Detect cases of Cataract and other causes of blindness and fetch them medical help. Provide health education regarding care of eyes, causes of blindness and other services available under the National Programme for control of blindness. Provide sufficient information and support to those willing for "Eye Donation". 15.7 Maintain a list of all the physically challenged persons in the area. Provide them with support on rehabilitation. 15.8 Any other duty assigned by authorities from time to time.

16. Staff meetings and Conferences.

16.1 Attend staff meetings and conferences at PHCs, Block Offices or Panchayat Offices or at any other places or occasions as and when required or instructed. 16.2 Attend the sectoral and project level meetings of the ICDS. Render continuing education sessions to the Anganwadi workers in the sectoral meetings. Collect and consolidate the Monthly Monitoring Reports of the Anganwadi Workers of their field area and pass it on to the primary health centre through their superiors. 16.3 Hold regular meetings of the MSS and other voluntary workers and enhance their participation in health care activities.

17. Registers and Records.

The JPHNs should maintain the following registers

1. General Information Register 2. Family Health Survey and follow up register with an index. 3. Community Education Register. These three registers are common to both the male and female health workers 4. Mother and Child Register. 5. Contraceptive Acceptance and follow up register. 6. Stock Register. 7. Issue Register of contraceptives to individual couples. 8. Daily case register for clinics and treatment of minor ailments. 9. Daily abstract of activities, area maps, progress charts. 10. Field Diary. 11. Instruction Book. 12. Inspection Book Any other register required by specific programmes

18. On call Services

Should be available as 24 hour on call duty during medical or public health emergencies or if requested by higher authorities

19. Any Other duty assigned by authorities from time to time

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JOB RESPONSIBILITIES OF MULTI PURPOSE HEALTH WORKER (MALE)

Junior Health Inspectors (JHI's)

Multipurpose Health Worker- Male (Junior Health Inspector in Kerala) is one of the two staff members of a subcentre - the grass root level facility to provide comprehensive primary health care to the community. This level of institutions and these two grass root level workers are the first level of contact of community with the formal health care delivery system of the State. The gamut of services a male health worker is expected to provide under the Multi purpose Health worker scheme is very wide and encompasses promotive, preventive and curative services. They have public health responsibilities also.

Male Health Workers have both institutional and field responsibilities. Their Institutional responsibilities include activities in the subcentre from where they operate and field activities are related to specified population or geographic areas assigned from time to time. Normally they will be assigned 3,000 to 8,000 populations depending on the density of population of the area and geographic terrain of the area.

1 Area, Periodicity of visit and Reporting.

1 Area- Area and population to be covered may be specified from time to time **2 Visit-** At least one visit in two months to each household in the area allotted **3 Reporting -** To the concerned medical officer through his supervisors.

2. Maintenance of Family and Village records

1 Family and Village Survey—Survey all families in the allotted area and collect general information about each family, village and locality of the area. This should be completed by joint effort of both the JHI and JPHN. **2 Family and Village Records**— Along with the JPHN, prepare and maintain and utilise family records and village registers containing particulars about Family Planning, Immunisation, Vital events. Environmental Sanitation, local health problems. Educational activities, services rendered, achievement etc.

3. Implementation of National Health Programmes

3.1 National Malaria Programme 1. May identify Fever cases 2. Make thick and thin smears of blood from patients 3. May give presumptive treatment 4. Despatch blood smears to the laboratory twice a week by post or personally. 5. Record results of examination of blood smears. 6. Should collect contact smears and mass survey smears when positive case is detected. 7. Arrange in focal spraying. 8. Assist or arrange for radical treatment of diagnosed Malaria cases. 9. Collect follow-up smears. 10. Educate community on the importance of blood smear examination of fever cases, insecticidal spraying and treatment of malaria cases.

3-2 Revised National Tuberculosis Control Programme

1. Enquire about persons with chest symptoms particularly cough lasting for more than two weeks duration and direct them to PH centre. 2. Create awareness regarding the importance of sputum examination and direct the symptomatic patients to microscopy centres 3. Help in the provision of Directly Observed Treatment Short Course (DOTS) and in arranging DOTS providers. 4. Help those under treatment to continue and complete treatment. 5. Follow up the cases on direction from the by the Medical Officer. Help to trace defaulters of treatment and bring them back for treatment. 6. Conduct BCG vaccination when required. 7. Any other responsibility regarding TB Control as and when instructed. 3-2-8 Educate public about prevention, detection and treatment of Tuberculosis with emphasis on DOTS.

3-3 National Leprosy Control Programme.

1. Identify persons having suspicious patches or anaesthetic patches and direct to S.E.T.Centre. Control Unit, medical officer or to "Pulse circuits". 2 Help those under treatment to continue and complete treatment. 3. Follow up reported cases. 4. Educate the community about leprosy, its causation, ways of detection, treatment and try to dispel the stigma attached to the disease.

3-4 Other health programmes and activities

1 Identify elderly in the area and keep a list of all persons above 65 years of age. Collect details about common ailments among them and provide services to the extent possible. 2 Identify cases of Hypertension and Diabetes mellitus in the community. Provide health education about prevention, detection, timely and proper management and complications of such diseases. 3 Help in the implementation of mental health programme and -provide health education on early detection and treatment of such problems. Assist in follow up and community rehabilitation of the mentally ill. 4 Provide health education about other life style related diseases. 5 Provide health education about Reproductive Tract Infections, Sexually Transmitted Infections, HIV and AIDS. (Vide RCH guidelines). Help in early detection of such diseases and fetch the victims counseling and medical support. 6 Detect cases of Cataract and other causes of blindness and fetch them medical help. Provide health education regarding care of eyes, causes of blindness and other services available under the National Programme for control of blindness. Provide sufficient information and support to those willing for "Eye Donation". 7 Maintain a list of all the physically challenged persons in the area. Provide them with support on rehabilitation. 8 Implement any other national health programme or activities as per the instructions issued from time to time. Any other duties like mass surveying, mass vaccination etc., of the area of the PHC for which the worker is deputed or allotted in connection with the implementation of programmes.

4. Reproductive and Child Health Programme (Vide. Essential RCH services rendered through the subcentres- Job responsibilities of JPHNs)

1 Detect antenatal cases and furnish information to Lady health worker and refer them to P.H.Centre or subcentre. 2 List Eligible Couples and contact them, educate them, motivate them for accepting suitable contraceptive methods. 3 Spread the message of small family concept and of family planning to the community and motivate the eligible couples to adopt the small family norm. 4 Distribute conventional contraceptives. 5 Provide follow up service to acceptors of family planning. Identify complications and failures and provide service or necessary advice. 6 Establish Depot holders and provide necessary information and replenishment of stocks. 7. Render assistance to family planning promoters. 8 Utilize satisfied customers, village teachers and others for promoting family planning programme. 9 Identify local leaders and with their help educate and involve the community in health and family planning programmes. 10 Assist in subcentre clinics y1 11 Get acquainted with the services to be provided at the community and subcentre level under the RCH programme (included in the job responsibilities of the female health- workers) and render all support and service in accomplishing them.)

12 Ensure male participation in the RCH programme **13** Provide advice to peri -menopausal and post menopausal women. Sensitize them regarding common malignancies among women and motivate them for periodic check up and screening for these conditions. **14** Provide counseling services to the adolescents. Monitor the girl children for anemia, malnutrition and take corrective steps. Arrange sessions to provide sex education and family education to this group of beneficiaries

5. Environmental Sanitation.

1 Give advice for construction and maintenance of sanitary wells. **2** Educate community about the advantages of protected and purified water. **3** Chlorinate public water sources during routine visits. **4** Educate the community on: a) methods of disposal of liquid wastes and help in construction of soakage pits, kitchen garden etc. (b) methods of disposal of solid wastes (including excreta) and help to provide manure pits, compost pits etc. (c) home sanitation, advantages and uses of sanitary types of latrines and provide them information on construction and maintenance of such latrines. **5** Provide advice about cattle sheds and stables to prevent nuisance and hazards due to dung and other wastes.

6 Control of Communicable diseases

1 identify notifiable diseases like Cholera, Chickenpox, Smallpox, Plague, Poliomyelitis, Hepatitis, Measles, Mumps, Whooping Cough, Meningitis, intermittent fever and other communicable diseases like diarrhea, gastroenteritis, etc. and notify to P.H. Centre. **2** Carry out control measures and other supports including distribution of ORS. **3** Educate community on the importance of control and preventive measures against such diseases. **4** Render assistance in the implementation of National Diseases Surveillance programme. **5** Report to the authorities about stray dogs.

7. Health and Family Education

1 Educate community about health and diseases, personal hygiene, environmental sanitation, prevention diseases and promotion of health as and when occasions arise during routine visits or during special campaigns. **2** Conduct Health and Family Education through personal interviews, group discussions and other IEC methods. **3** Assist in arranging film shows and health education activities. **4** Conduct specific education for specific programmes

8. Nutritional Services

1 Identify cases of malnutrition among children and refer them to P.H. Centres for nutrient supplement or treatment. **2** Distribute iron and folic acid tablets to eligible beneficiaries. **3** Administer Vit.A drops or syrup to children as per instructions. **4** Educate families about nutritious diets for mothers and children.

9. Immunisation

JHI should take part in the following. **1.** Help in the administration of Vaccines against Vaccine Preventable Diseases (VPDs) as and when instructed by higher authorities. **2.** Help in the maintenance of "cold chain" and in proper storage and distribution of vaccines. Render support for maintenance of cold chain as per the instructions of Lady Health Inspectors and other supervisors. **3.** Assist other staff in immunisation camps and in school immunisation programmes. **4.** Assist in conducting immunisation clinics in the area. **5** Educate community about the importance and procedures of immunisation and encourage community participation in immunisation programmes.

10. CURATIVE SERVICES

10 Provide source to the of sick persons including treatment of minor ailments and rendering first aid, to the extent to which a Health Worker is trained and rendering first aid, to the extent to which a Health Worker is trained and permitted. (Supervisory Officers may provide separate guidelines to the Workers on this.)

11. Collection of details of vital events.

1. Enquire and record births and deaths and give information about births to the Female Health Worker/Lady Health Inspector and regarding death to the Health Inspector/Health Supervisor. **2.** Educate the community about the importance of registration of births and deaths about procedures for registration of such events.

12 School Health

1 Assist in Medical Examination of School children when instructed. **2** Assist in organizing and conducting immunization camps in schools. **3** Conduct health education talks to pupils of schools in the area. **4** Conduct Sanitation inspection of schools and assist teachers for maintenance of healthy environment of schools.

13. Medical Termination of Pregnancy.

- 1 Render assistance and guidance to those requiring Medical Termination of Pregnancy.
- 2 Educate women on the availability of services for medical termination of pregnancy and about the hazards of "unsafe abortion".

14. Public Health Responsibilities

- 1 Conduct inspection of places where dangerous and offensive trades are occurring, including eating and drinking places, places where food items are prepared (eg. Bakery) and also places or activities causing nuisance. Suggest corrective measures if necessary. In cases where action under Public Health Act or any other statute is required, the matter shall be reported to the concerned health authority, through superiors.
- 2 Assist the supervisors and medical officers in preparing technical reports related to public health activities.
- 3 Any other duty assigned by higher authorities, related to Public Health.

15. Environmental Sanitation

- 1 Give help and co-operation for implementation of environmental sanitation programme.
- 2 Educate community about the importance and significance of environmental sanitation.

16. Staff meetings and Conferences.

- 1 Attend staff meetings and conferences at PHCs, Block Offices or Panchayat Offices or at any other places as and when required or instructed.
- 2 Attend the sectoral and project level meetings of the ICDS. Render continuing education sessions to the Anganwadi workers in the sectoral meetings. Help the female worker to collect and consolidate Monthly Monitoring Reports of the Anganwadi Workers of their field area.
- 3 Render help to female health worker in organizing and conducting meetings for MSS workers and other voluntary agencies.

17. Services to the Elderly "Challenged" and "Mentally ill"

1. Maintain an updated register of the elderly (above 65 years of age) and provided them services. Detect Hypertension and Diabetes among the elderly and motivate them to avail treatment. Provide follow up services for already detected cases
2. Provide health education to prevent life style diseases and sensitize the community about prevention of such diseases and on promotion of positive health.
3. Keep an updated list of the "Physically challenged" persons in the area and render support in fetching them help and rehabilitation support wherever necessary.
4. Render support in the implementation of Mental health programmes and help the community in early detection of mental disorders and getting treatment.

18. Services for prevention of RTI/STI and HIV/AIDS

1. Provide health education and arrange IEC activities to prevent the spread of RTI/STIs. Spread the message of prevention of spread of HIV/AIDS infection.
- 2 Target the "Special High risk groups" and come out with interventions as specified in the National HIV/AIDS control programme.

19. Services under other National health programmes

Provide services under other national health programmes, as per the guidelines of such programmes, as and when directed to do so.

20. Maintenance of Registers and Records.

JHI should maintain the following registers.

1. General Information Register
2. Community Education Register.
3. Family Health Survey and follow up register with an index.

These three registers are common to both male and female workers.

4. Stock Register.
5. Issue Register of contraceptives to individual couples.
6. Daily case register for clinics and treatment of minor ailments.
7. Daily abstract of activities, area maps, progress charts.
8. Field Diary.
9. Instruction Book.
10. Individual Registers for National health programmes like National Ant malaria programme, National Leprosy Eradication programme etc.
11. Registers of any other health activities or programmes as and when required.

21. On call Services : Should be available as 24 hour on call duty during medical or public health emergencies or if requested by higher authorities

22. Any other duties or responsibilities assigned by authorities.

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JOB RESPONSIBILITIES OF LADY HEALTH INSPECTOR (LHI)

I. General

Lady Health Inspectors (LHIs) are the first level of multipurpose female supervisory personnel. These officials assume great importance in current context where she may be the only female supervisor in a mini Primary Health Centre.

Lady Health Inspectors' job functions are mainly related to Supervision, General administration of field staff under them, Co-ordination of primary health care activities in their service area, coordination of activities with the Local Self Government Institutions, maintaining public relations and supporting their superiors in day today activities of institutions to which they are posted.

II. Area and Jurisdiction

There should be one Lady Health Inspector (LHI) for every 25-30,000 population. This corresponds to the service areas of about 5-6 grass root level workers. This would also be the area and population covered by a mini Primary Health Centre. Each mini Primary Health Centres may have a Lady Health Inspector. Lady Health Inspectors need be present in block Primary Health Centres only if the centres are directly providing services to any field areas. In some block Primary Health Centres whole field area had been transferred to mini Primary Health Centres and such block Primary Health Centres need not have Lady Health Inspectors. Health Supervisor and Lady Health Supervisor, who are the designated supervisors for whole block areas, may accomplish the overall supervisory work in those centres.

A Mini primary health centre catering to a population of 25000 to 40000 may ideally have a Health Inspector and a Lady Health inspector and a total of about 10 to 16 grass root level workers.

III Supervisory Responsibilities:

III.1. Concurrent supervision of Health Workers. Concurrent supervision is crucial in assuring quality of services. It gives opportunity to observe workers in their duty and chances to guide, correct and follow them up. The basic philosophy of National Health Programmes like Reproductive and Child Health (RCH) and Revised National Tuberculosis Control Programmes (RNTCP) is quality oriented services. In this context, concurrent supervision assumes very great significance. A Lady Health Inspector should make not less than six concurrent supervisions in a calendar month. Schedule of concurrent supervision should be clearly made out in advance tour programmes and may be strictly adhered to. These supervisory sessions may be changed only under extreme emergency situations and that also with the concurrence and ratification of superiors. Lady Health Inspectors, through their immediate superiors, should submit reports of these supervisory visits to the medial officers in charge. They in turn may consolidate all such visits and send their reports to the District Medical Officer of Health.

III.2 Consecutive Supervision of grass root level workers. Only consecutive supervisory visits can assess the quantum of work done by grass root level orkers. They will also provide necessary information about the periodicity of visit of the health worker to the area, their punctuality and the profile of beneficiaries who are being served by the workers. It would also provide information about the lapses and gaps in service provision and would provide opportunities to fill those gaps and rectify lapses.

A Lady Health Inspector should make at least 5 consecutive supervisory visits even month. All these supervisor)' visits should be of "Surprise" nature and need be disclosed only .0 the Medical Officer in charge of the institution. The detailed reports of such visits should be furnished to the medial officer in charge through proper channel. These visits are to be followed up and reports of such follow-ups should also be furnished at least every two months till all the corrective steps mentioned by the LHI had been fully implemented.

The LHIs should report on concurrent and consecutive supervision of the health workers in monthly review meeting of the Primary Health Centre. Reports should be furnished in formats for conducting supervision of subcentres. Follow up action should be discussed in general so that all workers can derive benefit.

III.3. Routine supervisory responsibilities : The Lady Health Inspector in addition to the mandatory concurrent and consecutive supervisory responsibilities should also discharge routine supervisory responsibilities. They should guide and supervise the health workers in their routine activities, special clinics and outreach sessions. They may also help workers in organizing and conducting immunization clinics, antenatal clinics, contraceptive camps, school health programmes, adolescent counseling sessions, STI/RTI counseling sessions, National Immunization Days (NIDs) and such similar activities.

III 4. Supervision/Reporting and record keeping : They should help and guide the health workers to prepare proper reports and scrutinize the records maintained by them. Provide guidance to them in proper record keeping and maintenance of registers.

III. 5 Training and guidance of health workers : Lady Health Inspectors may impart training as and when necessary to the health workers under them. Workers joining the service or transferred in to an institution should be provided training by the LHI to "induct" them to work and to the new worksite. Imparting such induction training to the health workers may be jointly organized by the Health Inspector and Lady Health Inspector with help and guidance from all their superiors. The LHIs should keep copies of the "Job responsibilities of all cadres under their control" and should provide them with sufficient information on their job responsibilities. Whenever new programme get added, Lady health inspector and the health inspector should provide guidelines to health workers under them. LHIs and His should take initiatives to discuss the job responsibilities of subordinates frequently in monthly review meetings so that all workers get chance to update their knowledge.

IV. Organizing and conducting meetings

IV. 1 Meetings in primary health centres : Lady Health Inspectors along with Health Inspectors may be jointly responsible in organizing and conducting meetings at the Primary Health Centre.

IV.1.1 Half day and full day zonal meetings : They should be responsible for organizing and conducting Half Day Zonal and Full Day Zonal meetings. In mini Primary Health Centres LHIs and His may take responsibility by turn in organizing these meetings. Medical officers need not participate in these meetings and reports of such meetings should be furnished to the medical officer on the succeeding day of meeting. The periodicity of such meetings should be informed from time to time. Both Half Day Zonal and Full Day Zonal meetings may be conducted in the periphery in Subcentres, the location being fixed on a rotational basis and announced during the monthly review meeting at the Primary Health Centre. They should also help to organize and conduct the monthly review meeting at the Primary Health Centre level.

IV. 2 ICDS meetings : LHIs along with His and health workers should attend sectoral meetings of Anganwadi workers in their area. Service area of a LHI would almost correspond to a sector of ICDS project and a LHI need attend only one such sectoral meeting. In rare instances the service area of LHI may be in more than one sector of an ICDS project. In such cases the project officers should be consulted and sectoral meetings arranged in such a manner that the LHI can attend all of them. An alternate strategy in such areas should be that either Health Inspector or Lady Health Inspector should attend each meeting and take turns subsequently so that both the officials get chance to interact with the Anganwadi Workers (AWW) of both the sectors. This is possible only when both HI and LHI are available in a centre. In ICDS sectoral meetings LHIs with the help of His may collect and consolidate all "Monthly Monitoring Reports (MMRs)" of the Anganwadi workers (AWWs). With the help of health workers and His, they may arrange "continuing education sessions" for the AWWs on topics of current interest. Lady Health Inspectors and Health Inspectors may jointly ensure attendance of all health workers in the area for such meetings. They may initiate necessary actions against defaulters and follow up such actions. IV.3 Meetings with the Local Self Government Institutions (LSGIs) LHIs are to attend meetings organized by LSGIs, if they are directed to do so. Such directions to the LHIs should be routed through their superiors and medical officers. They should report to their medical officers through proper channel on all such meetings. All communications to and from the Lady Health Inspectors involving the LSGIs may be routed through proper channel through the medical officers in charge only.

IV.4 Other official meetings : LHIs should attend any other meetings as and when directed to do so. They should organize beneficiary meetings, meetings of community leaders and opinion leaders in matters related to health and health care activities. They should supervise meetings of MSS workers and other voluntary agencies organised by health workers.

V Activities related to National health Programmes

Reproductive and Child health Programme 1 Help health workers in arranging all the programme activities. 2 Render help in conducting antenatal, immunization and contraception camps 3 Lady Health inspector should be responsible for all "Cold Chain" related activities in mini Primary Health Centres and should help the LHS in such activities in higher level institutions. They should maintain stock of vaccines, ice packs, vaccine carriers, day carriers and other ancillary equipment related to cold chain. They should avail the services of JPHNs or any other functionaries in the institutions, for maintaining cold chain, under orders of the medical officer in charge. 4 Supervise contraceptive service provision and ensure proper follow up of contraceptive acceptance. Contraception failure or complication may be followed up meticulously under report to the medical officer and utmost quality of care ensured. Keep abreast with the services to be

provided through the Subcentres as per the RCH programme (See the job responsibilities of Female health worker- JPHN) and provide support and supervision.

Lady Health Inspectors are to refer to “ Reproductive and Child Health Programme Module for Health Assistants (Female) - LHV - Integrated Skill development training” published by the National Institute of Health and Family Welfare, New Delhi to get full information regarding their responsibilities under this programme. The module is available with the officers in charge of training at the district level and also at the State Institute of Health and Family Welfare, TVM.

V.2 National Antimalaria programme : Encourage the health workers (both male and female) in Antimalaria activities. Supervise active and passive blood smear collection. Follow up positive cases and enhance other Antimalaria activities like contact smear collection, DDT spraying and other activities. Organize and execute mass surveys, DDT spraying campaigns and antimalaria activities in areas from where cases had been detected. In the wake of slightest suspicion of any complications cases may be referred and transferred to primary health centres. Depending on the gravity of the situation arrange for medical consultation and help to the patient. 1 Keep track of the positive malaria¹ cases (through the health workers) and ensure treatment compliance.

V.3 Revised National Tuberculosis Control Programme (RNTCP)

RNTCP is fully integrated with the general health services and is being implemented through it. LHIs along with His may ensure compliance of their workers with the guidelines issued under this programme. DOTS provision by health workers and other “providers” is should be closely monitored and reported to the treatment centres through the medical officers. They should help in tracing and bringing back to treatment all “defaulters” and should also render support in fetching medical help to patients who develop complications or adverse reactions. Lady Health Inspectors should take active role in IEC activities of the programme and , also impart health education regarding prevention, early detection, treatment and follow up of Tuberculosis.

V. 4 National Leprosy Eradication programme

Supervise the health workers in their activities and help the control units in organizing the “Pulse Circuits” for provision of drugs. Help the workers in case detection, bringing them for treatment, follows up and combating adverse drug reaction and other reactions in Leprosy. Provide health education, supervise IEC activities and organize mass camps, special camps etc. for case detection.

V. 5 National Programme for control of Blindness

Help and supervise the workers in their programme activities. Help in organizing cataract detection and cataract surgery camps, health education and sensitization camps, school camps and camps organized by voluntary organizations and NGOs towards blindness control activities.

V.6. Other National Health Programmes

1 Supervise health education and IEC activities aimed at prevention of sexually transmitted infections. Help in early detection of sexually transmitted infections and Reproductive tract infections, with the help of health workers ensure treatment of victims. 2 Arrange counseling sessions and health education sessions with the aim of bringing down the prevalence of RTI/ STIs and HIV/AIDS infection and disease. 3 Render help and supervision in activities aimed at prevention and early detection of different types of cancers. Help in fetching treatment to cancer victims. 4 Organize and supervise service provision to cancer patients who are terminally ill. Arrange for provision of pain relief and palliative care services through grass root level health workers. Collect, consolidate and maintain a register of such patients in the service area. 5. Render support in detection and management of life style diseases like Hypertension and Diabetes Mellitus. Encourage health workers to spread the message of prevention of such diseases, early detection and treatment compliance. Help to spread the message of healthy lifestyles, importance of exercise, food habits and avoidance of smoking and alcohol . 6 Support the health workers in the implementation of National Disease Surveillance activities. 7 Provide support in implementing mental health programmes. Support the community rehabilitation of the mentally ill. Spread the message of the importance of prevention, early detection and proper treatment of mental disorders. .Sensitize the community about the problems related to “Substance Abuse” and arrange help for the treatment and rehabilitation of substance abuse victims. 8 Render help and guidance to the health workers in other national health programmes as per the guidelines issued on each from time to time.

V.7 Services to the elderly

As a result of the demographic transition occurring in the state, elderly people are emerging as a major chunk of population and need special attention. Because of their physical incapability

they may find it difficult to access health care facilities. Health workers should be motivated to render services at the doorsteps of the elderly. Try to understand the disease profile among the elderly in the service area and devise interventions to address them with the help of superiors and the medical officers. Implement them with the help of health workers and provide help, guidance and supervision in these activities.

V.8. Services to the Physically challenged

Render support and guidance to the health workers in keeping a list of all the challenged individuals in the service area provide them necessary support. Help in their rehabilitative measures.

VI. Record keeping and reporting

1. Area map and baseline details : Keep an updated map of the area being served. This may show, in detail, the area, assigned to individual health workers (both male and females) in addition to the usual landmarks. Lady Health Inspectors should have the demographic details of their service area.

2. Advance Programme and Diary : Submit advance programme duly countersigned by the immediate superior to the medical officer before the first working day of every month. Get it approved in the monthly I review meeting. The programme should be planned in such a way that all the Subcentres/sections | are covered and all health workers are being supervised. Maintain an updated diary containing all the details of field visit. Separate sections [should be allotted in the diary for each Subcentre area so that all the areas are evenly covered. Priority visits and 'surprise supervisory visits' may be made as separate entries in the diary

3 Reports and Registers

HI should maintain the following registers

1. Base line details about the area - common to both HI and LHI **2.** Consolidation register **3.** Minutes of meetings-joint responsibility of His and LHIs **4.** Stock register **5.** Contraception failure and complications - follow up register- joint responsibility of Health Inspectors and Lady Health Inspectors. **6.** Birth and death Registers **7.** Family Registers **8.** Consolidate immunization Registers **9.** Consolidation Registers of MSS activities in the area **10.** Consolidation Register of ICDS activities in the area including details of consolidated monthly monitoring reports of AWWs and Sectoral meetings. **11.** Registers of special activities like National Immunization Days (NIDs-Eg. Pulse Polio Immunization) **12.** Other registers as required for national health programmes and special activities : They should furnish periodic reports duly countersigned by the superiors to the medical officer in charge. Furnish reports of RCH and RNTC Programmes in prescribed formats. In the case of other activities reports may be furnished as directed from time to time.

VII Other responsibilities

VII.1. School health activities : Organize School Health programmes with the help of Health Inspector and the health workers **VII.2. IEC activities** : Assist the Health Inspectors in organizing and conducting various IEC activities related to national health programmes and health education activities. **VII.3** Health activities by voluntary agencies, non-governmental organizations (NGOs) etc. Co-ordinate the activities of various agencies involved in health care activities in the area and co-ordinate the activities of health workers with these agencies. **VII.4** Camps and campaigns Participate in various camps and campaigns in relation to the health care activities **VII. 5** Local Self Government Institutions Work with the LSGs in matters related to health care activities and involve in the planning and implementation of various health activities, projects and programmes of /the LSGs. **VII.7** On call Services : Should be available as 24 hour on call duty during medical or public health emergencies or if requested by higher authorities. **VII.8** Any other duties ordered by higher authorities.

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JOB RESPONSIBILITIES OF HEALTH INSPECTOR (HI)

I. General

Health Inspectors (His) are the first level of multipurpose male supervisory personnel. These officials assume great importance in current context where he may be the only male supervisor in a mini Primary Health Centre.

Health Inspectors' job functions are mainly related to Supervision, General administration of the field staff under them, Co-ordination of primary health care activities in their service area, coordination of activities with the Local Self Government Institutions, maintaining public relations, actively involving in public health related activities and supporting their superiors in xlay today activities of the institutions in which they are posted.

II. Area and Jurisdiction:

There is one Health Inspector (HI) for every 25-30,000 population. This corresponds to the service areas of about 10-12 grass root level workers. This would also be the area and population covered by a mini Primary Health Centre. Mini Primary Health Centres may have a ' Health Inspector each. Health Inspectors need be present in block Primary Health Centres only if the centres are directly providing services to any field areas. In some block Primary Health Centres whole field area had been transferred to mini Primary Health Centres and such block Primary Health Centres need not have Health Inspectors. Health Supervisor and Lady Health ^Supervisor, who are the designated supervisors for whole block areas, could accomplish the overall supervisory work in those centres. A Mini primary health centre catering to a population of 25000 to 40000 may ideally have a Health Inspector and a Lady Health inspector and a total of about 10 to 16 grass root level workers.

III Supervisory Responsibilities: , III.1. Concurrent supervision : Concurrent supervision is crucial in assuring quality of services provided by workers. It gives opportunity to observe workers in their duty and chances to guide, correct and follow them up. Since the basic philosophy of many national health programmes like Reproductive and Child Health (RCH) and Revised National Tuberculosis Control Programmes (RNTCP) is quality oriented services, concurrent supervision assumes very great importance. Health Inspector should make not less than six concurrent supervisions every month. Schedule of concurrent supervision should be clearly made out in advance tour programmes and should be strictly adhered to. These supervisory sessions can be changed only under emergency situations and that also with the concurrence and ratification of superiors. Health Inspectors, through their immediate superiors, should submit the reports of these supervisory visits to the medial officers in charge. They in turn would consolidate all such visits and send their reports to the District Medical Officer of Health, reports may be finished in prescribed format.

III.2 Consecutive Supervision : Only consecutive supervisory visits can assess the quantum of work done by grass root level workers. They will also provide necessary information about the periodicity of visit of the health worker to the area, their punctuality and the profile of beneficiaries who are being served by the workers. It would also provide information about the lapses and gaps in service provision by employees and would provide opportunities to fill those gaps and rectify lapses. A Health Inspector should make at least 5 consecutive supervisory visits every month. All these supervisory visits should be of "Surprise visit" nature and need be disclosed only to the Medical Officer in charge of the institution. The detailed reports of such visits should be furnished to the medial officer in charge through proper channel. These visits are to be followed up and reports of such follow-up are also to be furnished at least every two months. The His may report on concurrent and consecutive supervision of the workers in monthly review meetings. The follow up action should be discussed in general so that all workers can derive benefit.

III.3. Routine supervisory responsibilities : The Health Inspector in addition to the mandatory concurrent and consecutive supervisory responsibilities also discharge routine supervisory responsibilities. They should guide and supervise health workers in their routine activities, special clinics and outreach sessions. They help workers in organizing and conducting immunization clinics, antenatal clinics, contraceptive camps, school health programmes, adolescent counseling sessions, STI/RTI counseling sessions, National Immunization Days (NIDs) and similar activities.

III 4. Supervision of reporting and record keeping : Help and guide the health workers to prepare proper reports and scrutinize the records maintained by them. Provide guidance to them in proper record keeping and maintenance of - registers.

III. 5 Training and guidance : Health Inspectors should impart training as and when necessary to the health workers under them. New worker joining the service or transferred in to an institution should be provided training by the HI to "induct" them to the work and the new worksite. Such health workers are to be subjected to more numbers of concurrent supervisory visits during the initial months till they get used to the area and also with their job responsibilities. His should keep with them copies of "Job responsibilities" of all cadres under their control and should provide them with sufficient information on their job responsibilities. Whenever new programmes are added, detailed guidelines about them should be provided by His to their subordinates. His may take initiative to discuss the job responsibilities of subordinates frequently in monthly review meetings so that all the workers get chance to update their knowledge. In all these matters Health Inspectors and Lady health Inspectors may be jointly held responsible.

IV. Organizing and conducting meetings

IV.1 Meetings in primary health centres Health Inspectors along with the Lady Health Inspectors should jointly organize and conduct various meetings at the Primary Health Centre. They should be responsible for organizing and conducting Half Day Zonal and Full Day Zonal meetings. In these two types of meetings at the mini Primary Health Centre level LHIs and His may take up responsibilities in turn during every month. In these meetings medical officer need not participate and hence the reports of these meetings should be furnished to the medical officer on the succeeding day of such meetings. The periodicity of such meetings will be informed from time to time. Both the Half Day Zonal and Full Day Zonal meetings should be conducted in periphery in Subcentres, the location being fixed on rotational basis and announced during the monthly review meeting at the Primary Health Centre. They should also help to organize and conduct the monthly review meeting at the Primary Health Centre level.

IV.2 ICDS meetings : He along with LHIs and health workers should attend sectoral meetings of the Anganwadi workers in their service area. Usually the service area of an HI would almost correspond to a sector of ICDS project and an HI need attend only one such sectoral meeting. In rare instances the service area of HI may be in more than one sector of an ICDS project. In such cases the project officers may be consulted and the sectoral meetings arranged in such a manner that the HI can attend all of them. An alternate strategy in such areas should be that either Health Inspector or Lady Health Inspector should attend each meeting and take turns subsequently so that both the officials get chance to interact with the Anganwadi Workers (AWW) of both the sectors. In ICDS sectoral meetings His should help LHIs to collect and consolidate all "monthly monitoring reports" from the Anganwadi workers (AWWs). They should also help LHIs to arrange "continuing education sessions" for the AWWs on topics of current interest. Health Inspectors or the health workers can also conduct classes on subjects of public health interest or of concern to the primary health care field. Health Inspectors and Lady Health Inspectors should jointly ensure attendance of all health workers such meetings. They should initiate necessary actions against defaulters and should follow up such actions.

IV.3 Meetings with the Local Self Government Institutions (LSGIs) : His should attend meetings organized by the LSGIs, if they are directed to do so. Such directions to the His are to be routed through their superiors and medical officers. They should report back to their medical officers through proper channel on all such meetings. All communications to and from the Health Inspectors involving to the LSGIs should be routed through proper channel through the medical officers in charge.

IV.4 Other official meetings : His should attend any other meetings as and when directed to do so. They should organize beneficiary meetings, meetings of the community leaders and opinion leaders for matters related to health and health care activities.

V Activities related to National health Programmes

V.1 Reproductive and Child health Programme : V.1.1 Help the health workers in arranging all the programme activities. **V.1.2** Render help in conducting antenatal, immunization and contraception camps. **V.1.3** Render help and support to the LHI in maintaining "Cold chain" in vaccine storage distribution and administration to the beneficiaries. Supervise the health workers in maintenance of cold chain in all immunization activities. **V.1.4** Supervise the service provision under the programme and ensure proper follow up of contraceptive acceptance. **V.1.5** Contraception failure or complication may be followed up meticulously under report to the medical officer and utmost quality of care ensured. **V.1.6** Keep abreast of the services to be provided through the Subcentres as per the RCH programme (See the job responsibilities of Female health worker-PJHN) and provide support and supervision. Health Inspectors may refer to "Reproductive and Child Health Programme Module for Health Assistants (Male) - Integrated Skill development training" published by the National Institute of Health and Family Welfare, New Delhi to get full information regarding their responsibilities under this programme. The module is available with the officers in charge of training at the district level and also at the State Institute of Health and Family Welfare, Thiruvananthapuram.

V.2 National Antimalaria programme : Encourage the health workers (both male and female) in antimalaria activities. Supervise active and passive blood smear collection. Follow up positive cases and enhance other antimalaria activities like contact smear collection, DDT spraying and other activities. Organize and execute mass surveys, DDT spraying campaigns and antimalaria activities in areas from where cases had been detected. Provide radical treatment to all positive cases in consultation with the medical officers and follow them up. In the wake of slightest suspicion of any complications cases are to be referred and transferred to primary health centres. Depending on the gravity of the situation arrange for medical consultation and help to the patient. Keep track of the positive malaria cases (through the health workers) and ensure treatment compliance.

V.3 Revised National Tuberculosis Control Programme : RNTCP is fully integrated with the general health services and is being implanted through it. His along with LHIs may ensure compliance of their workers with the guidelines issued under this programme. DOTS provision by health workers and other “providers” may be closely monitored and reported to the treatment centres through the medical officers. They may help in tracing and bringing back to treatment all the defaulters and may also render support in providing medical help for patients developing complications or adverse reactions. Health Inspectors may take active role in the IEC activities of the programme and in imparting health education regarding prevention, early detection, treatment and follow up of Tuberculosis.

V.4 National Leprosy Eradication programme : Supervise the health workers in their activities and help the control units in organizing the “Pulse Circuits” for provision of drugs. Help the workers in case detection, bringing them for Xreatment, follow up and combating adverse drug reaction and other reactions in Leprosy. Provide health education, supervise IEC activities and organize mass camps, special camps etc. for case detection.

V.5 National Programme for control of Blindness : Help and supervise the workers in their programme activities. Help in organizing cataract detection and cataract surgery camps, health education and sensitization camps, school camps and camps organized by voluntary organizations and NGOs towards blindness control activities. Educate the public about “eye donation” and provide guidance and support to the willing persons for “eye donation”.

V.6. Other national health programmes :

V.6.1 Supervise health education and IEC activities aimed at prevention of sexually transmitted infections. Help in early detection of Sexually transmitted infections and Reproductive tract infections. With the help of health workers ensure treatment of victims.

V.6.2 Arrange counseling and health education sessions with the aim of bringing down the prevalence of RTI/STIs and HIV/AIDS infection and disease.

V.6.3 Render help and supervision in activities aimed at prevention and early detection of different types of cancers. Help in providing treatment to cancer victims.

V.6.4 Organize and supervise service provision to cancer patients who are terminally ill. Arrange for provision of pain relief and palliative care services through grass root level health workers. Collect, consolidate and maintain a register of such patients in the service area.

V.6.5 Render support in detection and management of life style diseases like hypertension and Diabetes mellitus. Encourage the health workers to spread the message of prevention of such diseases, early detection and treatment compliance. Help to spread the message of healthy lifestyles, importance of exercise, importance of food habits and avoidance of smoking and alcohol.

V.6.6 Support the health workers in the implementation of National Disease Surveillance activities.

V.6.7 Provide support in implementing Mental health programmes. Supervise the health workers in their activities related to the programme. Impress upon them the importance of prevention, early detection and timely management of such diseases. Help in the community based management and rehabilitation of the mentally ill. Sensitize the community about the diseases to dispel attached stigma. Educate the community about the harms of “Substance Abuse” and arrange medical help to the victims of substance abuse.

V.6.8 Render help and guidance to the health workers in other national health programmes as per the guidelines issued from time to time.

V.7 Services to the elderly : Considering the demographic transition occurring in the state, elderly people who are emerging as a major chunk of population need special attention. Because of their physical incapability this group of beneficiaries very often find it difficult to access the health care facilities. The health workers should be motivated to render services at their doorsteps. Try to understand the disease profile among the elderly in the service area and device interventions to address them with the help of superiors and the medical officers. Implement them with the help of health workers and provide help, guidance and supervision in these activities.

V.8. Services to the Physically challenged : Render support and guidance to the health workers in keeping a list of all the challenged individuals in the service area. Provide them necessary support. Help in their rehabilitative measures.

VI. Record keeping and reporting :

VI.1. Area map and baseline details : Keep an updated map of the area being served. This may show in detail the area assigned to individual health workers (both male and females) in addition to the usual landmarks. Health Inspectors should have up to date the demographic details of their service area.

VI.2. Advance Programme and Diary : Submit advance programme duly countersigned by the immediate superior to the medical officer before the first working day of every month. Get it approved in the monthly review meeting. The programme may be planned in such a way that all the Subcentres/sections are covered and all health workers are being supervised. Maintain an updated diary containing all the details of field visit. Separate sections should be allotted in the diary for each Subcentre section that all the areas are evenly covered. Priority visits and ‘surprise supervisory visits’ are to be made as separate entries in the diary.

Reports and Registers

HI should maintain the following registers

i. Base line details about the area - common to both HI and LHI. ii. Consolidation register. iii. Minutes of meetings - joint responsibility of HIs and LHIs iv. Stock register v. Contraception failure and complications - follow up register- joint responsibility of Health Inspectors and Lady Health Inspectors. vi. Register of Malaria cases with details of follow up. vii. List of institutions of public health importance in the area viii. Register of public health activities ix. Birth and death Registers x. Family Registers xi. Other registers as required for national health programmes and special activities They should furnish periodic reports duly countersigned by the 'superiors to the medical officer in charge. Help the Lady Health Inspector in furnishing reports of RCH and RNTC Programmes in prescribed formats. In the case of other activities reports are to be furnished as directed from time to time.

VII Other responsibilities

VII.1. School health : Organize School Health programmes with the help of Lady Health Inspector and the health workers

VII.2. Public health Activities

HEALTH SUPERVISORS (LHS)

Lady Health Supervisors (LHS) belong to the second level of supervisory officials in Block Primary Health Centres and Community Health Centres (CHCs). They cater to a population of about 1,00,000 to 1,50,000 and may have about 40 to 60 grass root level workers and their first level supervisors under them. The officials operate from block primary health centres or CHCs and have jurisdiction over the mini primary health centres and their field staff placed under the block Primary Health Centre / CHCs. Their job responsibilities are related to supervision of lower levels of employees and helping the medical officers in the smooth running of primary health care institutions. They also play key roles in the public health related activities of the area.

I. Jurisdiction : Jurisdiction of a Lady Health Supervisor is the whole area of Primary Health Centre/CHC to which they are attached. The field staffs in the mini Primary Health Centres under the concerned block Primary Health Centre / CHC also come under the control of Lady Health' Supervisor.

II Administrative responsibilities : II.1 Lady Health Supervisor and Health Supervisor occupy the highest level among the cadres of field staff in the primary health care institutions. Since the posts of Block Extension Educators are nonexistent in Kerala, the Health Supervisors and Lady Health Supervisors have responsibilities in IEC activities also. II.2 Assist the Medical Officer in organizing and implementing various health and family welfare programmes including mass camps and mass campaigns. II.3 Collect reports from all Health Inspectors /Lady Health Inspectors as the case may be. II.4 Lady Health Supervisor and Health Supervisor may jointly consolidate reports with the help of computer clerk. II.5 Maintain a consolidation Register and record all information regarding activities. II.6 Reporting to the charge Medical Officer. All reports from the field staff in block Primary Health Centres and Community Health Centres to the medical officer are to be routed through the LHS/HS. Reports from mini Primary Health Centres also may be consolidated by the LHS/HS. II.7 She should keep with her copies of the job responsibilities of all categories of employees in Primary Health Care Institutions. II.8 LHS and HS may jointly arrange INDUCTION Training Session to all fresh recruits.

III Supervisory Responsibilities : Lady Health Supervisor is expected to play a crucial role in the supervision of all levels of field staff in primary health care institutions. She should supervise the first level of supervisors viz. the Lady Health Inspectors as well as the grass root level female health workers under her control. III.1 Approving and forwarding the advance programme of all health workers. HS/LHS should approve and forward the tour programme of HI/LHI. The advance tour programmes of all the health workers (JPHNs and JHIs) may be countersigned by the LHIs/HIs and submitted to the LHS/HS for scrutiny. Only after such scrutiny the advance programme of health workers may be finalized. In mini Primary Health Centres the HI/LHI may approve the advance programme of the health workers, to be subsequently scrutinized and approved by the LHS/HS. III.2 **Concurrent Supervision :** LHSs should conduct at least 6 concurrent supervisory sessions every month. Categories of field staff viz. JPHNs and LHIs may be subjected to concurrent supervisions. To cover all the institutions and staff under her, the visits may be planned in such a way that all cadres and all employees are being supervised by rotation on an evenly fashion. The schedule of such visits may be approved in the monthly conferences. She may make at least two concurrent supervisory sessions without prior notice (surprise sessions) every month. The reports of all such supervisory visits may be forwarded within two working days of completing such sessions to the medical officer. The medical officer may consolidate all such reports and forward them to the District Medical Officers of Health.

111.3 Consecutive supervision : Lady Health Supervisors should conduct at least three consecutive supervisory sessions on her subordinates every month. All these visits may be of surprise nature and rep are to be forwarded to the medical officers within two days of such visit. **111.4** Routine Supervisory responsibilities Should give necessary guidance and assistance to Health Workers and their first level supervisors for arranging group talks or discussions for health and family welfare education, school health education and in all their routine activities. **111.5** Organize special strategies for education purpose in respect of specific and special programmes.

III Responsibilities under National Health Programmes

III.1 Reproductive and Child health Programme

- 1 Help the health workers and their supervisors in arranging all the programme activities.
- 2 Lady Health Supervisor may be responsible for the maintenance of cold chain and proper upkeep an delivery of all vaccines. She may supervise the upkeep of cold chain and assign clear-cut responsibilities to her subordinates to ensure that cold chain is being maintained in tact. **3.** Render help in conducting antenatal, immunization and contraception camps. **4** Supervise service provision under the programme and ensure proper follow up of contraceptive acceptance. Contraception failure/ complications are to be followed up meticulously under report to the medical officer and utmost quality of care ensured. **5** Keep abreast of the services to be provided through the Subcentres as per the RCH programme (See the job responsibilities of Female health worker- JPHN) and provide support and supervision. Lady Health Supervisors should refer to “ Reproductive and Child Health Programme Module for Health Supervisor (Female) - Integrated Skill development training” published by the National Institute of Health and Family Welfare, New Delhi to get full information regarding their responsibilities under this programme. The module is available with the officers in charge of training at the district level and also at the State Institute of Health and Family Welfare, Thiruvananthapuram. **6** Lady Health Supervisor should consolidate the reports, with the help of Health Supervisors, of all activities related to the programme and submit to the medical officers in charge.

III.2. National Antimalaria programme

- 1 Encourage health workers in antimalaria activities. Supervise active and passive blood smear collection. **2** Follow up positive cases and enhance other antinidaria activities like contact smear collection, DDT spraying and other activities. **3.** Help the Health Supervisor to organize and execute mass surveys, DDT spraying campaigns and antimalaria activities in areas from where cases had been detected. **4.** Cases of complication should be referred and transferred to primary health centres. Depending on the gravity of the situation may arrange for medical consultation and help To the patient. **5.** Keep track of the positive malaria cases (through the health workers) and ensure treatment compliance.

III.3 Revised National Tuberculosis Control Programme

- 1 RNTCP is fully integrated with the general health services and is being implemented through it. Lady Health Supervisors may supervise the JPHNs and LHIs in their programme activities. **2** They should ensure compliance of the staff under them with the guidelines issued under this programme. **3** Reports from the first level supervisors on DOTS provision by health workers and other “providers” may be closely monitored and reported to the medical officers. **4** They should help in tracing and bringing back to treatment all the defaulters and may render support in fetching medical help for patients developing complications or adverse reactions. **5** Lady Health Supervisors should take active role in the IEC activities of the programme and also in imparting health education regarding prevention, early detection, treatment and follow up of Tuberculosis.

III. 4 National Leprosy Eradication programme

- 1 Supervise the health workers and their supervisors in their activities and help the control units in organizing the “Pulse Circuits” for provision of drugs. **2** Help the workers and their supervisors in case detection treatment, follow up and combating adverse drug reaction and other reactions in Leprosy. **3** Jointly with the Health Supervisor provide health education, arrange IEC activities and organize mass camps, special camps etc. for case detection.

III. 5 National Programme for control of Blindness

- 1 Help and supervise the workers and their supervisors in their programme activities. **2** Jointly with the Health Supervisor, she may organize cataract detection and cataract surgery camps, health education and sensitization camps, school camps. **3** Render support and supervision for camps and activities organized by voluntary organizations and NGOs for control of blindness. **4** Spread, through the health workers, the message of injury prevention to eyes. Sensitize the

community about early detection of visual problems and timely correction. **5** Sensitive the community about the importance of "Eye donation" and motivate and render support in eye donation activities. III.5.6 Organize eye camps in schools. Help to detect visual problems in school children and in correction.

III.6. Other national health programmes

1 Jointly with the Health Supervisors she should arrange health education and IEC / activities aimed at prevention of sexually transmitted infections. Help in early detection of Sexually transmitted diseases and Reproductive tract infections. With the help of health workers ensure treatment of victims. **2** Arrange counseling sessions and health education sessions with the aim of bringing down the prevalence of RTI/STIs and HIV/AIDS infection and disease. **3** Render help and supervision in activities aimed at prevention and early detection of different types of cancers. Help in fetching treatment to cancer victims. **4** Organize and supervise service provision to cancer patients who are terminally ill. Arrange for provision of pain and palliative care services through grass root level health workers. Jointly with the Health Supervisor collect, consolidate and maintain a register of such patients in the service area. **5** Jointly with the Health Supervisors, she should organize programmes for detection and management of life style diseases like Hypertension and Diabetes mellitus. Encourage the health workers to spread the message of prevention of such diseases, early detection and treatment compliance. Help to spread the message of healthy lifestyles, importance of exercise, importance of food habits and avoidance of smoking and alcohol. **6** Support and supervise the health workers in the implementation of National Disease Surveillance activities. **7** Provide support in implementing Mental health programmes. Supervise the health workers in their activities related to the programme. Impress upon them the importance of prevention, early detection and timely management of such diseases. Help in the community based management and rehabilitation of the mentally ill. Sensitize the community- about the diseases to dispel attached stigma. Educate the community about the harms of "Substance Abuse" and fetch medical help to the victims of substance abuse. **8** Render help and guidance to the health workers in other national health programmes as per the guidelines issued from them from time to time.

IV Services to the elderly

In the wake of the demographic transition occurring in the state, elderly people are emerging as a major chunk of population and they need special attention. Because of their physical incapability they often find it difficult to access the health care facilities. **1** Motivate the health workers to render services at the doorsteps of this vulnerable -section of the community. **2** Jointly with the Health Supervisor, she should collect a clear profile of the disease pattern of elderly in the area and devise interventions to address them with the help of all the staff in Primary Health Centre/ CHG . **3** Provide help, guidance and supervision to health workers in all their services to the elderly.

V. Services to the Physically challenged

1. Jointly with the Health Supervisor maintain an updated list of all the physically challenged individuals in the service area **2** Jointly with the Health Supervisor she should organize programmes and activities aimed at the well being of physically challenged and guide and supervise the health workers in their activities in this direction. **3** Arrange programmes and activities aimed at the rehabilitation of the physically challenged.

VI. Health Education and IEC activities

1 Render necessary assistance to District Mass Media Wings and the IEC team for various education programmes in Health and Family Welfare. **2** Maintain good public relationship, with the staff and with the public and act as a Liaison Officer among the staff. **3.** Render necessary assistance to other staff to maintain good public relationship with the people.

VI. Administrative Responsibilities in the institution

1 Render necessary administrative assistance to the Medical Officers. **2** Assist the Medical Officer in preparing technical reports and reports related to various national health programmes and activities. **3** Help the medical officer and the Health Supervisor to investigate outbreaks of communicable diseases. **4** Jointly with the Health Supervisor she should prepare indent for (through the medical officer) procure and supply in time Registers and Materials required by the Health workers and their supervisors and maintain a stock register for such items. **5** Jointly with the Health Supervisor arrange the monthly staff conferences at Primary Health Centre/CHC and render all help to the medical officer in conducting the conference. Minutes of such meetings, prepared by the computer-clerk should be scrutinized jointly by the LHS and the Health Supervisor. LHS/ HS may present the minutes of such meetings in subsequent sessions for approval. She

should attend any other meetings arranged in PHC/CHC, at the District Offices, arranged by LSGIs etc. As and when instructed she should also attend training session as per instructions.

VII. Registers and Records

1 Common to Health Supervisor and Lady Health Supervisor

- | | |
|---------------------------------|---------------------------------|
| 1. General Information Register | 2. Community Education Register |
| 3. Stock Register | 4. Field Diaries |
| | 5. Area maps, Charts etc. |

VII.2 Specific to Lady Health Supervisor

6. Separate consolidation Register for recording details of Immunization, school health and Special MCH Programme.
7. Stock and Issue Register of Vacancies and Sub-centre medicines.
8. Any other register of specific programmes or activities as and required.

VIII. On call Services

Should be available as 24 hour on call duty during medical or public health emergencies or if requested by higher authorities VI V. Any other duties assigned routinely or specially.

JOB RESPONSIBILITIES OF HEALTH SUPERVISOR (HS)

Health Supervisors (HS) are the second level supervisory officials in Block Primary Health Centres and Community Health Centres (CHCs). They cater to a population of about 1,00,000 to 1,50,000 and may have about 40 to 60 grass root level workers and their first level supervisors under them.

The officials operate from block primary health centres or CHCs and have jurisdiction over the mini primary health centres and their field staff placed under the block Primary Health Centre or CHCs. Their job responsibilities are related to supervision of lower levels of employees and helping the medical officers in the smooth running of primary health care institutions. They also play key roles in the public health related activities of the area.

I. Jurisdiction

Jurisdiction of a Health Supervisor is the whole area of Primary Health Centre/CHC to which they are attached. The field staffs in the mini Primary Health Centres under the concerned block Primary Health Centre or CHC also come under the control of Health Supervisor.

II Administrative responsibilities

1 Health Supervisor occupy the highest level among the cadres of field staff in the primary health care institutions. Since the posts of Block Extension Educators are nonexistent in Kerala, the Health Supervisors have responsibilities in IEC activities in the Primary Health Centres/CHCs they are attached to. 2 Assist the Medical Officer in organizing and implementing various health and family welfare programmes including mass camps and mass campaigns. 3 Collect reports from all Health Inspectors /Lady Health Inspectors as the case may be. 4 Health Supervisor and Lady Health Supervisor should jointly consolidate reports with the help of computer clerk. 5 Maintain a consolidation Register and record all information regarding activities. 6 Reporting to the charge Medical Officer. All reports from the field staff in block Primary Health Centres and Community Health Centres should be routed through the HS/ LHS to the medical officer. Reports from mini Primary Health Centres may be consolidated by the HS/LHS. 7 HS should keep copies of the job responsibilities of all categories of staff in Primary Health Care institutions. 8 HS and LHS may jointly arrange INDUCTION training for fresh recruiters. 9 HS should attend all meetings arranged by PRIs, District Medical Officer of Health & Other departments as and when directed to do. 10 HS should co-ordinate the activities in the area with all other government departments. However, all communication to other departments of Government may be forwarded through the medical officer only.

III Supervisory Responsibilities

Health Supervisor should play crucial role in the supervision of all levels of field staff in primary health care institutions. They may supervise the first level of supervisors viz. the Health Inspectors and the Lady Health Inspectors as well as the grass root level male and female health workers under their control.

1 **Approving and forwarding the advance programme of all health workers :** HS/LHS should approve and forward the tour programme of HI/LHI. The advance tour programmes of all the health workers (JPHNs and JHIs) may be countersigned by the LHIs/HIs and submitted to the HS/LHS for scrutiny. Only after such scrutiny the advance programme of health workers may be

finalized. In mini Primary Health Centres the HI/LHI approve the advance programme of the health workers, to be subsequently scrutinized and approved by the HS/LHS. **2 Concurrent Supervision :** HSs should conduct at least 6 concurrent supervisory sessions every month. Categories of field staff viz. JHIs, and His should be subjected to concurrent supervisions. To cover all the institutions and staff under them, the visits may be planned in such a way that all cadres and all employees are being supervised by rotation on an evenly fashion. The schedule of such visits may be approved in the monthly conference of the institution and known to all the staff. They should also make at least two concurrent supervisory sessions ^without prior notice (surprise sessions) every month. The reports of all such supervisory visits should be forwarded within two working days of conduction such sessions to the medical officer. The medical officer should consolidate all such reports and forward them to the District Medical Officers of Health. They should use prescribes format for Supervisor visits. **3 Consecutive supervision :** Health Supervisors should conduct at least three consecutive supervisory sessions every month on their subordinates. All these visits should be of surprise nature and reports are to be forwarded to the medical officers within two days of such visit. **4 Routine Supervisory responsibilities :** Give necessary guidance and assistance to Health Workers and their first level jf supervisors for arranging group talks or discussions for health and family welfare education, school health education and in all their routine activities. **5** Organize special strategies for education purpose in respect of specific and special programmes.

III Responsibilities under National Health Programmes

1 Reproductive and Child health Programme

1 Help the health workers and their supervisors in arranging all the programme activities. **2.** Help the Lady Health Supervisor in the maintenance of cold chain and proper upkeep and delivery of all vaccines. **3.** Render help in conducting antenatal, immunization and contraception camps **4** Supervise service provision under the programme and ensure proper follow up of contraceptive acceptance. Contraception failure/ complications are may to be followed up meticulously under report to the medical officer and utmost quality of care ensured. **5** Keep abreast of the services to be provided through the Subcentres as per the RCH programme (See the job responsibilities of Female health worker- JPHN) and provide support and supervision. Health Supervisors may refer to “Reproductive and Child Health Programme Module for Health Supervisor (Male) - Integrated Skill development training”, published by the National Institute of Health and Family Welfare, New Delhi to get full information regarding their responsibilities under this programme. The module is available with the officers in charge of training at the district level and also at the State Institute of Health and Family Welfare, Thiruvananthapuram. **6** Help the Lady Health Supervisor to consolidate the reports of ail activities related to RCH programme.

III.2. National Antimalaria programme

1 Encourage health workers (both male and female) in antimalaria activities. Should supervise active and passive blood smear collection. **.2** Follow up positive cases and enhance other antimalaria activities like contact smear collection, DDT spraying and other activities. **.3.** Organize and execute mass surveys, DDT spraying campaigns and antimalaria activities in areas from where cases had been detected. **4** Cases of complication should be referred and transferred to primary health centres. Depending on the gravity of the situation arrange for medical consultation and help to the patient. **5** Keep track of the positive malaria cases (through the health workers) and ensure treatment compliance.

III.3 Revised National Tuberculosis Control Programme

1 RNTCP is fully integrated with the general health services and is being implemented through it. Health Supervisors should supervise the His and JHIs in their programme activities. **2** They should ensure compliance of the staff under them with the guidelines issued under this programme. **3** Reports from the first level supervisors on DOTs provision by health workers and other “providers” may be closely monitored and reported to the medical officers. **4** They should help in tracing and bringing back to treatment all the defaulters and may render support in providing medical help for patients developing complications or adverse reactions. **5** Health Supervisors should take active role in the IEC activities of the programme and also in imparting health education regarding prevention, early detection, treatment and follow up of Tuberculosis.

III.4 National Leprosy Eradication programme

1 Supervise the health workers and their supervisors in their activities and help the control units in organizing the “Pulse Circuits” for provision of drugs. **2** Help the workers and their supervisors

in case detection, treatment, follow up and combating adverse drug reaction and other reactions in Leprosy. **3** Jointly with the Lady Health Supervisor provide health education, arrange IEC activities and organize mass camps, special camps etc. for case detection.

III.5 National Programme for control of Blindness

1 Help and supervise the workers and their supervisors in their programme activities. **2** Jointly with the Lady Health Supervisor, HS should organize cataract detection and cataract surgery camps, health' education and sensitization camps, and school camps. **3** Render support and supervision for camps and activities organized by voluntary organizations and NGOs for control of blindness. **4** Spread, through the health workers, the message of injury prevention to eyes. Sensitize the community about early detection of visual problems and timely correction. **5** Sensitize the community about the importance of "Eye donation" and motivate and render support in eye donation activities. **6** Organize eye camps in schools. Help to detect visual problems in school children and in correction.

III.6. Other National Health programmes

1 Jointly with the Lady Health Supervisors arrange health education and IEC activities aimed at prevention of sexually transmitted infections and Reproductive Tract Infections. With the help of health workers ensure treatment of victims. **2** Arrange counseling sessions and health education sessions with the aim of bringing down the prevalence of RTI/STIs and HIV/AIDS infection and disease. **3** Render help and supervision in activities aimed at prevention and early detection of different types of cancers. Help in fetching treatment to cancer victims. **4** Organize and supervise service provision to cancer patients who are terminally ill. Arrange for provision of pain and palliative care services through grass root level health workers. Jointly with the Lady Health Supervisor collect, consolidate and maintain a register of such patients in the service area. **5** Jointly with the Lady Health Supervisors, organize programmes for detection and management of life style diseases like Hypertension and Piabetes mellitus. Encourage the health workers to spread the message of prevention of such diseases, early detection and treatment compliance. Help to spread the message of healthy lifestyles, importance of exercise, importance of food habits and avoidance of smoking and alcohol. **6** Support and supervise the health workers in the implementation of National Disease Surveillance activities. **7** Provide support in implementing Mental health programmes. Supervise the health workers in their activities related to the programme. Impress upon them the importance of prevention, early detection and timely management of such diseases. Help in the community based management and rehabilitation of the mentally ill. Sensitize the community about the diseases to dispel attached stigma. Educate the community about the harms of "Substance Abuse" and provide medical help to the victims of substance abuse. **8** Render help and guidance to the health workers in other national health programmes as per the guidelines issued from them from time to time.

IV. Services to the elderly

In wake of the demographic transition occurring in the State elderly people are emerging as a major chunk of population. They need special attention. Because of their physical incapability this group of beneficiaries very often find it difficult to access the health care facilities. **1** Motivate the health workers to render services at the doorsteps of this vulnerable section of the community. **2** Jointly with the Lady Health Supervisor, Health Supervisor should collect a clear profile of the disease pattern of elderly in the area and devise interventions to address them with the help of all the staff in Primary Health Centre/CHC **3** Provide help, guidance and supervision to health workers in all their services to the elderly.

V. Services to the "Physically challenged"

1 Jointly with the lady Health Supervisor maintain an updated list of all the physically challenged individuals in the service area. **2** Jointly with the Lady Health Supervisor and HS should organize programmes and activities aimed at the well being of physically challenged and guide and supervise the health workers in their activities in this direction. **3** Arrange programmes and activities aimed at the rehabilitation of the physically challenged.

VI. Health Education and IEC activities

1. Render necessary assistance to District Mass Media Wing and the IEC team for various education programmes in Health and Family Welfare. **2** Maintain good public relationship, with the staff and with the public and act as a Liaison Officer among the staff. **3.** Render necessary assistance to other staff to maintain good public relationship with the people.

VII. Administrative Responsibilities in the institution

1 Render necessary administrative assistance to the Medical Officers. 2 Assist the Medical Officer in preparing technical reports and reports related to various national health programmes and activities. 3 Assist the Medical Officer in preparing technical reports related to implementing the provisions of Public Health Act. 4 Investigate outbreaks of communicable diseases and furnish the report to the concerned Medical Officer, when there is need for special investigation. 5 Jointly with the Lady Health Supervisor prepare indent for (through the medical officer), procure and supply in time Registers and Materials required by the Health workers and their supervisors and maintain a stock register for such items. 6 Jointly with the Lady Health Supervisor arrange the monthly staff conferences at Primary Health Centre/CHC and render all help to the medical officer in conducting the conference. Minutes of such meetings, prepared by the computer-clerk may be scrutinized jointly by the LHS and the Health Supervisor. LHS/ HS can present the minutes of such meetings in subsequent sessions for approval.

VII. Registers and Records

A Common to Health Supervisor and Lady Health Supervisor

- | | |
|---------------------------------|---------------------------------|
| 1. General Information Register | 2. Community Education Register |
| 3. Stock Register | 4. Field Diaries |
| | 5. Area maps, Charts etc. |

B Specific to Health Supervisor

a. Consolidation Register of activities of all workers (Male &Female) and Health Inspectors (Male &Female) and Register for Communicable Diseases. b. Register for recording the various educational activities in the PIIC area. c. Minutes for staff meetings. d. Stock & Issue Register of Education Materials. e. Any other registers for programmes or activities, as may be instructor from time to time. On call Services should be available as 24 hour on call duty during medical or public health emergencies or if requested by higher authorities

X. Any other duties assigned routinely or specially.

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JOB RESPONSIBILITIES OF MEDICAL OFFICERS IN PRIMARY HEALTH CARE INSTITUTIONS

In Kerala, the primary health care institutions fall mainly under three categories. They are:

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|--------------------------------|-------------------------------------|
| 1. Mini Primary Health Centres | 2. Block Primary Health Centres and |
| 3. Community Health Centres | |

In addition to the above, some of the First Referral Units (FRUs) and their Post Partum Units (PP Units) also have field staff under the supervision of Medical Officers.

Medical Officers working in the above institutions differ from their counterparts in secondary and tertiary level curative institutions in that they have field responsibilities in addition to curative services.

Thus Medical Officers working in primary health care institutions have different job responsibilities from their counterparts in secondary and tertiary level curative institutions.

In all these institutions Medical Officers are holding the administrative responsibility and job responsibilities of the medical officer in charge would vary from those of other Medical Officers. Thus the "Medical Officers in charge" are to be considered as a separate entity for describing the job functions. In addition to all the responsibilities that any Medical Officer in primary health care institutions would have, the Medical Officers in charge have some specific responsibilities by virtue of his being the administrative head of the institution.

Generally, mini Primary Health Centres have only one Medical Officer who may also hold charge of the institution. In cases where there is more than one Medical Officer in a mini Primary Health Centre, the senior among them may be in charge of the institution. In block Primary Health Centres and Community Health Centres, where there are more than one Doctor, the senior most among them may be in charge of the institution. A junior may hold charge of an institution in the presence of a senior, only under specific orders from authorities. Charge Medical Officer can directly report to the District Medical Officer of Health in matters of administration such as transfer leave sanction etc., and to the concerned Deputy District Medical Officer of Health or District Medical Officer of Health as the case may be in matters relating to finance, professional matters, supervision, co-ordination and control. He can collect and forward, with his comments and

recommendations, all reports, submissions and communications from other Medical Officers to District Medical Officer of Health or Deputy District Medical Officer of Health as the case may be.

I Medical Officer in charge :

1 The Medical Officer in charge should have overall charge and is responsible for implementing all activities grouped under health and family welfare in the institution area.

2 They should have overall supervisory responsibility of all the staff and should assign responsibilities to functionaries under them for proper functioning of the institution.

M.O in charge should be responsible for organizing dispensary, out patient clinic and assigning responsibilities and duties to the auxiliary staff. He should organize the laboratory in the institution and within the scope of such laboratory would help in diagnosis in doubtful cases. **4**

M.O in charge should be responsible for the overall supervision of other Medical Officers and all the field staff in their field activities. **5** M.O in charge should be responsible for all financial transactions in the institution subject to the provisions under delegation of financial powers. **6**

M.O in charge should have administrative, financial and disciplinary functions as per delegation of powers and can exercise overall control over the staff and activities in the institution. These responsibilities would be guided by the service rules and orders of the government. **7** Conduct monthly staff meeting at the institution and attend all the meetings at the district level. **8** Exercise powers and render duties as "village health authority" and other powers and duties as per any statute existing. **9** Conduct concurrent and consecutive supervision of all Medical Officers under him including Medical Officers in mini Primary Health Centres. **10**

Organize and conduct "Performance Audit" of institutions (Subcentres and Mini Primary Health Centres) with the help of audit team constituted for this purpose. (Instructions on this regard may be issued separately.) **11** Attend sectoral and project level meetings of ICDS projects. Review the health care related works of AWWs. Render continuing education sessions to AWWs in sectoral and Project level meetings **12**

Organize and conduct induction training for field staff or other categories of employees at the institution level with in reasonable period of their joining service. Over and above the responsibilities mentioned above M.O in charge would have responsibilities common to all Medical Officers, unless specified otherwise. M.O in charge should have to undertake and implement any other tasks or programmes the authorities may assign from time to time.

II Responsibilities common to all Medical Officers

Medical Officers in Primary Health Care institutions have the following responsibilities:

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|---|--|
| (i) Administrative and Financial | (ii) Professional - Provision of curative services |
| (iii) Professional - Field Responsibilities | (iv) Supervision, Co-ordination and control. |

I Administrative and financial responsibilities

1 Medical Officers who are not in charge may have administrative and financial functions as per delegation of powers made by authority. **2. Reporting :** Medical Officers other than charge Medical Officer are to report to charge Medical Officer in all matters. All communications to higher levels are to be routed through the medical officer in charge only.

II. Professional responsibilities - Provision of curative services.

1 Out patient services : All Medical Officers in primary health care institutions have responsibilities related to provision of curative services. They are to be available for routine out patient services in the institution during prescribed time for out patient clinics to screen, example diagnose, prescribe, investigate, treat and follow-up sick individuals, examine.

2 In patient services : In patient services are usually provided in institutions having two or more Medical Officers. Since there is no "unit system" in these institutions all the Medical Officers may have responsibility in service provision to the in-patients. After the routine out-patient hours all calls from the inpatients should be attended by the Medical Officer "On call duty". Medical officer in charge is in overall charge of inpatients. If there are at least two more Medical Officers available for taking call duty, the charge medical officer may be exempted from "call duty". Medical Officers should attend call duty on rotational basis and such duty assignment should be made by medical officer in charge and approved in the monthly conference of the institution. The name of Medical Officer on "call duty" should be displayed for the knowledge of staff and public. The Medical officer on call duty should attend all calls from the in-patients. Such calls should be made by the staff on duty in the institution. Calls can be sent by any mode i.e. over telephone, through a staff member or a messenger. In the latter cases calls may be sent in writing under the signature of the staff on duty sending the call.

III.4 Medico legal cases and emergencies

All Medical Officers including the medical officer in charge are to attend medico legal cases and emergencies. All Medical Officers have equal responsibility in attending such cases during routine working hours. After routine OPD -hours, staff on duty should report such cases to the Medical Officer on "call duty". However, the medical officer in charge should ensure that such cases are not denied services. Duty staff in the institution should send "call" to the duty doctor on such emergencies and medico legal cases as and when such cases report to the institution.

IV. Professional responsibilities related to the field activities.

1. All Medical Officers in primary health care institutions should have field responsibilities. Medical officer in charge would be in overall charge of all the field activities. All field staff would be reporting to the officer in charge through proper channel. 2. Whole area under a mini Primary Health Centre would usually be under the single Medical Officer available. If there is more than one Medical Officer, the area will be assigned in such a way that all of them are having equal areas to serve. 3. Block Primary Health Centres and CHCs should have only one panchayat area under their direct service provision. They may also have varying numbers of mini Primary Health Centres under them. In such cases Medical Officers in the block Primary Health Centres may be assigned field responsibilities over mini Primary Health Centre areas. For this purpose the whole field area under a block Primary Health Centre or CHC may be considered as a single unit and may be divided and assigned to all Medical Officers in block Primary Health Centre or CHC. These Medical Officers should be directed to coordinate the field activities in the field area of the mini Primary Health Centre with the help and support of the medical officer of the institution and should be held as the "responsible officer at the head quarters" for such mini Primary Health Centre areas. Since vehicles are being provided to the mini Primary Health Centres from the block Primary Health Centre/CHC for field activities, Doctors, Medical Officers can easily proceed to the mini Primary Health Centres for such field activities.

4 Concurrent Supervision : All Medical Officers in primary health care institutions should engage in concurrent supervision of their field staff. Each Medical Officer should perform concurrent supervision of at least two JPHNs, two JHIs and two supervisors (LHI, HI, HS, LKS as the case may be) during any calendar month and should report to the medical officer in charge. Details of such concurrent supervision should be discussed in monthly review meetings. Compliance with remedial/corrective measures proposed during such visits should be followed up meticulously.

IV.5 Consecutive Supervision : All the Medical Officers in primary health care institutions should do consecutive supervision of their field staff. Each Medical Officer should perform consecutive supervision of at least one JPHN, one JHI and one supervisor (LHI, HI, HS, LHS as the case may be) during any calendar month and should report to the medical officer in charge. Details of such consecutive supervision should "be discussed in monthly review meetings and subsequently followed up.

6 All Medical Officers may be involved in "performance audit" of staff as per the guidelines of "Performance Audit" to be issued separately.

7 Implementation of National Health programmes

IV.7.1 Reproductive and child health programme :

All Medical Officers in primary health care institutions have responsibilities under this programme. All field activities should be consolidated and reported through the medical officers in charge. Individual job responsibilities of medical officers could be understood from the programme implementation plan and Medical Officers can use the publication "Reproductive and Child health Programme- Module for Primary Health Centre medical Officers- integrated skill development training" published by the National Institute of health and Family Welfare, New Delhi as a reference material. The publication is available for reference with district training officials and at the State Institute of Health and Family Welfare, Thiruvananthapuram.

IV. 7.2. National Antimalaria programme : 1 All Medical Officer should actively involve in both active and passive surveillance. 2 They should guide health workers and their supervisors in preventive strategies, case detection and treatment. 3 They should guide them on correct dosage in radical treatment and may render medical support in cases of adverse drug reactions and other complications. 4 All cases of Malaria in the area should have to be investigated by one of the Medical Officers to the satisfaction of medical officer in charge, who should be ultimately responsible for such activities. 5 Medical officer in charge or one of the Medical Officers delegated should be responsible for coordinating the work with the Laboratory technician, supervising him and for sending sufficient number of slides for cross checking as laid down in the programme plan. 6 Medical Officers during their supervisory visits should ensure compliance of workers and their supervisors with guidelines of the programme.

IV.7.3 National Leprosy Eradication Programme

1. Help in detection and management of cases of Leprosy. 2 Give guidance to health workers and their supervisors on programme activities. 3 Render support in treating reactions of Leprosy and adverse drug reactions. 4 Render support in health education activities and IEC activities 5 Coordinate of NGOs and voluntary agencies involved in leprosy Elimination activities

IV.7.4. STD/AIDS Control programme

1. Help in early detection of STI/RTI cases and provide treatment (guidelines issued under "Syndromic management of RTI/STIs may be followed) 2 Provide health education and arrange IEC activities to prevent spread of RTI/STIs. 3. Arrange health education sessions aimed at prevention of RTI/STI infections and HI V/AIDS. 4 Target the "Special High risk groups" and come out with interventions as specified in the National HIV/AIDS control programme.

IV.7.5. Revised National Tuberculosis Control programme

1. Impress upon the health workers and their supervisors that RNTCP is a programme implemented through general health services. Enlighten them on the importance of case detection and prompt treatment with DOTS. 2 One of the Medical Officer should be assigned the specific responsibility of coordinating all the programme activities in the centre. 3. Render support in medical management (DOTS) of cases. Fetch timely medical support for patients who develop adverse drug reactions. Manage them at the institution and refer them if necessary to higher centres. 4 Encourage health workers on case detection, sputum examination and referral of patients to microscopy centres.

IV.7.6 National programme for control of blindness

1 Coordinate blindness control activities in the assigned area. 2 Help in detection of cataract cases and promote them for surgery. 3 Detect and treat ailments of the eye and refer to specialists as and when necessary 4 Detect cases of visual defects in children and refer them for expert treatment and correction of visual impairment. 5 Organize eye check up camps in schools with the help of refractionists and refer children with visual problems for specialist care. 6. Help to organize and conduct special camps for detection of cases of blindness, especially due to cataract and motivate them for surgery. 7. Arrange special camps for surgery of cataract cases and render all support in mobilizing patients, conducting surgeries and following them up. 8. Spread the message of "eye donation" and render support and guidance to individuals willing to donate their eyes. 9. Arrange for removal of eyes from willing individuals without delay. 10. Enlighten the community about eye care, importance of Vit.A supplementation, dietary habits and prevention of injuries to eyes.

IV.7.7. School Health Programme

1 Conduct medical examination of school children and provide services accordingly 2 Arrange health education sessions in schools and spread the message of healthy lifestyles, national health programmes and topics of importance from health care point of view. 3 Supervise health workers and supervisors in their school health activities

IV.7.9. National Mental Health Programme

1 Render support to detect cases of mental illnesses and provide medical treatment. 2 Provide referral support to patients with mental illnesses 3 Encourage community based management and rehabilitation of chronically mentally ill. 4 Detect and arrange for treatment of diseases related to mental stress 5 Spread the message of healthy lifestyles, avoidance of habit forming substances, problems of "substance abuse" and other psychosocial problems. Render support in early detection of such problems and management.

IV.7.10 Services to Adolescents

1 Arrange health education/counseling sessions for adolescents with the help of field staff 2 Arrange Adolescent Clinics and provide special services to the adolescents (Refer programme guidelines of Reproductive and Child Health Programme for information)

IV.7.11. Services to the "Elderly"

1 Motivate the health workers to render services at the doorsteps of the elderly . 2 With the help of field staff, collect a clear profile of the disease pattern of elderly in the area and devise interventions to address them. 3 Provide medical help and rehabilitative support to elderly.

IV.7.12. Services to the "Physically challenged"

1. Arrange programmes and activities aimed at the rehabilitation of the physically challenged. 2. Render medical help, support and suitable referral services to physically challenged as and when required.

IV.7.13. Other national health programmes

1. Actively participate in implementation of other national health programmes. Take steps to implement the programmes as per individual programme implementation guidelines. Provide

guidance, support and supervision to health workers, supervisors and other paramedical staff in their programme activities. **2** Actively involve in organisation of special programmes like National Immunization Days (NIDs: Eg. Pulse Polio), Special immunization camps and similar activities

IV.7.14 Health Education and IEC activities

1 Render necessary assistance to District Mass Media Officers/Health Education Officers and the IEC team for various education programmes in Health and Family Welfare. **2** Take necessary steps for control of communicable diseases such as chicken pox, Cholera gastroenteritis, dysentery, typhoid, UIP target diseases etc. **3** Conduct out break investigations, as and when directed and report to the medical officer in charge. Help the medical officer in charge in preparing technical reports, containment and preventive measures and other activities in times of outbreaks/epidemics of communicable diseases **4** Give necessary directions and guidance to all subordinates especially Health Supervisors and Lady health supervisors for Health, Family Welfare and Nutrition Education. **5** Arrange, supervise and co-ordinate programmes for Environmental Sanitation. **6** Detect, treat and prevent malnutrition especially among children and mothers and render necessary nutrition services and conduct nutrition education.

V Other Responsibilities

1. Attend conferences at various levels when required including monthly staff meeting at PHC. **2** Attend sectoral and project level meetings of ICDS projects. Review the health care related works of AWWs. Render continuing education sessions to AWWs in - sectoral and Project level meetings **3** Attend meetings of MSS workers, voluntary health workers and meetings of similar groups on request from the organizing health worker and provide training and education sessions . **4** Render support to the supervisors in organizing and conducting "induction training" of field staff at the institution level. **5** Attend in-service trainings and other trainings related to national health programmes or special activities as and when directed to do so. **6.** Issue certificates, in the capacity of medical officer, to beneficiaries of various social security and benefit schemes as and when requested. **7.** Issue medical certificates and fitness certificates and certificates of Physical fitness (to join employment etc), in the capacity of medical officer and may charge the prescribed fee. **8.** Attend to emergency cases at the residence of the patients and give necessary emergency treatment and advice. **9** Attend special duties related to fairs and festivals, natural calamities, visits by VIPs, special campaigns and camps as and when directed by authority. **10.** Any other duties which a Medical Officer of a PHC is expected to perform in view of his position and any other duties which will be assigned as and when required.

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DELEGATION OF POWERS TO OFFICERS IN HEALTH SERVICES P.H.C. MEDICAL OFFICERS

25-9-1969

**GOVERNMENT OF KERALA
Health (A) Department**

G.O. (MS) No. 272/69/Health, dated, Trivandrum, 25th September 1969.

**Abstract Establishment - Health Services Department - Delegation of powers to
Medical Officers in-charge of Primary Health Centres - Orders issued.**

Read Lr. No. 11273/EC5/68/DHs, dated 7th June 1969 from the Director of Health Services.

ORDER

The following powers are delegated to the medical Officers in-charge of Primary Health Centres:-

Administrative:

(i) Appointment - To appoint part-time sweepers in sanctioned posts through Employment Exchanges. (ii) Transfer- To transfer all Field staff within his/her jurisdiction under intimation to the District Medical Officers of Health concerned.

Financial:

Temporary withdrawal from Provident Fund Deposits: To sanction temporary withdrawal from P.F. Deposits up to Rs. 250 in each case subject to the conditions and limitations laid down in the Rules of the Fund.

(By order of the Governor)

Padma Ramachandra, Secretary to Government.

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30-7-1985

**Copy of G.O (P) No. 133/85/ HD dated 30-7-1985 From Health (A) Department
Establishment - Health Services Department- Delegation of Powers to the
Officers - Orders issued.**

Read:- Correspondence ending with note No.4/DHS (M&PH) 83/dt. 20-10-83 from the Director of Health Services.

Government in consultation with the Director of Health Services and as recommended by the Empowered Committee constituted to consider delegation of powers to various officers in the Department of Health Services, are pleased to delegate enhanced and new administrative and financial powers as shown in the appendix to the Department of Health Services.

Endt. on No. 90440/85/O & M /DHS Dt.3-9-85.

Sd/.

Dist. Medical Officer of Health.

APENDIX

***Statement showing the existing Administrative/Financial Powers and the enhanced/
new powers proposed to be further delegated the officers of the Health Services
Department as per the recommendation of the Em-powered Committee***

<u>Existing Powers</u>	<u>Enhanced/New Powers Proposed to be Delegated.</u>
<p>Item I- Administrative Powers Appointments Administrative Asst. in the D. M. O Office</p> <p align="center">Nil</p>	<p>Appointing Authority in the case of all non-technical non-gazetted staff working in the District Office.</p> <p>Note: In case where seniority list is maintained state wise, the A. As will report to Administrative officer for allotment.</p>
<p>Item V. Attestation of entries in Service Book. 1. Administrative Asst. (DMO Office)</p> <p align="center">Nil</p>	<p>To attest entries in the service books of the Staff of the office and also to conduct annual verification of Service books to fix pay of N.G.O.s of the office</p>
<p>Item VI. Audit of Accounts Administrative Asst. (QMO Office)</p> <p align="center">Nil</p>	<p>To Audit the accounts of-all institutions within the District as directed by DMO and pursue action on the reports and to take action for clearance of all audit objections.</p>
<p>Item VII. Indenting Stationery Printed forms etc. Administrative Asst. DMO's Office</p> <p align="center">Nil</p>	<p>To check and sign indents for stationary, printed forms etc. indented departmentally.</p>
<p>Item VIII. Inspection reports AA (DMO Office)</p> <p align="center">Nil</p>	<p>To obtain and forward all inspection reports of the A, G. and internal Audit reports issued by D.H.S.</p>
<p>Item Purchase of stationary & Books AA (DMO Office)</p> <p align="center">Nil</p>	<p>Financial powers To limit Rs. 50 and Rs. 250/- will be enhanced to Rs. 2000/--</p>

Item XV - Repairs and maintenance of Motor Vehicles

District Medical Officers To sanction urgent and minor repairs of motor vehicles through approved workshops when the cost not exceeds Rs.500/- in each case.

Dist. Medical Officer (H)

Nil

To sanction repair charges up to Rs.3000/- in the case of light vehicles and Rs. 5000/- in the case of medium heavy vehicles.

To sanction NRA and PF advance to the officers in his office as per rules.

Item XVII - Write off

District Medical Officer (H) To sanction write off of unserviceable articles upto a book value of Rs. 250/- per item subject to an annual limit of Rs.5000/-

District Medical Officers and superintendents of District Hospitals

To sanction disposal in auction of unserviceable surplus stores furniture etc. upto a book value of Rs.5000/- at a time.

To limit Rs. 250/- and Rs:5000/-will be enhanced to Rs.1000/-and Rs.10,000/- respectively.

The limit will be enhanced to Rs. 10,000/- at a time subject to annual limit of Rs. 50,000/

Item IV - hiring of private buildings

District Medical Officer (H)

To sanction hiring of private buildings at rent not exceeding Rs.250/--

To limit of Rs. 250/- will be enhanced to Rs.1000/

Drawing Bills

Administrative assistant (DMO's Office)

Nil

To Draw bills of all N.G.O. s in the D.M.O. office

Maintenance and petty construction works and repairs Dist. Medical Officer (H)

Nil

To sanction petty and minor construction works and repairs up to Rs. 1000/- on a proper estimate without reference to P.W.D.

Purchase of furniture.

Disritct Medical Officer (H) To sanction purchase of furniture locally up to Rs. 1000/- in each case

The limit will be enhanced to Rs. 5000/-

1. Leave

District Medical Officer (H). To sanction all kinds of leave except study leave and leave for study purpose and L.WA s exceeding 120 days to all officers up to Civil Surgeon Gr. II

To sanction all kinds of leave except study leave and leave for study purpose and L.WA exceeding 120 days to all officers up to C.S.Gr.II where no substitute is required.

Acceptance of Gifts on behalf of Government

D.I.O.s and Head of all Hospitals

To accept on behalf of Government all gifts which are unconditional. They should report about it to the Director of Health Services. Separate register should be maintained in each office for this purpose.

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29-3-1995

**GOVERNMENT OF KERALA
ABSTRACT**

**Establishment - Health Services Department - Delegation of Financial Powers to
the Officers enhanced - orders issued.**

FINANCE (EXPENDITURE) DEPARTMENT

G.O. (P) NO. 271/95/FD**Thiruvananthapuram, dt. 29-3-1995**

Read: Letter No. O&M1/11077/91/DHS dated 3-1-1992

ORDER

Government in Consultation with the Director of Health Services and as recommended by the Empowered committee constituted to consider delegation of Powers to various officers in the Health Services Department are pleased to delegate, enhanced and new financial powers as shown in the Appendix, to the various officers in the Department of Health Services.

By order of The Governor, K.M. Chandrasekhar, Secretary (Finance)

APPENDIX

DELEGATION OF POWERS/ENHANCEMENT OF POWERS

DIRECTOR OF HEALTH SERVICES

Sl. No.	Powers delegated	Existing Powers if any
<u>1. AGREEMENTS</u>		
i)	No change	i) Agreement in respect of all purchase made and contracts into on behalf of the Department.
ii)	No change	ii) Agreements with Medical Officers, Nurses, Pupils, Midwives etc.
iii)	No change	iii) Agreements regarding the sale proceeds of auction sale right of collecting fee from Government markets, car stand, landing places.
iv)	No change	iv) Agreement from private parties surrendering sites for construction of Maternity and Child Health centres etc.
v)	No change	v) Agreement of loan in respect of the vehicles supplied by the 'UNICEF'.
<u>2. ACCEPTANCE OF GIFTS</u>		
	To accept, on behalf of Government, all gifts offered unconditionally, like medicines, equipments, supplies, vehicles consumable etc. useful to the functioning of the medical institutions	To accept gifts such as furniture and utensils.
<u>3. GRANTS:</u>		
	No change	To sanction grants except lump- sum grants monthly and yearly to all private medical and public health institution run by local bodies except in cases where a reference to Government is necessary.
<u>4. LATE SUPPLY ACCEPTANCE OF</u>		
	No change	To accept late supply of articles if they are received within 2 months from the expiry of the date stipulated for the execution of order. If the delay was unavoidable.

6. PETTY Construction REPAIRS AND MAINTENANCE

To sanction petty and minor construction works and repairs costing not more than Rs.1,00,000/- in each case provided that the estimate for the work has been technically approved by PWD and funds have been provided in the budget.

To sanction petty and minor construction works and repairs costing not, more than Rs. 5,000/--in each case provided that the estimate for the work has been technically approved by PWD and funds have been provided in the budget.

7. SPECIAL SANITARY ARRANGEMENTS:

To sanction special sanitary arrangements up to Rs.25,000/- in each case festivals like Sabarimala, Maramon convention etc for sanitary arrangements) subject to an annual limit of Rs.3 lakhs.

Nil

8. PURCHASE.

a) Chemicals, apparatus etc.

To purchase chemicals and apparatus required for public Health Laboratory, Analytical Laboratory and Laboratories attached to Hospitals subject to budget provision.

To purchase chemical and apparatus required for public Health Laboratory, subject to budget provision.

b) Refrigerator, Microscopes, audio visual equipment's etc.

To sanction purchase of refrigerators, microscope, photographic equipments, audio visual equipments, hospitals instruments and equipments and spare parts up to a limit of Rs. 3,00,000/- (Three lakhs) subject to budget provision and after observing Stores purchase rules.

To sanction purchase of refrigerators, Microscopes, photographic equipments, audiovisual equipment etc. up to Rs. 40,000/- at a time budget provision.

c) Purchase of Medicines.

To purchase medicines up to a limit of 1 % of the total budget provision observing stores purchase Rules.

Nil

Note: At present the purchase is effected by D.H.S. vide item 9 of Stores purchase rules. However the Additional Director of Health Service is empowered to effect purchase for the same pur-pose up to Rs. One lakh.

d) Books and periodicals

No charge

Unlimited powers to purchase medical books and periodicals subject to budget provision.

9. CONTIGENCIES NON-RECURRING.

To incur non-recurring contingent expenditure up to Rs. 10,000/- in each case subject to budget provision.

To incur non recurring contingent expenditure up to Rs. 1500/- in each case subject to budget provision.

10. REFRESHMENT CHARGES

To sanction refreshment charges in connection with meetings, conferences etc. convened by the Director subject to the following conditions.

To sanction refreshment charges in connection with meetings, conferences atc.convened by the Director subject to the Following conditions.

i) No change

ii) No change

iii) The expenditure shall be restricted to Rs. 5/- per head subject to a maximum of Rs. 250/- on any one occasion and the claim supported by proper vouchers.

11. REMOVAL OF PATIENTS.

To sanction expenditure for the removal of patients to referral hospital, isolation hospital, subject to budget provision and rules approved by Government

12. SCHEMES.

To give administrative sanction to schemes costing not more than Rs. 3 lakhs, subject to budget provision.

13. WORKS.

No charge.

14. WRITE OFF

i) No change

ii) To write off irrecoverable arrears of revenue and other irrecoverable amounts up to Rs. 10,000/- at a time subject to annual limit of Rs. 2 lakhs.

iii) To write off the cost of date expired medicines up to Rs. 10,000/- at a time subject to an annual limit of Rs. 2 lakhs if the loss to Government is not due to negligence on the part of departmental officers.

15. DISPOSAL IN AUCTION.

No change

16. MEDICAL REIMBURSEMENT CLAIMS

To sanction requests for medical reimbursement claims exceeding Rs. 10,000/-

i) The total number of persons present shall not be less than 5.

ii) The decision to provide the refreshment should be taken by the DHS.

iii) The expenditure shall be restricted to Rs. 1 per head subject to maximum of Rs. 100/- on any one occasion and claim supported by proper vouchers.

To sanction expenditure for the removal of patients suffering from communicable diseases to the nearest isolation Hospital subject to budget provision and rules approved by the Government.

To give administrative approval to schemes costing not more than Rs. 2 lakhs.

To award administrative sanction for works included in the project estimate and for which provision has been made in the budget subject to a limit of Rs. 2 lakhs in each case.

To sanction write off of breakages and leakage's taking place in transit when supplies are made from departmental stores to institutions subject to the condition that only the quantity that is actually lost during transit is written off.

To write off of irrecoverable arrears of revenue and other irrecoverable amounts up to Rs. 10,000/- at a time subject to annual limit of Rs. 25,000/-

No delegation.

To dispose off all the unserviceable stores tools and plant other furniture, materials at site of work, dismantled materials etc.

No delegation.

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ADDITIONAL DIRECTOR OF HEALTH SERVICES

Sl. No.

Powers delegated.

Existing powers

I. Advertisement charges.

No charge

To sanction payment of statutory advertisement charges without limit on condition that the rate should be approved by the Director of public relations.

II. Refreshment charges.

To sanction Rs. Five per head subject to a maximum of Rs. 250/- on anyone occasion for refreshment charges in connection with meetings, conferences etc. convened by the additional director subject to the following conditions

- i) The total number of members present at the meeting or conference shall not be less than five.
- ii) The decision to provide the refreshment shall be taken by the Addl. Director.

iii) The claim should be supported by proper vouchers.

III. Special sanitary arrangements.

No change

IV. Bills

To sign, pass and draw all contingent bills relating to purchase of medicines, equipments, etc.

V. Acceptance of gift.

No change

To sanction 50 paise per head subject to a maximum of Rs. 50/- on anyone occasion and subject to an annual limit of Rs. 1000/- for refreshment charges in connection with meetings, conference etc. convened by Addl. Director subject to the following conditions.

- i) The total number of member present at the meeting or conference shall not be less than five.
- ii) The decision to provide the refreshments shall be taken by Director

iii) The expenditure shall be incurred subject to availability of funds and only when non official are also present and the meeting one of lone duration the claim is supported by proper vouchers.

To sanction up to Rs. 2000/- in each case.

To sign, pass and draw all contingent bill relating to medicines, equipments, etc. of Government Medical store, Thiruvananthapuram.

To accept gifts such as furniture, electrical goods and hospital accessories, utensils etc.

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DIRECTOR OF PUBLIC HEALTH LABORATORIES/ CHIEF GOVERNMENT ANALYST.

Sl. No.	Powers delegated	Existing powers
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1. Advertisement charges

To sanction advertisement charges as per the rate approved by Director of public relations

To sanction advertisement charges up to Rs. 100/- in each case.

2. Contingencies non-recurring.

To incur contingent expenditure on non-recurring items up to Rs. 2500/- in each case subject to budget provision.

To incur contingent expenditure on non-recurring items up to Rs. 25/- in each case subject to budget provision.

3. Petty construction, Maintenance and repairs

To sanction petty construction, maintenance and re-pair works on proper estimate up to Rs. 10,000/- in each case, provided that it is technically approved by the public works department.

To sanction petty construction, maintenance and repair works on proper estimate up to Rs. 500/- in each case provided that it is technically approved by the concerned engineering department,

4. Purchase

Calves, goats etc.

To sanction the hire and purchase of calves goats and miscellaneous items required for the laboratory on sealed tender system subject to budget provision.

No change

5. Chemical and apparatus

To sanction purchase of chemicals and apparatus up to Rs. 3 lakhs at a time subject to budget provision and subject to stores purchase rules.

To sanction purchase of chemicals and apparatus up to Rs. 1 lakh at a time subject to budget provision.

Note: When a contractor fails to fulfil the terms of this contract, the Director of public Health Laboratory may make local purchase of goats, calves and miscellaneous items as and when necessary up to Rs. 500/- at a time.

6. Furniture

- i) No change
- ii) To sanction purchase of furniture locally up to Rs. 10,000/- in each case subject to budget provision and also to the condition that
- No Govt. agencies is able to supply to required furniture and
 - the purchase is made observing stores purchase rules.

7. Refund

To sanction the refund of revenue up to Rs. 100/- in each case against original credit in case the collection is found unnecessary.

8. Write Off:

To sanction write off the value of articles lost through accidental breakage or other unavoidable damage unserviceable instruments and equipments up to a book value of Rs. 500/- in each case subject to a maximum of Rs. 15,000/- per Annum.

9. Disposal in auction

To dispose off in auction unserviceable (and surplus) stores, equipments, instruments etc. up to a book value of Rs. 25,000/-per annum.

Note: When a contractor fails to fulfil the terms of this contract, the Director of public Health Laboratory may make local purchase of goats, calves and miscellaneous items as and when necessary up to Rs. 250/- at a time.

- i) To sanction purchase from Govt. agencies furniture and other items ordinarily manufactured there subject to budget provision.
- ii) To sanction purchase of furniture locally up to Rs. 500/- in each case subject to budget provision and also to the conditions that
- No Govt. Agency is able to supply the required furniture and
 - the purchase is made observing stores purchase rules.

To sanction the refund of revenue up to Rs. 10/- against original credit in case the collection is unnecessary.

To sanction write off of the value of articles lost through accidental breakage or their unavoidable damage, up to a book value of Rs. 100/- in each case provided the book value of the articles writ-ten off in a year does not exceed Rs.1000/- per annum

Nil

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HEALTH TRANSPORT OFFICER

Sl. No.

Powers

delegated

1. Repairs and Maintenance of Motor Vehicles

Administrative sanction.

- To accord administrative sanction for the repairs of motor vehicles through approved work shops up to Rs. 50,000/- in each case.
- To accord technical and administrative sanction for the repairs of motor vehicles through unapproved workshop up to Rs. 5000/- in each case in case of emergencies.
- To purchase spare parts up to Rs.10,000/- in each case either through approved makers of a type of vehicles or as per stores purchase rules.
- To arrange for the bulk purchase of tyres and batteries with the approval of the Director of Health Service as per rate contract.
- To pass for payment all contingent bills relating to the repairs of vehicles, purchase of spare parts up to Rs. 1,50,000/- in each case.

To arrange for the purchase of types and batteries in bulk quantities with the approval of the D.H.S.

All bills of Health transport office above Rs. 10,000/- subject to budget allotment.

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COLD CHAIN OFFICER

<u>Sl.No.</u>	<u>Powers delegated</u>	<u>Existing Powers</u>
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Bills:

1. To scrutinise and approve for payment contingent bills relating to the repairs, maintenance cost of spare parts etc. of mechanical electro-mechanical and electrical equipment in Health service department under U.I.P.

1. To issue administrative sanction up to Rs. 25,000/- for the repairs and maintenance works of Mechanical Electro-mechanical and Electrical equipments used in the Health services department under U.I.P. at a time subject to budget provision.

2. To issue technical sanction for estimates up to Rs. 50,000/- for the repairs and maintenance works of mechanical, electro-mechanical equipments used in the Health services department under U.I.P. at a time subject to budget provision

3. To pass excess over estimate and sanction for revised estimate up to Rs. 5000/- or 10% whichever is higher.

4. To accept tenders at the rate of 10% above of the original estimate.

5. To sanction survey reports of unserviceable articles including tools and plants up to Rs. 10,000/- based on book value.

6. To conduct auction on all sanctioned survey reports above Rs. 5,000/- and to confirm it on the spot if the bid amount is not less than 75% of the value.

7. To purchase spareparts or accessories of the Mechanical, electromechanical and electrical equipments used in the Health Services Department under U.I.P. up to As. 1,000/- observing stores purchase rules.

8. To incur expenditure up to Rs. 1000/- for the repairs of equipments without observing stores purchase rules in the case of emergencies.

9. The three HER Units viz. Trivandrum, Ernakulam and Calicut will be under the Technical control of the cold chain offices.

Note: The above items is seen omitted in G.O.MS 146/89/H&FWD dated 24-7-1989. The intention is to incorporate the item.

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DISTRICT MEDICAL OFFICER OF HEALTH

<u>Sl. No.</u>	<u>Power delegated</u>	<u>Existing Powers</u>
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1. Agreements:

i) No change

To execute:

i) Agreements with contractors for the supply of diet articles in Govt. hospitals and dispensaries.

ii) No change

ii) Agreements for the lease of hospital compounds, usufructs of trees etc.

iii) Agreements in regard to building taken on lease or rent for departmental use such as office quarters etc.

iii) Agreements in regard to building taken on lease for departmental use such as office quarters etc.

iv) No change

iv) Agreements with Dhobies for washing of soiled linen in hospitals.

v) Agreements for the lease of cycle stands canteen, telephone booths etc. in hospital

v) Agreements for lease of Cycle stand in Govt. Hospital.

vi) No change

vi) Security bonds in the case of subordinates who have to furnish security.

2. Burial charges:

No change

3. Contingencies - Non recurring:

To incur non-recurring items contingent expenditure up to Rs. 3000/- in each case subject to budget provision.

4. NRA and P.F. Advance:

To sanction NRA and temporary advance to the officers working in the district

5. Maintenance and Petty construction works and repairs.

To sanction petty and minor construction works and repairs up to Rs. 10,000/- in the case of urgent nature on proper estimate without reference to PWD.

6. Purchase of furniture:

To sanction purchase of furniture locally up to Rs. 10,000/- in each case.

7. Write off:

To sanction write off of unserviceable articles, date expired medicines etc. up to the book value of Rs. 5,000/- per item subject to an annual limit of Rs. 2 lakhs, of which medicines should not exceed Rs. 50,000/-

8. Disposal in auction:

To Sanction disposal in auction of unserviceable articles (surplus) stores furniture etc. up to a book value of Rs. 25,000/- at a time subject to an annual limit of Rs. 2 lakhs.

9. Purchase:

a) To sanction purchase of books and periodicals required for the use of the institutions up to Rs. 1,000/- at a time subject to budget provision.

b) Hospital accessories and kitchen utensils:- To purchase hospital accessories, equipments, machineries, kitchen utensils etc. up to Rs. 10,000/- in each case subject to budget provision observing stores purchase rules.

c) Stationery: To sanction purchase of stationery articles locally in urgent and unforeseen case up to a limit of Rs. 500/- in each case subject to an annual limit of Rs. 5,000/-

d) Medicines: (i) To sanction local purchase of medicines and other hospital accessories for use in Govt. hospitals, dispensaries without observing stores purchase rules up to Rs. 10,000/- at a time in emergent and unavoidable cases, the purchase being reported to D.H.S.

To sanction expenditure for burial of unclaimed dead bodies in hospital and dispensaries up to Rs. 300/- in each case.

To incur non-recurring item of contingent expenditure up to Rs. 200/- in each case subject to budget provision.

To sanction NRA and PF advance in his office as per rules.

To sanction petty and minor construction works and repairs up to Rs. 1,000/- on proper estimate without reference to PWD.

To sanction purchase of furniture locally up to Rs. 5,000/- in each case.

To sanction write off of unserviceable articles, up to a book value of Rs. 1,000/- per item subject to annual limit of Rs. 10,000/-

To sanction disposal in auction of unserviceable surplus stores furniture etc, up to a book value of Rs. 10,000/- at a time subject an annual limit of Rs. 50,000/-

To sanction purchase of books and magazines required for the use of institutions upto Rs. 100/- at a time subject to budget provision.

To purchase hospital accessories, equipments, machinery's etc. upto Rs. 500/- in each month subject to budget provision and also to condition that the purchase should be reported to the Director.

To sanction purchase of stationery articles locally in urgent and unforeseen case upto Rs. 20/- in each case and subject to an annual limit of Rs. 200/-

To sanction local purchase of medicines and other Hospital accessories for use in Govt. hospitals / dispensaries without observing stores purchase Rules upto Rs. 250/- at a time in emergent and unavoidable cases the purchase being reported to D.H. S.

(ii) To sanction local purchase of medicines and other hospital accessories for use in Govt. hospital / dispensaries observing S.P. rules upto Rs.1,50,000 at a time subject to budget provision.

Nil

10. Removal of patients.

(i) To sanction expenditure upto RS. 50/- per head for removal of patients suffering from communicable diseases to the nearest isolation hospital subject to budget provision.

(i) To sanction expenditure upto Rs. 15/- per head for removal of patients suffering from communicable diseases to the nearest isolation hospital subject to budget provision.

(ii) No change.

(ii) To sanction expenditure in each case of emergency and when ambulance is not available.

11. Special sanitary arrangement:

To sanction estimates upto Rs. 5,000/- in each case for making special sanitary arrangements in connection with fairs and festivals subject to Rs. 50,000/- per annum.

To sanction estimates upto Rs. 250/- in each case for making special sanitary arrangements in connection with fairs and festivals and visit of important personages.

12. Tenders.

To invite tenders and to enter into contract with any party on behalf of Govt. for the supply of dietary and non- dietary articles to institutions under their control and to accept the rates upto 15% above market bureau rates.

To invite tenders and to enter into contract with any party on behalf of Govt. for the supply of provision to institutions directly under their control according to Rules.

13. Use of ambulance

To sanction the use of ambulance free of charges for transfer of indigent patients from one institution to another involving inter- district or interzone transfer.

To sanction the use of ambulance free of charges for transfer of indigent patients- form one institution to another with the district to another district or Zone, may be made subject to the ratification of Director of Health services.

14. Write off of irrecoverable arrears of revenue.

To sanction write off of irrecoverable arrears of revenue upto Rs. 100/- at a time subject to an annual limit of Rs. 5,000/-

To sanction write off of irrecoverable arrears of revenue subject to an annual limit of Rs. 250/-

15. Bills

(i) To pass for payment of all bills relating to purchases, repairs maintenance etc. relating to his office

Nil

(ii) No charge.

To countersign TA Bills of all Gazetted officers and non Gazetted officers of all institutions under his control.

16. Medical reimbursement claims

To sanction request for medical reimbursement claims upto Rs. 10,000/-

Nil

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SUPERINTENDENT IN-CHARGE OF HOSPITAL HAVING 501 BEDS AND ABOVE DIRECTOR, STATE T.B. CENTRE PRINCIPALS OF TRAINING SCHOOLS, PRINCIPALS OF HEALTH AND FAMILY WELFARE TRAINING CENTRE, PRINCIPAL JUNIOR PUBLIC HEALTH NURSES TRAINING SCHOOLS.

<u>Sl.No.</u>	<u>Powers Delegated</u>	<u>Existing Powers if any</u>
<u>1. Tenders</u> No change		To invite individual retenders/ quotations for dietary and sundry articles wherever no tenders have been received / settled in response to the tenders already invited by the District Medical Officers and for works and supplies according to the delegation of powers there fore.
<u>2. Agreements</u>		
(i) No change.		(i) To execute agreements with contractors for supply of dietary and sundry articles to the hospitals, works etc. concerned without monetary limit subject to sanction.
(ii) No change		(ii) Agreement to the lease of the hospital compound, usufructs of trees etc.
(iii) No change		(iii) Agreements in regard to building taken on lease for departmental use such as office, quarters etc. subject to sanction from competent authorities wherever necessary.
(iv) Agreement for the lease of bicycle stand/ canteen, etc., in the hospital compound.		(iv) Agreement for the lease of bicycles stands Canteen etc. in the Govt. Hospital.
(v) No change		(v) Security bonds in the case of subordinates have furnished security.
<u>3. Burial charges:</u> No change		To sanction expenditure upto Rs 300/- burial of unclaimed dead bodies in hospital.
<u>4. Contingencies non- recurring.</u> To incur on recurring items of contingent expenditure upto Rs. 1000/- subject to budget provision.		To incur non recurring item of contingent expenditure upto Rs. 200/- subject to ratification from District Medical Officer.
<u>5. Write off:</u>		
(i) To sanction write off irrecoverable arrears of revenue such as hospital stoppages, diet charges, contingent charges, operation charges and other service charges upto Rs. 100/- in each case subject to annual limit of Rs. 5,000/-		(i) To sanction write off irrecoverable arrears of revenue such as hospital stoppages, diet charges, contingent charges, operation charges etc. upto Rs. 25/- in each case subject to an annual limit of Rs. 500/- only.
(ii) To sanction write off of cost of all unserviceable articles condemned by the condemnation committee of the hospital institution irrespective of the book value of the articles subject to annual limit of Rs. 50,000/-		(ii) To sanction write off of the cost of un serviceable articles upto the book value of Rs. 1000/- per item subject to an annual limit of Rs. 1000/-
<u>6. Disposal in auction:</u> To sanction disposal in auction of unserviceable or surplus stores, office/ hospital furniture, materials at work sites, dismantled materials etc. upto a book value of Rs. 25,000/- at a time subject to annual limit of Rs. 2 lakhs.		To sanction disposal in auction of unserviceable or surplus, stores office/ hospital furniture, materials, at site work, dismantled materials, etc. upto a book value of Rs. 10,000/- at a time . subject to an annual limit of Rs. 50,000/-
Note: In case of articles condemned by the condemnation committee there will be no ceiling in the case of items condemned by the hospital condemnation committee auction sale of whole items can be conducted irrespective of the book value of annual ceiling.		

7. Repairs of hospital equipment etc.

To sanction repairs of hospital equipments, furniture machinaries, kitchen utensils (including calloying) upto Rs. 1 0,000/. at a time subject to budget provision and observing stores purchase rules.

8. Purchases:

(a) Books

To sanction purchase of books and periodicals required for the institutions upto Rs. 500/- at a time subject to budget provision.

Note: for principals of Training institutions, the power to be enhanced to Rs. 2000/- at a time subject to budget provision.

b) Furniture

(i) No change

(ii) To sanction. purchase of furniture locally upto Rs. 10,000/- at a time subject to budget provision and observing stores purchase rules.

c) Hospital accessories and kitchen utensils:

To purchase hospital accessories, utensils, equipments, Machines etc. upto Rs. 20,000/- at a time subject to budget provision and also observing stores purchase rules.

d) Medicines.

To sanction local purchase of medicines and lite saving equipments for use in the hospital upto Rs.1 0,000/ at a time subject to budget provision Without observing S.P. Rules in time of emergency and unavoidable circumstances.

(ii) To sanction local purchase of medicines upto Rs. 50,000/ at a time subject to budget provision and observing S.P. Rules.

Note: Local purchase of medicines under clause (d) above should be resorted to only when in respect of the items not available with the District Medical Stores.

e) Stationery

To sanction local purchase of stationery articles in urgent and unforeseen cases upto Rs. 500/ -at a time subject to the annual limit of Rs. 5000/

9. Renting of private building:

To sanction the hiring private building for departmental use on a rent not exceeding Rs. 500/ - p.m. on condition that the rate of rent should be approved by PWD.

10. Bills

No change.

11. Stipend.

Only for principals of Health and Family welfare training centres / Nurses training schools junior public Health Nurses.

To sanction repairs of hospital equipments, furniture; machinery, kitchen utensils (including calloying) upto Rs. 1 ,000/- at a time subject to budget allotment and stores purchase rules.

To sanction purchase of books and magazines required for the use in institutions upto Rs. 500/

(i) To sanction purchase from Govt. agencies all furniture and other items ordinarily manufactured there subject to budget provision.

(ii) To sanction purchase of furniture locally upto Rs. 1000/- only in each case subject to budget provision and also to the conditions that no Govt. Agencies is able to supply the required item in time, and (b) the purchase is made observing stores purchase rules.

To purchase hospital accessories equipments, machines etc. upto Rs.2000/- at a time subject to budget provision and also the condition that the purchase should be reported to the Director and stores purchase rules observed.

To sanction local purchase of medicines for use in the hospitals upto Rs. 2000/- at a time subject to budget provision without observing S.P. Rules in time of emergency and unavoidable circumstance and to purchase upto RS. 5000/- at a time observing S. P. Rules subject to budget provision.

To sanction local purchase of stationary articles in urgent and unforeseen cases upto Rs. 100/ at a time subject to an annual limit of Rs. 1000/

To sanction the hiring of private building for departmental use on rent not exceeding Rs. 250/pm if certified by competent PWD authorities in each case.

To make payment of supplies, works, service etc. for which necessary sanction has been accorded by competent authorities.

Nil

Training Schools: To draw and disburse stipend and other allowances to the students/trainees subject to sanction from competent authority and budget provision.

Nil

12. Date expired Medicines:

To write off the cost of date of expired medicines upto the book value of Rs. 500/- at a time provided that the date expiry of the medicines is not caused by the negligence of the custodian officer, subject to annual limit of Rs. 5000/-

To write Off the date expired medicines upto the book Rs. 250/- at a time provided that the date of expiry is not caused by the negligence of the custodian officer.

13. Lease

No change

To lease out the trees in the compound of the institution for the collection of usufructs and lease out compounds provided the lease is confirmed in favour of the highest bidder and also provided that the lease amount is not less than the previous years bid amount. The sale will be subject o confirmation from the District Medical Officer.

14. Removal of Patients

(a) To sanction use of Ambulance free of charge for transfer of poor patients in acute cases from the hospital to nearest referral hospital subject to the ratification by the DMO (H) in case of inter district and inter state transfer.

(a) To sanction use of ambulance free of charges for transfer of poor patients in acute cases from the hospital to referral hospital subject to ratification by the District medical officer in case of inter district transfer.

(b) To incur expenditure on transfer of patients in case of emergency to the nearest hospital when Ambulance is not available, upto a maximum of Rs. 500/- in each case.

(b) To incur expenditure on transfer of patients in case of emergency to the nearest referral hospital when the ambulance is not available upto maximum of Rs. 100/- in each case.

(c) To sanction expenditure for removal patients suffering from communicable diseases to the nearest isolation hospital subject to a maximum of Rs. 500/- per patient.

(c) To sanction expenditure for removal patients suffering from communicable diseases to the nearest isolation hospital subject to a maximum or Rs. 100/- per patient.

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**SUPERINTENDENT MEDICAL OFFICERS IN CHARGE OF INSTITUTION WITH BEDS
201 TO 500 AND TAIUK HEAD QUARTERS HOSPITALS**

<u>Sl.No.</u>	<u>Powers Delegated</u>	<u>Existing Powers if any</u>
1	2	3
1. Tenders		To invite individual retenders /quotation for dietary and sundry articles wherever no tenders have been received/settled in response to the tenders already invited by the District Medical officers and for works and supplies according to the delegation of power there fore.
No change		
2. Agreement :		(i) To execute agreements with contractors for supply of dietary and sundry articles to the hospitals, works etc. concerned without monetary limit subject to sanction.
(i) No change		(ii) Agreements to the lease of the hospital compound, usufructs of trees etc.
(ii) No Change		(iii) Agreements in regard to buildings taken on lease for departmental use such as office/ Quarters etc. subject to sanction from competent authorities wherever necessary. .
(iii) No change		

(iv) No change

(v) No change

3. Burial changes:

No change.

4. Contingencies non recurring

To sanction non recurring items of contingent expenditure upto Rs. 1500/- at a subject to budget provision including changes for advertisement, shifting of offices etc.

5. Disposal in auction

(i) To sanction disposal in auction of unserviceable (or surplus) articles condemned by the hospital condemnation committee upto ceiling of Rs.1 lakh.

(ii) To sanction disposal in auction of unserviceable articles etc. other than those condemned by the Hospital condemnation committee, upto the book value of Rs. 1500/- at a time subject to annual limit of Rs. 25,000/-

6. Write off

(i) To sanction irrecoverable arrears of revenue such as hospital stoppages, diet charges, contingent charges, operation charges etc. upto Rs. 50/- in each cases subject to annual limit of Rs. 2,500/-

(ii) To sanction write off of cost of all unserviceable articles upto the book value of Rs. 1000/- at a time subject to an annual limit of Rs. 25,000/-

Note: in the case of unserviceable articles etc. condemned by the Hospital condemnation committee the above ceiling will not be insisted.

(iii) To write off date expired medicines upto the book value of Rs. 250/- at a time provided the date of expiry is not caused by the negligence of the custodian officer subject to annual limit of Rs. 2500/-

7. Lease

No change

8. Purchases

(i) Books

To sanction purchase of books and periodical required for the use of the institutions upto Rs. 500/- at a time subject to budget provision.

(ii) Furniture.

(a) To sanction purchase from Govt. Agencies all furniture and other subject to budget provision and annual limit of Rs. 10,000/-

(iv) Agreement for the lease of cycle stands in Govt. Hospitals.

(v) Security Bonds in the case of subordinates who have furnished security.

To sanction expenditure upto Rs. 300/- for burial of unclaimed dead bodies in hospital.

To sanction expenditure upto Rs. 150/- at a time subject to budget provision including charges for advertisement, shifting of offices etc.

To sanction disposal in auction of unserviceable or surplus stores, office, hospital furniture, materials at the site of works, dismantled materials etc. upto a book value of Rs. 1000/ at a time subject to annual limit of Rs. 10,000/

Nil

(i) To sanction write off irrecoverable arrears of revenue such as hospital stoppage, diet charges, contingent charges, operation charges etc. upto Rs. 10/- in each case subject to an annual limit of Rs. 250/- only.

(ii) To sanction write off of cost of unserviceable articles- upto the book value of Rs. 1 000/ - per item a subject to an annual limit 'of Rs10,000/-

(iii) To write off date expired medicines upto the book value of Rs. 100/- at a time provided' the date of expiry is not caused by the negligence of the custodian officers.

To lease out trees in compounds for collection of usufructs and to lease out compounds provided the lease is confirmed in favour of the higher bidder and also provided that the lease amount is not less than previous years bid amount. The sale will be subject to the confirmation of District Medical Officers.

To sanction purchase of books and magazines required for the institutions upto Rs. 150/- at a time subject to budget provision.

(a) To sanction purchase from Govt. agencies all furniture and other items ordinarily manufactured there subject to budget provision and annual limit of Rs. 1,000/-

(b) To sanction purchase of furniture locally from other sources upto Rs. 10000/- p.a. in case no Govt. agency is able to supply and that purchase is made observing S. P. Rules.

(C) Hospital accessories.

To purchase hospital accessories, utensils, equipments, Machinaries etc. upto Rs. 10,000/- at a time subject to budget provision observing stores purchase rules.

(D) Medicines

To sanction local purchase of medicines upto Rs. 7, 500/- at a time subject to budget provision without observing S.P. Rules in time of emergency and unavoidable circumstances.

(b) To sanction local purchase of medicines upto Rs. 25,000/- at a time observing stores purchase rules subject to budget provision.

Note: local purchase of medicines under clause (b) above should be resorted to only when in respect of the items not available with the District medical stores.

(E) Stationery :

To sanction local purchase of stationery articles locally in urgent and unforeseen cases upto Rs. 100/- at a time subject to the annual limit of Rs. 2000/-

(vi) Repairs of Hospital equipments, furniture utensils etc.

To sanction repairs of hospital equipments furniture machinery, kitchen utensils including calloying upto Rs. 5,000/- at a time observing S.P. Rules subject to budget allotment.

9. Renting Private building

To sanction the hiring of private building for departmental use on a rent not exceeding Rs. 500/- p. m. provided the rate of rent is certified by the P.W.D.

10. Removal of Patients

(a) No change

(b) To incur expenditure on transfer of indigent patients in case of emergency to the nearest referral hospital when an ambulance is not available upto maximum of Rs. 500/- in each case.

(c) To sanction expenditure for removal of patients suffering from communicable diseases to the nearest isolation hospital subject to a maximum of Rs. 500/- per patient.

12. Bills

No change

b) To sanction purchase of furniture locally from other sources upto Rs. 1000/- p.a. in case no Govt. Agency is able to supply and that purchase is made observing S.P. Rules.

To purchase hospital accessories equipment's, utensils machinaries etc. upto Rs. 1000/- at a time subject to budget provision and also the condition that the purchase should be reported to the District Medical officer stores purchase. rules should be observed.

To sanction local purchase of medicines for use in the hospital upto Rs.1 000/- at a time subject to availability of budget provision without observing S. P. rules in time of emergency and unavoidable circumstances and to purchase upto Rs. 3000/- at a time observing S.P. Rules subject to budget allotments.

To sanction purchase of stationery articles locally in urgent and unforeseen cases upto Rs. 25/- at a time subject to an annual limit of Rs. 250/-

To sanction repairs of Hospital equipments, furniture, utensils, machinery including calloying upto Rs. 750/- at a time subject to budget allotment and stores purchase rules.

To sanction the hiring of private building for departmental use on a rent not exceeding Rs. 250/- P.M. if certified by competent authority.

(a) To sanction use of Ambulance free .of charges for transfer of indigent patients in acute cases from the hospital to referral hospital subject to ratification by the DMO (H) in case of inter district transfers.

(b) To incur expenditure on transfer of indigent patients in case of emergency to the nearest referral hospital when ambulance is not available upto a maximum of Rs.100/- in each case.

(c) To sanction. expenditure for removal of patients suffering from communicable diseases to the nearest isolation hospital subject to a maximum. of Rs.100/-per patient.

To make payment of supplies, works service etc. for which necessary sanction has been accorded by competent authorities.

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SUPERINTENDENTS / MEDICAL OFFICERS IN CHARGE OF INSTITUTION WITH BEDS 51 to 200

<u>Sl.No.</u>	<u>Powers Delegated</u>	<u>Existing Powers if any</u>
<p><u>1. Tenders</u> No change</p>		<p>To invite individual retenders/ quotations for dietary and sundry articles wherever no tenders have been received settled in response to the tenders already invited by the District medical officers and for works and supplies according to the delegation of powers therefore.</p>
<p><u>2. Agreements</u> No change</p>		<p>(i) To executive agreements with contractors for supply of dietary and sundry articles to the hospitals, works etc. concerned without monetary limit subject to sanction. (ii) to execute agreements to the lease of the hospital compound, usufructs of trees etc. (iii) Agreements in regard to buildings taken on lease for departmental use such as office, quarters etc, subject to sanction from competent authority. (iv) Agreement for the lease of cycle stands in Govt. Hospitals. (v) Security bonds in the case of subordinates who have furnished security.</p>
<p><u>3. Burial charges:</u> No change</p>		<p>To sanction expenditure upto Rs. 300/- for burial of unclaimed dead bodies in hospitals.</p>
<p><u>4. Contingencies non recurring</u> To incur non recurring items of contingent expenditure upto Rs. 500/- at a time including charges for advertisement shifting of office etc.</p>		<p>To incur non - recurring items of contingent expenditure upto Rs. 100/- at a time including charges for advertisement, shifting of office.</p>
<p><u>5. Disposal in auction.</u> To sanction disposal in auction of unserviceable (or surplus) stores, office/ Hospital furniture and materials at site of works, dismantled materials etc. upto a book value of Rs. 1500/- at a time subject to annual limit of Rs. 25,000/-</p> <p>Note: In the case of articles condemned by the Hospital condemnation committee, there will be no ceiling for disposal in auction.</p>		<p>To sanction disposal in auction of unserviceable or surplus stores, office / hospital furniture, materials at site of works, dismantled materials etc. upto a book value of Rs. 1000/- at a time subject to annual limit of Rs. 10,000/-</p>
<p><u>6. Write off</u> (i) Irrecoverable arrears of revenue. To sanction write off of irrecoverable arrears of revenue such as hospital stoppages, diet charges, contingent charges, operation charges etc. upto Rs. 50/- in each case subject to annual limit of Rs. 2500/-</p> <p>(ii) To sanction write off of cost of all unserviceable articles upto a book value of Rs. 1,500/- at a time subject to an annual limit of Rs. 25,000/- provided that in the case of unserviceable articles condemned by the Hospital condemnation committee, for write off of cost, there will be no limits.</p>		<p>(i) Irrecoverable arrears of revenue To sanction write off irrecoverable arrears of revenue such as hospital stoppages, diet charges, contingent charges, operation charges etc. upto Rs. 10/- in each case.</p> <p>(ii) To sanction write off of cost of unserviceable articles upto the book value of Rs. 50/- per item subject to an annual limit of Rs. 2500/-</p>

(iii) To write off the cost of date expired medicines upto the book value of Rs. 250/- at a time provided the date of expiry is not caused by the negligence of the custodian officer.

7. Lease

No change

8. Purchase

(i) Books :

To sanction purchase of. books and periodical required for the use of the institution upto Rs. 500/- at a time subject to budget provision.

(ii) Furniture

(a) To sanction purchase from Govt. agencies s all items of furniture and other items ordinarily manufactured there subject to budget provision and annual limit of Rs. 10,000/-

(b) To sanction purchase of furniture locally from other sources upto Rs. 10,000/-p.a. in case no Govt. agency is able to supply the items and that the purchase is made observing S.P. Rules.

(iii) Hospital accessories

To purchase hospital accessories equipments machineries, kitchen utensils etc. upto Rs. 7500/- at a time subject to budget provision observing stores, purchase rules.

(iv) Medicines :

(a) To sanction local purchase of medicines and life saving equipments for use in the hospitals upto Rs. 5000/- at a time subject to budget provision without observing S.P. rules in time of emergency and unavoidable circumstances and to purchase upto Rs. 20,000/- at a time observing S.P. Rules subject to budget provision.

Note : Local purchase of medicines under item (iv) above should be resorted to only when in respect of the items not available with district medical stores.

(v) Stationery:

To sanction purchase of stationery articles locally in urgent and unforeseen cases upto Rs. 100/- at a time subject to the annual limit of Rs.2000/-

9. Repairs of Hospital equipments. furniture utensils etc.

To sanction repairs of hospital equipments furniture machineries, kitchen utensils etc. including canoying upto Rs. 5,000/-ata time subject to budget provision, observing stores purchase rules.

10. Renting of private building.

Sanction the hiring of private buildings for departmental use on a rent not exceeding Rs. 250/- p.m. in case the rent is certified by the P.W.D. in each case.

(iii) To write off the cost of date expired medicines upto the book value of As. 100/- at a time provided the date of expiry is not caused by the negligence of the custodian officer.

To lease out trees in compounds for collection of usufructs and lease out compounds provided the lease incompound in favour of the highest bidder and also provided that the lease amount is not less than the previous years bid amount. The sale will be subject to the confirmation of District Medical Officer.

To sanction purchase of books and magazines required for the use of institutions upto Rs.25/-at a time subject to budget provision.

To sanction purchase from Govt. agencies all items furniture and other items ordinarily manufactured there subject to budget provision and annual limit of Rs. 1000/-

To sanction purchase of furniture locally from other sources upto Rs. 1000/- p.a. in case on Govt. agency in able to supply the items and that the purchase in made observing S. P. Rules.

To purchase hospital accessories equipments machineries etc upto Rs. 500/- at a time subject to budget provision and also to the condition that the purchase should be reported to the District Medical Officer. Stores purchase Rules should be observed.

To sanction local purchase of Medicines for use in the hospitals upto Rs. 500/- at a time subject to availability of budget provision without observing S.P. Rules in times of emergency and unavoidable circumstances and to purchase upto Rs. 2000/-at a time observing S.P. Rules subject to budget provision.

To sanction local purchase of stationery articles locally in urgent and unforeseen cases upto Rs. 150/- at a time subject to an annual limit of Rs. 1500/-

To sanction repairs of hospital equipment's, furniture kitchen utensils etc. including calloying upto Rs.750/- at a times subject to budget allotment and stores purchase rules.

To sanction the hiring of private buildings for departmental use on a rent not exceeding Rs. 100/- p.m. in case rent is certified by competent P.W.D. authorities in each case.

11. Removal of patients

(a) Nochange

(b) To incur expenditure on transfer of patients in case of emergency to the nearest referral hospital where the ambulance is not available upto a maximum of Rs. 500/- per patients.

(c) To sanction expenditure for removal of patients suffering from communicable diseases to the nearest isolation hospital subject to maximum of Rs. 500/- per patient.

(a) To sanction use of Ambulance free of charges for transfer of indigent patients in acute cases from the hospital to other hospitals subject to ratification by the DMO in case of inter district transfers.

(b) To incur expenditure on transfer of patients in case of emergency to the nearest referral hospital when the ambulance is not available upto a maximum of Rs. 100/- in each case subject to approval of the D.M.O.

(c) To sanction expenditure for removal of patients suffering from communicable diseases to the nearest isolation hospital subject to a maximum of Rs.100/- per patient subject to ratification from the D.M.O.

12. Bills.

No change

To make payment of supplies, works, services etc. for which necessary sanction has been accorded by competent authority.

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MEDICAL OFFICERS IN CHARGE OF INSTITUTION WITH BEDS UPTO 50.

Sl.No.	<u>Powers Delegated</u>	<u>Existing Powers if any</u>
1. Tenders:		To invite individual re-tenders/quotations for dietary and sundry articles wherever no tenders have been received settled in response to the tenders already invited by the District Medical Officers and for works and supplies according to the delegation of powers therefore.
No Change		
2. Agreements:		
i) No change.		(i) To execute agreements with contractors for supply of dietary and sundry articles to the hospitals, works etc. concerned without monetary limit subject to sanction.
ii). No change		(ii) Agreements to the lease of the hospital compound, usufructs of trees etc.
iii) No Change		(iii) Agreements in regard to buidings taken of lease for departmental use such as office, quarters etc. subject to sanction from competent authority whenever necessary.
iv) No change		(iv) Agreement to the lease of cycle stands in Govt. Hospitals.
v) No change		(v) Security Bonds in the case of subordinates who have furnished security.
3. Burial charges:		To sanction expenditure upto Rs. 300/- per Burial of unclaimed dead bodies in Hospitals.
No Change		
4. Contingencies Non-Recurring:		To incur non recurring items of contingent expenditure upto Rs.50/- at a time including charges for ad-vertisement shifting of office.
To incur Non-recurring items of contingent expenditure upto Rs. 250/- at a time including charges for advertisement, shifting office etc.		
5. Disposal in auction		To sanction disposal in auction of unserviceable or surplus stores, office/Hospital furniture, materials at site of works, dismantled materials etc, upto a book value of Rs.100/-at time subject to annual limit of Rs. 5000/-
i) To sanction disposal in auction of unserviceable (or surplus) stores office, Hospital furniture and material at site of works, dismantled materials etc. up to book value of Rs.1500/- at a time subject to annual limit of Rs. 25,000/-		

Note: in the case of articles condemned by the hospital condemnation committee, the ceiling is fixed above will not be insisted.

6. Write Off:

i) To sanction write off of irrecoverable arrears of revenue such as hospital stoppages, diet charges, etc. upto Rs.50/- in each case subject to annual limit of Rs. 2500/-

ii) To sanction disposal write off the cost of all unserviceable articles upto a book value of Rs. 1000/- at a time subject to an annual limit of Rs. 10,000

Note: in the case of Articles condemned by Hospital condemnation committee the above ceiling will not be insisted.

iii) To write off the cost of date expired medicines upto the book value of Rs. 200/- at a time provided the date of expiry is not caused by the negligence of the custodian officer.

7. Lease :

No change

8. Purchases:

i) Books

To sanction purchase of books and periodicals required for the use of institutions upto Rs. 300/- at a time subject to budget provision.

ii) Furniture

a) To sanction purchase from agencies subject to budget provision and annual limit of Rs. 5000/-

b) To sanction purchase of furniture locally from other sources upto Rs. 10,000/- P.A. in case no Govt. Agency is able to supply the items and that the purchase is made observing S.P. Rules.

c) Hospital Accessories

To purchase hospital accessories, equipments, machineries, kitchen utensils etc. upto Rs. 5,000/- at a time subject to budget provision. Stores purchase rules should be observed.

d) Medicines

a) To sanction local purchase of medicines and life saving equipments for use in hospital upto Rs. 3000/- at a time subject to budget provision without observing S. P. Rules in time of emergency and unavoidable circumstance. To purchase medicines and life saving equipments upto Rs. 15,000/- at a time observing S.P. Rules subject to budget provision.

Note: Local purchase of medicines under clause (iv) above should be resorted to only when in respect of the items not available with District Medical Stores.

v) Stationery :

To sanction purchase of stationery articles locally in urgent and unforeseen cases upto Rs.50/- at a time subject to the annual limit of Rs. 1000/-

(i) To sanction write off irrecoverable arrears of revenue such as hospital. stoppages, diet charges, contingent charges, operation charges etc. upto Rs.10/- in each case, subject to annual limit of Rs. 250/-

(ii) To sanction write of cost of unserviceable articles upto the book value of Rs. 25/- per item subject to an annual limit of Rs. 1000/-

(iii) To write off the cost of date expired medicines upto the book value of Rs. 50/- at a time provided the date of expiry is not caused by negligence of the custodian officer.

To lease out trees in compounds for collection of usufructs and lease out compounds provided the lease is confirmed in favor of the highest bidder and also provide that the lease amount is not less than the previous years bid amount. The sale will be subject to the confirmation of district medical Officer.

To sanction purchase of books and magazines required for the use of institutions upto Rs. 25/- at a time subject to budget provision.

Nil

Nil

To purchase hospital accessories equipments, machineries etc, upto Rs. 100/- at a time subject to budget provision and also to the condition that the purchase should be reported to the District medical Officer. S.P. rules should be observed.

To sanction local purchase of medicines for use in the hospital upto Rs: 250/- at a time subject to availability of budget provision without observing S.P. Rules in times of emergency and unavoidable circumstances and to purchase upto Rs. 1000/- at a time observing S.P. rules subject to budget provision.

To sanction purchase of stationery articles locally in urgent and unforeseen cases upto Rs. 10/- at a time subject to an annual limit of Rs. 100/-

9. Repairs of Hospital equipments, furniture, utensils etc.

To sanction repairs of hospitals. equipment's furniture machinerires, kitchen utensils etc. including Calloying up to Rs. 3000/- at a time subject to budget provision, observing S.P. Rules.

To sanction repairs of hospital equipment's, furniture kitchen utensils etc. Including alloying upto Rs. 250/- at a time subject to budget allotments and stores purchase rules.

10. Renting of private building:

To sanction the hiring of private building for department use on a rent not exceeding Rs. 200/- p.m. provided that the rate is certified by the P.W.D. authorities.

To sanction the hiring of private buildings for departmental use on a rent not exceeding Rs.50 PM. if certified by competent P.W.D. authorities in each case.

11. Removal of patients:

a) No change

a) To sanction use of Ambulance free of charge for transfer of indigent patients in acute cases from the hospital to other hospitals subject to ratification by the DMO in case of inter district transfers.

b) To incur expenditure on transfer of patients in case of emergency to the nearest referral hospital when the ambulance is not available upto a maximum of Rs. 100/- in each case subject to approval of the D.M.O.

b) To incur expenditure on transfer of patients in case of emergency to the nearest referral hospital when the ambulance is not available upto a maximum of Rs.100/- in each subject to approval of the D.M.O.

c) To sanction expenditure for removal of patients suffering from communicable disease to the nearest isolation hospital subject to a maximum Rs. 500/- per patient.

(c) To sanction expenditure for removal of patients suffering from communicable diseases to the nearest isolation hospital subject to a maximum of Rs. 100/- per patient subject ratification from the D.M.O.

12. Bills:

No change

To make payment of supplies, works, services, etc. for which necessary sanction. has been accorded by competent authority.

* * * * *

STATE AIDS PROGRAMME OFFICER

Sl.No.	Powers Delegated	Existing Powers if any
1	2	3

Administrative powers:

1 Leave:

To sanction all kinds of leave except study leave, hospital leave, leave without allowances exceeding 120 days, Leave without allowance to take up appointment abroad join, spouse abroad and leave governed by special rules to all Non- Gazetted officers working under him.

Nil

2. Increment

To sanction increments to all Non - Gazetted officers working in the state AIDS cell and to make entries in their service books.

Nil

3. Tours

To sanction journeys on duty of all officers working under him.

Nil

4. Financial powers.

(a) He will be the drawing and disbursing officer in respect of all N.G.Os under him and also contingent charges towards purchase of medicines. chemicals equipment's, wages etc.

Nil

(b) To incur non recurring contingent charges. Incur non- recurring contingent expenditure upto Rs.500/- (Rs. Five hundred only) in each case subject to budget provision.

Nil

3. Purchase of books and periodicals: To purchase books and magazines connected with AIDS control programme subject to limit of Rs. 1000/- (Rs. one thousand only) at a time provided there is budget provision. Nil

3. Equipment's and Machinery's:

To purchase equipment's machinery, Laboratory apparatus, chemicals a Rs. 2 lakhs at a time subject to budget provision. Nil

4. Purchase of Furniture and equipment's for office

Rs. 5000/-(Rs. five thousand only) in each / case, subject to budget provision. Nil

6. Repair and maintainance vehicle.

Repairs charges of vehicles upto Rs.. 3,000/ - (Rs. Three thousand only) in each case and for purchase of spare parts worth RS.2000/ - (Rs. Two thousand only) at a time. Nil

6. G.P.F. loan

To sanction temporary advance from GPF Account to officers working under him as per GPF (K) Rules. Nil

7. Advertisement charges:

To sanction payment of advertisement charges without limit. Nil

8. Local purchase of stationery

To sanction purchase of stationery locally in urgent and' unforeseen case upto Rs. 50/-(Rs. fifty only) in each case subject to annual of .Rs500/- (Rs. Five hundred only). Nil

9. I.A. Bills:

To check and countersign T.A. Bill of all officers working under him. Nil

10. Refreshment charges:

To sanction refreshment charges in connection with meeting/ conference covered by state AIDS programme officer subject to a limit of Rs. 50/- (Rs. Fifty only) in each case when the total number of participants are not less than 5 and subject to annual limit of Rs. 1000/- Nil

11. Printing of Publicity and training materials:

To sanction printing of publicity materials such as posters, folders, booklets etc. and materials required for training of personnel of AIDS control programme upto Rs. 1 lakh at a time subject to budget provision, through IPP offset printing press. Nil

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DELEGATION OF POWER TO P.H.C. MEDICAL OFFICERS 25-9-1969

GOVERNMENT OF KERALA HEALTH (A) DEPARTMENT

G.O. (MS) No. 272169/Health, dated Trivandrum, 25th September 1969

Abstract:- Establishment - Health Services Department - Delegation of powers to Medical Officers in charge of Primary Health Centres - orders issued

Read: Lr. No. 11273/EC5/68/DHS, dated 7th June 1969 from the Director of Health Services.

ORDER

The following powers are delegated to the Medical Officers in charge of Primary Health Centres.

Administrative:

(i) Appointment To appoint part time sweepers in sanctioned posts through employment exchanges.

(ii) Transer. To transfer all Filed staff within his/ her jurisdiction under intimation to the District Medical Officers of Health concerned.

Financial: Temporary withdrawal from provident Fund Deposits: To sanction temporary withdrawal from P. F. Deposits upto Rs. 250 in each case subject to the conditions and limitations laid down in the Rules of Fund.

(By order of the Governor)

Padma Ramachandran, Secretary to Government.

* * * * *

DUTY ARRANGEMENTS IN PRIMARY HEALTH CENTRES

28-6-1982

copy of Proceedings order No. EC1. 119872180/DHS. dated 28-6-1982 from The director of Health Services, Trivandrum

Sub : Duty Arrangements of Medical Officers in P.H. Centre and Government Dispensaries- orders issued.
Read: Duty Arrangements of Medical Officers in P.H. Centres and Government Dispensaries/ subsidiary Health Centres will be as follows hereafter.

1. Duty Arrangement in PH. Centres with 3 doctors.

On Sunday one doctor will work in the O. P/ IP. in the morning from 8 A.M. 11.30 AM. and two doctors will avail weekly off on Sunday in turn.

On week days- Out patient service 8 A.M. 11.30 A.M. in Patient service after 11.30 A.M. .

School Service	F.N - 10 A.M. - 1 PM.	A N. Child Clinic/ Immunisation clinic	2 P.M. - 4 P.M.
	AN. - 2 P.M. - 4 P.M.	Retraining	2P.M. - 4 P.M.
Village visit	F. N. - 9 AM. - 1. P.M.	Administrative work	2 P.M. . 4 P.M.
	AN. - 2. P.M.. 4 P.M.		

The Distribution of work will be as follows:-

Doctor	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
	FN PHC	AN MCP	FN HC	AN SC	FN School	AN Village	FN PHC	AN Retrai ning	FN PHC	AN SC	FN Village	AN MC Immunisation	FN	AN
1.	PHC	MCP	HC	SC	School	Village	PHC	Retrai ning	PHC	SC	Village	MC Immunisation		
2.	School	Village	PHC	MC	PHC	SC	Village	School	PHC	Retra ining	PHC	SC		
3.	PHC	SC	School	Village	PHC	MC Child Clinic	PHC	SC	Village	School	PHC	Retrai- ning		

Note:- 1

- i) On days of school holidays, the doctor posted to school duty will conduct additional village visits, avail one such holiday weekly off for that week if expected to work on Sunday in that week or as compensatory in lieu of the holiday.
- ii) On day of public Holidays, the doctor posted for SC visits, village visits, retraining will Work in the main centre or avail the holiday against compensatory leave admissible without detriment to the morning institutional work.
- iii) Main centre clinics must be conducted on holidays also.
- iv) Otherwise the programme should not be deviated except in cases of emergencies or of special circumstances.
- v) B.E.E, P.H.N, H.I and Lady H.I (PHN) and health workers of the, area where P.H.C. is located must attend PHC from 2 P.M.- 4 P.M.
- vi) Para medical staff like Pharmacists, Nurses Laboratory technician etc. must attend P.H.C. from 2 to 4 P.M. or as per duty posting.

2. Duty arrangement in P.H.C. centres with 2 doctors.

Working hours and duties Morning 8 A.M. to 11.30 AM. o P from 11.30 AM. IP. and other services.
Both doctor will work in the main centres during the morning duty hours.

After noon 2 PM. to 4. PM. - Duties as in table below.

1. Main centre : Administrative work or Antenatal clinics or child clinic or immunisation clinic.
2. Sub Centre : Antenatal and child clinic immunisation clinics at intervals of 4 weeks or visit to feeding centres.
3. School Duty : Medical inspection of school children and implementation of school health.
4. Village duty : Inspection of work of subordinates. Investigation of cases of communicable diseases Health Education / F.P.Education. Sanitation programme.

Doctor	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1.	School	Main centre Administration	Sub centre visit	Main centre Administration	Village visit	Main centre Immunisation.	Off (in turn alternately)
2.	Main Centre (AN.clinic)	School	Maincentre child clinic	Village visit	MainCentre Administration	Sub Centre	Off. (in turn alternately)

Note :

- Depending on the number of sub centres and feeding centres, sub centre duty must be arranged at intervals of 1 or 2 or 3 or 3 weeks.
- Where there are more than 3 sub centres in a P.H.C. some sub centre and feeding centre duty must be coupled with village visits.
- Otherwise the programme should not be deviated except in case of emergencies or in special circumstances.
- BEE., PH.N, H.I and Lady H.I (PHN) and health works of the area where PHC is located must attend PH.C. from 2 P.M. - 4 PM.
- Paramedical staff like pharmacists, nurses, laboratory technicians etc. must attend PH.C. from 2 to 4 PM. or as per duty posting.

3. Duty arrangements in government Dispensaries/subsidiary Health Centres. medical officers working hours and duties :

Medical Officers : One
 Working hours & Duties : Morning 8 A.M. to 11.30 A.M. - Outpatient service.
 11.30 A. M. to 12 Noon - Inpatient service.
 Afternoon 2 P.M. - 4 PM. - as in table.

Afternoons :

- Main Centre duty : Administrative duties Antenatal or child clinic ,and or immunisation clinics weekly or fortnightly as case may be.
- Subcentre duty : Antenatal and child clinics , immunisation clinics at intervals of 4 weeks or visit of feeding centres.
- School duty : Medical inspection of school children and implementation of school health.
- Village duty : Inspection of working of field staff supervisions. Investigation of cases of communicable disease. Health Education, Family Planning, Education sanitation programme.

Day	Population 1500 Section 3 Sub Centres 2 duty	Population 20000 Section 4 Sub Centres 3 duty	Population 25000 Section 5 Sub, Centres 4 duty	Population 30000 Section 6, Sub Centres 5 duty
Sunday	off call duty	off call duty	off call duty	off call duty
Monday	Sub Centre "1" or "2" alternatively.	Sub Centre "1" or "2" alternatively	Sub Centre "1" or "2" alternatively.	Sub Centre "1" or "2" alter natively.
Tuesday	Main Centre.	Main Centre.	Main Centre.	Main Centre.
Wednesday	School duty	School duty	School duty	School duty
Thursday	Main Centre	1. Main Centre. Alternate Thursday 2. Sub Centre "3" on alternate Thursdays	Sub Centre "3" or "4" Alternatively	Sub Centres "3" or "4" Alternatively
Friday	Village Duty. -	Village duty.	Village duty.	Village Duty
Saturday	Main Centre.	Main Centre.	Main Centre	1. Main Centre on alternates Saturdays. 2. Sub Centre "3" on other Saturdays.

Note: -

1. The programme should be deviated only in case of emergencies like out break of communicable diseases or for special reasons.
2. Supervisors and health workers in the section containing subsidiary Health Centre should attend the centre from 2 P.M. to 4 P.M.
3. Para medical staff like Nurses, Pharmacists etc.-must attend the subsidiary Health Centre from 2 P.M. to 4 P.M. or as per duty posting. .

All Medical officers working in the P. H. Centres/ Government Dispensaries / Sub Centres are expected to do work as above. They should submit their advance programme of their field duty to their superior officers and one copy of the same must be available in the P.H. Centre for verification by the inspecting officer if necessary. If the Medical Officer are not able to go to the field duty in unavoidable circumstances they should be available in the P.H. Centre. If any of the Medical Officers expected to be in the P.H.Centre during afternoon is not able to attend P.H.Centre due to leave or other reasons, one of the other doctor/ doctors must be in the P.H.C. in the AN. and attend to the duties expected of the doctor who is absent due to leave or other reason.

The field Supervisors or officer (like H.I, BEE., H.V/ P.H.N) should be available in the PH.Centre from 3.30 P.M. to 5 P.M. on all working days unless they are engaged for field works for which there should be sufficient records available in the P.H.Centre for inspecting officers to scrutinise. All touring officers should maintain tour diaries for security of the inspecting officers.

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17-1-1984

EC1/119872180/DHS Director of Health Services Trivandrum Dated 17-1-1984

CIRCULAR

Sub : Duty arrangement of Medical officers in P.H. Centres and government Dispensaries.

Ref : 1. This officer order No; EC119872/80/DHS dated 28-6-1982.
2. Discussion held on 16-12-1983 with the programme officers and KGMOA representative.

On the basis of this office order 1st cited, complaints were received from the representative of KGMOA. A discussion was held with the representatives on 16-12-1983 and some modifications are made in the above order as follows: .

1. There is no need to fix the time for I.P. work after 11.30 AM. The I.P. work will be attended as per the conveniences of the medical officer

2. The time allotted for office work 2- 4 P.M. is not convenient. The clinical staff will be available in the PH. Centres between 3.30 and 5 PM. The after noon work will include office work (administration) antenatal work, well baby clinics immunisations work, training and retraining, discussion etc. Those who are not going for tour will attend the office work in the afternoon. At least one doctor, should be available in the A.N.

3. The PH. centres with more than two doctors, the field work will be done in the forenoon also. During these visits, they will attend school health, immunisation, F.P camps, control of communicable diseases, health education seminars, meetings, discussion, balavadi visits, inspection and supervision of field staff etc. There is no need to prescribe any time limit for field visit. During field trips they will also attend the sub centre F.W. Centre visit in the after noon.

4. The off duty will be availed with mutual understanding and without affecting the routine work

5. Those who are not having field visit will attend O.P in the morning and office work in afternoon.

6. All the touring officers will mark as tour in the attendance register and also maintain advance tour programme in the primary health centre for perusal of inspecting officers.

7. The tours will be arranged in consultation with each other as per the availability of vehicle. Group tours will be necessary because only one vehicle is available in the PH. Centres.

Director of Health Services, (IPP. & FW)

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25-06-1997

Copy of letter from secretary to Government address to DMO's

GOVERNMENT OF KERALA

Health & Family Welfare (FW) Department, Thiruvananthapuram dated 25-06-1997

No. 29409/FW1/97/H & FWD

ABSTRACT

Sir,

Sub: FW Programme - Service of Junior Public Health Nurse withdrawn from Hospital/Primary health Centre services reg:

It has come to the notice of the Government that the Family Welfare achievements in the State has comedown considerably during 1995-96 and 1996-97. The Field work of Junior Public health Nurse is also not satisfactory. In most of the primary Health Centre the Junior Public Health Nurses are utilised for Hospital services thereby the field level Family Welfare activities are neglected. The purpose of creation of the post of Junior Public Health Nurses is field level Family Welfare and Maternal & Child health activities, where as their services could not be utilised fully due to the above said reason. Government of India have also specifically directed that the Junior Public health Nurse's should not be posted in the Hospital curative side.

As the Target Free Approach and Reproductive child Health projects are implemented in our state, we have to ensure the quality of service to the clients. I am there to request you to withdraw the services of Junior Public Health Nurses from Hospitals and primary Health Centres, and post them exclusively for field level Family Welfare and Child Health activities with immediate effects

Yours faithfully,

sd/-

Secretary to Government

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28-10-95

GOVERNMENT OF KERALA

Copy of order No. PLA 1.75053/94/BHS dated 29-9-95 of the director of health services, Thiruvananthapuram with endorsement on

A5.24862/95/DMOHA dated. 28-10-95.

Sub : Health services Department-charge arrangements of store when the custodian is on leave.

Ref : 1 .Circular No. PLA 1.75053/94/DHS. dt.9.12-94.

Pharmacists were entrusted with the charge of the stores as per reference 1st cited. Now a question arises as to how the distribution of medicines can be handled when the pharmacist/ pharmacist store keeper is absent. To tide over the difficulty the following orders are issued.

Duplicate key of the store room will be kept with the Medical officer /RMO to be used in emergency situations. In emergency situations or when the Pharmacists /Pharmacist store keeper is on leave the store room should be opened by the Medical officer /RMO in the presence of any two other officers. A register should be kept in the hospital to record the emergency opening of the stores and details present at the time of opening for the emergency

Dr. S.Madhavan Nair

Director of Health Services In Charge

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01-08-1995

ആരോഗ്യവകുപ്പ് ഡയറക്ടറേറ്റ്
തിരുവനന്തപുരം, തീയതി : 01-08-1995

സർക്കുലർ

വിഷയം : കേരള ഗവൺമെന്റ് ജൂനിയർ പി.എച്ച്. നഴ്സസ് ആന്റ് സൂപ്പർവൈസസ് നേഴ്സസ് യൂണിയന്റെ ആവശ്യങ്ങളിലേക്ക് നടത്തിയ തീരുമാനങ്ങൾ നടപ്പിലാക്കുന്നത് സംബന്ധിച്ച്

യൂണിയർ പി.എച്ച്. നഴ്സുമാരെ പി.എച്ച്. സെന്ററുകൾ നൈറ്റ് ഡ്യൂട്ടിക്ക് നിയോഗിക്കുന്ന തുമ്പലം ഫീൽഡ് വർക്കിന് അത് സാരമായി ബാധിക്കുന്നതായും അവരുടെ സ്വന്തം ജോലി തൃപ്തികരമായി നിർവ്വഹിക്കാൻ കഴിയാതെ വരികയും ചെയ്യുന്നതായി കേരള ഗവൺമെന്റ് ജൂനിയർ പി.എച്ച്. നഴ്സ് ആന്റ് സൂപ്പർവൈസേഴ്സസ് യൂണിയൻ സർക്കാരിനോട് പരാതി പ്പെടുകയുണ്ടായി.

രണ്ടോ അതിലധികമോ സ്റ്റാഫ് നേഴ്സ് ജോലി ചെയ്യുന്ന പി.എച്ച്. സെന്ററുകളിലെ ജെ.പി. എച്ച്. നേഴ്സുമാരെ നൈറ്റ് ഡ്യൂട്ടിയിൽ നിന്നും ഒഴിവാക്കേണ്ടതാണ്. പ്രത്യേക സാഹചര്യത്തിൽ ജെ.പി.എച്ച്.നെ നൈറ്റ് ഡ്യൂട്ടിക്ക് നിയോഗിക്കപ്പെടേണ്ടിവന്നാൽ അവരെ ജോലിയിൽ സഹായിക്കുന്നതിനായി ഒരു നഴ്സിംഗ് അസിസ്റ്റന്റിന്റെ സേവനം ലഭ്യമാക്കേണ്ടതാണ്. ഇപ്രകാരം നൈറ്റ് ഡ്യൂട്ടിക്ക് നിയോഗിക്കപ്പെടുന്ന ജീവനക്കാർക്ക് ഡേ ഓഫ് നിലവിലുള്ള നിയമപ്രകാരം അനുവദിക്കേണ്ടതാണ്. അതു സംബന്ധിച്ച നിർദ്ദേശം ജില്ലാ മെഡിക്കൽ ഓഫീസർ ബന്ധപ്പെട്ട ഉദ്യോഗസ്ഥന്മാർക്ക് നൽകേണ്ടതാണ്.

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ADDITIONAL CHARGE ALLOWANCE

16-12-1997

GOVERNMENT OF KERALA

ABSTRACT

Health Services Department - Establishment: Dr. P. Radhalekshmy, Civil Surgeon, General Hospital, Ernakulam - charge Allowance for holding the post of Superintendent; - sanctioned orders issued.

HEALTH AND FAMILY WELFARE (A) DEPARTMENT

G.O. (Rt) No. 4340nO/H&FWD, Dated Thiruvananthapuram, 16-12-1997

Read: Proceeding No. A1 - 381/97 dated 31-1-97 of the Superintendent, General Hospital, Ernakulam.
2. Letter No. EA2/39409/97/DHS dated 18-11-1997 from the Director of Health Services.

ORDER

In the circumstances reported by Director of Health Services in his letter read as 2nd paper, . Government are pleased to ratify the action of the superintendent, General hospital, Ernakulam having given full additional charge of the superintendent of the hospital to Dr. P. Radhalekshmy, with effect from 31-1-97 till another superintendent, is posted.

Government are also pleased to sanction charge allowance to Dr. P. Radhalekshmy, Civil Surgeon, General hospital, Ernakulam at the rate of 20% of the minimum of the scale of pay of the post of superintendent, General Hospital, Ernakulam (Rs. 4500 - 5700/-) for the period from 1-2-1997 to 23-4-1997 during which she had held the full additional charge of the post.

By order of the Governor

M.K. Ravindran, Undersecretary to Government

15-7-1999.

ADDITIONAL CHARGE ARRANGEMENTS

CIRCULAR

No. 39452/R3/99/Fin.

Dated, Thiruvananthapuram, 15th July 1999.

Sub: Rules Kerala Service Rules - Charge arrangements under Rule 53 Part I-Competent Authority clarifications - issued.

It has come to the notice of Government that certain Heads of Departments are making Charge arrangements against vacancies arising in their Departments irrespective of the fact whether they are competent or not to sanction appointments in the posts concerned. In Departments under Government of Kerala, Charge arrangements are being made in accordance with Rule 53 Part I Kerala Service Rules and that only appointing authorities are competent to make charge arrangements. In the circumstances, Government wish to reiterate that only appointing authorities are competent to make charge arrangements under Rule 53 Part I Kerala Service Rules.

V.P. REGHU Additional Secretary (Finance)

16-10-99**Copy of letter No. 5667/C2/98/H & FWD dt. 16-10-99 from the -Secretary to Government, Health and F. W. (C) Depart ment. Trivandrum, addressed to the Director of Health Services, Trivandrum.**

Sub: Health Services Department. Estt.-Charge arrangement made by authorities other than appointing authority - reg.

Ref: 1. Your Office letters No. EC1 -67964/97/DHS dt. 24-1-1998 and 25-9-99
2. Govt. Circular No. 39452/R3/99/Fin. dt. 15-7-99.

Inviting your attention to the reference cited, I am to inform you that, it has been reiterated in the Circular referend 2 above that only appointing authorities are competent to make charge arrangements under Rule 53, Part-1 Kerala Service Rules. It is seen that usually charge arrangements are being made by most of the District Medical Officers even though they are not appointing authority in such cases.

In the above circumstances, I am to request you to issue instructions to all District Medical Officers to follow the instructions in Circular No. 39452/63/99/Fin. dt. 15-7-99 scrupulously.

G. VIJAYAKUMARAN NAIR, Under Secretary
for Secretary to Government.

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ADDITIONAL CHARGE ALLOWANCE

The fact that additional charge allowance is not granted to Health Service Doctors has been discussed with Health Secretary. Health Secretary has informed that as per the existing rules in K.S.R, doctors also are eligible for additional charge allowance. Hence I request you to follow the guidelines given below.

The existing rule 53 (d) Part I K.S.R. in respect of the clarifications of post for additional charge has been deleted as per G.O. (P) 132/87/Fin dated 10-2-1987 and a new rule 53 (A) was introduced from 1-2-1987. As per the original rule no additional pay was granted when an officer was appointed to hold additional charge of posts in the same or identical time scale of pay. But as per the amendment in rule 53 (A) such officers are also eligible for additional charge allowance. This implies that doctors are also entitled to additional pay, provided the additional charge arrangements are in respect of different territorial jurisdictions and the posts are independent

GUIDELINES

1. Charge allowance is admissible only when the period of additional charge exceeds 14 working days.

2. Normally additional charge allowance is granted for a period of three months only.

3. The competent authority should appoint the officer to hold charge of the additional post.

In our case the competent authority is the D.H.S. (not D.M.O.) hence the posting order from DMOH should be sent for ratification by DHS. (The present practice of Superintendents issuing posting orders of, additional charge should be dispensed with). The posting order ratified by DHS should be sent to A.G's Office for pay slips along with Report of. Transfer of charge.

4. Since additional charge allowance is admissible for a period of only three months, the posting order should state that the additional charge is for a period of three months or till further orders, which ever is earlier. The D.M.O.H. should be requested to post another medical officer after three months or issue a fresh posting order after a gap of one or two days. In this way charge allowance can be drawn for prolonged periods.

5. In the case of full additional charge, the officer must perform all the administrative, financial and statutory functions and duties in respect of the additional post or posts. If holding additional charge of one or more posts in addition to his own post, he may draw additional charge allowance at the rate of 20% of the minimum of the time scale of each of the additional post. If compensatory allowance is attached to the additional posts, he can draw the higher compensatory allowance attached to the posts in addition to the compensatory allowance attached to his own post.

6. The posting order (By DMOH and DHS) should specify the amount of additional charge allowance and compensatory allowance admissible in each case.

7. The posting order should specify whether the officer is (1) appointed to officiate in a higher post in addition to his own lower post (2) appointed to hold full additional charge of one or more

posts in addition to his own post (3) appointed to discharge the current duties of one or more posts in addition to his own post.

8. If appointed to discharge current duties alone, additional charge allowance is admissible at the rate of 10% of the minimum of the scale of that post. An officer appointed to discharge current duties of an additional post need attend only to the work of the routine nature in respect of that post (This automatically implies that as far as doctors are concerned, current duties means patient care alone and not any other responsibilities)

9. Administrative charge:- With the recent system of appointment of contract doctors in the department, many medical officers are appointed to hold administrative charge of other institutions. But in effect the medical officers have to perform administrative, financial and statutory functions and duties in respect of the additional post i.e. The responsibilities are that of full additional charge. Hence the Posting order should be specific on the nature of appointment in any of the three categories i.e. officiate in higher post, hold full additional charge or discharge current duties.

POINTS TO STRESS

1. The order posting a medical officer on additional charge by DMOH should be ratified by the DHS.
2. The posting should not exceed a period of three months at a stretch
3. The Posting order should state that the medical officer is appointed to hold full additional charge.
4. Don't assume additional charge if posted for administrative charge because there is no such entity as per KSR.
5. The posting order should specify the amount of additional charge allowances and compensatory allowance admissible.

Hon'ble General Secretary

NB:- The posting order by DMOH for additional charge should read like this:- .

Dr. Asst. Surgeon PHC..... is appointed to hold full additional charge of the post of asst. surgeon, PHC.....for a period of three months or until further orders whichever is earlier. He is eligible for additional charge allowance at 20% of the minimum of the scale (Rs. 7200-11400) and also for the compensatory allowance of Rs. 160/- attached to the additional post.

The appointment is subject to ratification by Director of Health Service,

S/d,
DMOH

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ADDITIONAL CHARGE OR COMBINATION OF APPOINTMENT

(Rule 53 Part I KSR)

There are three types of combination of appointment and a competent authority may appoint an officer to hold substantively or to officiate in two or more posts at one time. The competent authority who appoint an officer to hold or officiate in a second post in addition to his own post, will say whether he officiates in or hold full charge of the additional post or is appointed to discharge the current duties.

The three types of additional charges are :-

(1) Appointed to officiate in a higher post in addition to his own lower post (2) Appointed to hold full additional charge of one or more posts in addition to his own post and (3) Appointed to discharge the current duties of one or more posts in addition to his own post. In all the cases of the above appointments it should also specify in each case the amount of additional pay and allowances, if any to be granted.

i. Appointed to officiate in a higher post in addition to his own post.

If an officer is appointed to officiate in a second post and hold full charge of his own post, he may be allowed to draw the highest pay to which he would be entitled if his appointment to one of the posts stood alone and in addition 20% of the minimum of the scale of pay of the other post. If compensatory allowance is attached to one of the posts, he may be permitted to draw it in full and if compensatory allowances are attached to more than one of the posts. He may be permitted to draw the higher compensatory allowance and not the compensatory allowances attached to all the posts.

ii. Full additional charge

In the case of full additional charge the officers must perform all the administrative financial and statutory functions and duties in respect of the additional post or posts. If an officer is appointed to hold full additional charge of one or more posts in addition to his own post, he may draw additional charge allowances at the rate of 20% of the minimum of the time scale of each of the additional post. In the case of full additional charge also, if compensatory allowance is attached to his own post he may draw the same and if compensatory allowance is attached to the additional posts he can draw the same and if compensatory allowance is attached to all the posts he can draw only the higher compensatory allowance and not all the compensatory allowances attached to all the posts.

iii. Discharge of current duties

An officer appointed to discharge the current duties of an additional post need attend only to the work of a routine nature in respect of the post. If an officer is appointed to discharge only the current duties of one or more posts in addition to his own post, the additional pay which may be granted to him in respect of each additional post should exceed 10% of the minimum of the time scale of each of the additional post in addition to the pay attached to his own post. In the case of discharge of current duties the officer is not eligible for the compensatory allowance attached to the additional post or posts.

Minimum period required for getting the eligibility for Additional Charge Allowance

i. In the case of full additional charge, charge allowance is admissible only when the period of additional charge exceeds 14 working days and in the case of discharge of current duties the period of additional charge must exceed one month. Normally additional charge allowance is granted only for a maximum period of three months.

Charge allowance to non gazetted officers while holding charge of Gazetted posts.

Usually pay and allowances of gazetted officers are drawn from the Treasury on the basis of the authorisation issued by the Accountant General (i.e. pay slip). But in the case of a non-gazetted officer who is holding charge of a gazetted post, no authorisation from the Accountant General is necessary for the drawal of the additional charge allowance as the status of the non-gazetted officer is not changed while holding additional charge of the gazetted post. The drawing Officer can draw and disburse the charge allowance in this case. But he must however satisfy himself that there is proper sanction from the competent authority for the additional charge arrangement.

Clarification issued for Rule 53 (d) Part I-KSR

The existing Rules 53 (d) Part I KSR in respect of the clarification of posts for additional charge has been deleted as per G.O. (P) 132/87/Fin. dt. 10-2-1987 and a new rule which is rule 53 (A) was introduced from 1-2-1987. As per the original position no additional pay was granted when an officer was appointed to hold additional charge of posts in the same or identical time scale of pay. But as per the amendment in Rule 53 A the posts are again divided into different categories as follows:-

i. Posts not in the same office establishment or not in the line of promotion or cadre post where duties and responsibilities are clearly independent and are eligible for additional pay.

Eg: 1. Director of Agriculture holding charge of the post of Director of Animal Husbandry (2) Labour Commissioner holding charge of the post of Registrar of co-op. Societies and (3) Addl. Secretary to Government holding charge of the post of Director of Printing and Stationery etc.

2. Post in the same office establishment or line of promotion post or cadre post. This is again divided into (a) When the additional post is subordinate to the original/regular post. In this case Additional charge allowance shall Not Be Admissible. Eg:- A Superintendent of Police holding charge of the Deputy Superintendent of Police or Post of Asst. Superintendent of Police.

(2) District collector holding charge of the Revenue Divisional Officer under him.

(b) When the additional post is of equivalent and of same rank as that of the regular post.

In such cases the following principles are applicable (i) Additional charge arrangements are in respect of different territorial jurisdictions- In such cases the post are definitely independent and additional pay SHALL BE admissible.

Eg: 1. R.D.O. holding charge of another R.D.O. (2) B.D.O. holding charge of another B.D.O. of another block.

ii. Additional charge arrangements in respect of posts in the same office and of the same rank Addl. pay. SHALL NOT be admissible if the duties of the additional post are identical in nature and if the responsibilities are easily distributable among others holding the same post.

Eg: if one Deputy Director of one Principal Agrl. Officer is going on leave, the principal Agriculture Officer may distribute the work of the Deputy Director on leave to the other Deputy Directors in his office.

iii. The additional charge arrangements are in the same office and the responsibilities attached to the post are indivisible and cannot be distributed. In this case the competent authority must certify about the responsibility of each of the post. Eventhough it is in the same office, Addl. Charge allowance IS ADMISSIBLE.

Eg: Secretary to Govt. of one department holding charge of the post of Secretary to Government of another department.

c. When the additional post is superior to the regular post and is carrying higher scale of pay. In such cases additional charge allowance SHALL BE admissible.

Eg: Deputy Director of one department is holding additional charge of the Joint Director or Additional Director of the Same department.

2. Superintendent of Police holding additional charge of the post of Deputy Inspector General of police.

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INCENTIVE TO P.H. CENTRES (Family Planning Awards)

24 - 12 - 94

Copy of D.O. No. 56850/E21941 H & FWD/dt. 24 - 12 - 94 from Gopal K. Pillai, I.A.S. Secretary to Government. Health & F. W. Department, Trivandrum, addressed to Dr. P. S. Ramakrishnan, Director of Health Service.

As you are aware that Government desires to introduce a new scheme of incentive for best run Primary Health Centres in the state. The idea is to give a momenta and a cash award to the best primary Health Centres in each District and to the Best primary Health Centre in the whole state. The performance may be assessed on the over all service rendered viz:

- | | |
|--|-----------------------------|
| 1. Attendance of Doctors and para medical staff | 2. Patient care. |
| 3. Condemnation/ Disposal of Unserviceable equipment's. | 4. Cleanliness and Hygiene. |
| 5. Maintenance and repairs of equipment's. | 6. . H. D.C functioning. |
| 7. Conduct of Medical camps/ Health Education Programme etc. | |

A shield and cash award of Rs.25,000/- (Twenty five thousand only) may be given to the best medical district in the state level.

P.H.C. UTILISATION OF CASH AWARD.

It is felt that Rs 10,000 being awarded may be apportioned between the Hospital development committee and the staff of the hospital in the ratio of 50:50. The total cost involved is approximately Rs. 1.40 lakhs. In the state level, shield and the cash award of Rs. 25,000/- being awards to the Medical District for the general improvement of the functioning of the programmes of the District. Some expenditure has to be incurred for procuring shields, arranging function for giving awards etc. This may approximately cost Rs. 0.35 laKhs. The total expenditure anticipated is Rs. 2/-lakhs per annum. The resources may be located in the Non-plan initially.

EVALUATION OF PERFORMANCE.

Every year performance has to be evaluated based on the criteria mentioned by means of a questionnaire in graphic pattern, which may be worked out in details. Judging committee will also have to be formed for evaluation performance.

ENDOWMENT

It is also felt that an endowment may be introduced by sponsors who are really interested in the health care of the state, if it is not possible to locate funds in the state budget. If a fund is raised from sponsors severally or jointly and the same is deposited in Treasury as an Endowment, the interest accrued can be utilised for meeting the expense in connection with award of incentives to the best PHC/ Medical Dist. every year.

In the above circumstance I would like to request you to offer your specific views on the proposal as to enable Government to introduce the scheme from the next financial year onwards.

Sd/-

For district of Health Service.

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SCHOOL MEDICAL EXAMINATION

16-5-1985

G.O. (Rt) No. 1587/85/HD, dated 16-5-1985 from Health (P) department, Trivandrum to the director of Health services, Trivandrum. Health Services-state school programme - implementation of - improvement measures -orders issued.

Read 1. Letter No. D. O.Z. 23014/3/84/RHD, dated 27-9-1984 from the Government of India, Ministry of Health & Family Welfare.

2. Letter No. SH1 -94/85/DHS, dated 21-2-1985 from the Director of Health Services (IPP&FW)

ORDER

The question of introducing the centrally sponsored national school Health programme as envisaged in the Government of India letter read above was examined in consultation with the Director of Health Services. It was found that the state school Health programme viz. Health cards for school children which has already been implemented and is gaining momentum for achieving the target is more suited for the state and that it would be unwise to abandon this programme and to re introduce the Central programme which has already been rejected by this state years back. It was however decided to streamline the present administration of the state programme with a view to achieving more results and to avoid the existing lacunae in the present system. Government after considering all the aspects issue the following orders in the matter.

1. The school health medical Officer and nursing assistant. now attached to the officers of the District Medical Officer (H), District Hospitals and Taluk Head quarters Hospital, will be attached to primary Health Centres, one in each primary Health Centre.

2. The school Health medical officers will function under the immediate direct control of the medical officer in charge of the primary Health centre. If the School Health Medical Officer is the senior most, he himself will be in charge of the primary Healthcentre. District medical officer (Health) will ensure that this is done by issue of suitable orders, wherever necessary. The District Medical Officer (H) will be in overall control of the programme in his District. Further the medical and paramedical staff in the district will be redeployed suitably by District . Medical Officer (H) to ensure rational and full utilisation of the personal available.

3. The services of all the medical officers in the primary Health centres will be utilised for the School Health Programme without detriment to other programmes. It will be the joint responsibility of all the medical officers to achieve the prescribed target for the various Health Family welfare and MCH programmes.

4. Two medical officers under the school Health programme will be attached to the District Hospital for inspection of children of urban schools. In the cities of Trivandrum, Ernakulam and Calicut their number may go up to four according to requirements. They will be under the control of the superintendents of the District Hospitals. The superintendents should utilise the services of all the Doctors in the Hospital to cover the schools in the urban area. The superintendents of the District hospital will be responsible for achieving the targets;

5. The vehicle for the School Health programme now attached to District Medical Officer (H) will be placed at the disposal of the superintendent of the District Hospitals. The vehide of the primary Health Centre and other vehicles of the Department, according to availability will be utilised for the School Health Programme.

6. The medical officer of the Government rural dispensaries will also be associated with the programme and will be made to inspect the children .of the nearby schools during his spare time. The District Medical Officer (H) will earmark area and target to be achieved by the medical officer of the government rural dispensary.

7. The medicines required for the programme will be stored in the primary Health Centre of hospitals according to convenience. Separate accounts will be kept for the medicines purchased from the funds allotted for School Health Programme. Travelling allowance and daily allowance will be given as per rules. The programme of inspection foreach academic year will be chalked out by the District Medical Officer (H) in consu.litation with Assistant Educational Officers and Deputy Directors (Education) and forwarded to the Heads of Schools sufficiently in advance. The services of the school Health Education Officer in the Directorate of Health Services will be utilised for co ordination of this work at state level. The Additional Director of Health Services in charge of School Health Programme will strive to implement"the:scheme with all dynamism under the overall responsibility of the Director of Health Services (I PP&FW) by evoking interest and duty consciousness of all categories of employees concerned with the programme.

By order of the Governor, K.K. BhaskaranNair, Joint Secretary.

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DUTIES AND RESPONSIBILITIES OF SCHOOL HEALTH MEDICAL OFFICERS

30-9-86

Original Letter No.PH4-117165/85/DHS dt.30-9-86 for DHS addressed to DMOH Palghat.

Sub: School Health programme- school Health cards for school children implementation - restriction - clarification.

Ref: 1. Letter No. 02-16883/86 dated 25-8-1986, The DMOH Trichur
2. Letter No. A4 - 6131/86 dated 31-8-1986, DMOH Kasaragod.

As requested in the letter under reference it is clarified that;

1. Duty hours of the school health medical examiners for examining the school children will be the same as in schedules 9.30 A.M. to 3. 30 P.M.
2. The school Medical examiners can be attached to any department except casualty in hospital/ PH centre at the discretion of the Supdt. in charge of the institution when they are attached to hospitals/ PH Centres on school holidays.
3. The school medical examiners are not entitled for availing of holidays as other regular staff and
4. They are not eligible for availing weekly off.

Sd/-

Addl. Director of Health Services (-Director of Health Services (M&PH)

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DISTRICT MOBILE OPHTHALMIC UNIT

11-8-1988

PROCEEDING OF THE DIRECTOR OF HEALTH SERVICES, TRIVANDRUM

Sub: Guideline for the functioning of the District Mobile ophthalmic Unit under National Programme for control of Blindness

Read: No. T. 12012/49/87 optha. CCD ministry of Health & Family Welfare, Nirman Bhavan, New Delhi dt. 13-10-1987

Order No. Pr7 49370/85 Dated, 11-8-1988.

Based upon the recommendation of working group accepted by the Govt. of India it has been decided to set up district Mobile Ophthalmic Units in the State under national Programme for Control of Blindness.

These district mobile units will be attached to the District Hospital and will function under the overall supervision and guidance of the District Medical Officer of Health. These units will provide a link between the District Hospital and Primary Health Centres, providing preventive, promotive, curative and rehabilitative services including intraocular operations adopting camp approach. The following is the staff pattern of district mobile ophthalmic unit.

1. Ophthalmic Surgeon	1	2. Camp Co ordinator	1
3. Ophthalmic Assistant	1	4. Operation theatre technician	1
5. Nursing orderly	1	6. Driver	1
Total staff	6		

The vehicle will be kept in the District Hospital and the allotment of P.O.L.charge will be given to the District Medical Officer of Health. The advance programme of the Mobile. unit will be submitted to the District Medical Officer and the R.H.C. ophthalmic assistant will make necessary camp arrangement in their R.H. centre or nearby places. The Mobile Unit can perform operation either in the camp or R H. Centres or in the District Hospitals. The Supdt. District Hospital will allot one operation day and one outpatient day for this mobile unit, thereby enabling the rural people who had attended the mobile camp to approach the District Hospital and get their cataracts operated out. The Sunday will remain the holiday for the Mobile Unit

The monthly report on performance of cataract and other eye operations must be sent to the Dist Medical Officer of Health and to the Assistant Director of Health Services (ophthalmology), Director of Health Services, Trivandrum. Similarly a copy of the monthly advance programme of the Mobile Unit must also be sent to the Assistant Director of Health Services, (Ophthalmology), Trivandrum.

Dr. Pankajam Vijayalekshmi Menon, Director of Health Services

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NATIONAL MENTAL HEALTH PROGRAMME

16-5-88

GOVERNMENT OF KERALA ABSTRACT Health Service, Department. National Mental Health Programme in Kerala-implementation - order issued.

HEALTH & F.W. (P) DEPARTMENT

G.O. (MS) No. 90/88/ H&FWD.

Trivandrum, dated 16-5-88

Read.: 1. G.O. Rt [Go.4196/86/H&FWD. dated 27-11-86
2. Letter No. PH6-55886/87/DHS. dated 5-5-1987 from the Director of Health Services.

ORDER

In the G. O. read above government have approved as scheme for conducting training to Medical Officers and para medical staff for the successful implementation of the National Mental Health Programme in Kerala. In the letter read above, the Director of Health Services has forwarded further proposals for implementation of the mental Health Programmes prepared by Dr. RN; Gopalakrishnan, Deputy Director of Health Services who is also in charge of the State Mental Health programme. Government have examined the above proposals and are pleased to order as follows.

(i) Opening of Satellite Mental Health Clinics.

The Mental Health centre, Trivandrum will open four satellite Mental Health clinics at Vilappilasala, Kanyakulangara, Poonthura and Vizhinjam Primary Health Centres. These clinics will be conducted by the four psychiatry units of the mental health centre, Trivandrum once in a week on specified days without interference to the routine work at the mental health centre and the concerned primary health centre. A team consisting of psychiatrist, a psychiatric nurse and a nursing Assistant will attend to these clinics regularly. The Medical officers and other personnel of the centre will be trained in basic mental health care during the weekly visits. Once the staff acquire enough skill to manage the clinics the teams from the Mental Health centre will move to four other centres in the District. The vehicle attached to the Mental Health Centre, Trivandrum will be utilised for the purpose.

(ii) Weekly Mental Health Clinics in Primary Health Centres.

The medical officers who have undergone training in basic mental health care will conduct weekly mental health clinics in their respective primary health centres without affecting their normal duties in the primary health centres.

(iii) Supply of drugs in Mental Health Clinics attached to Primary Health Centres.

Once mental Health clinics are opened in the primary Health centres, mentally ill persons in their catchment area are to be identified, treated referred to major institutions if required and followed up by the personnel of these primary Health centres. For this, adequate quantities of the following basic neuroleptic medicines will be supplied to the mental health clinics attached to the Primary Health Centres.

1. Tab. Chlorpromazine	50 mg	2. Tab. Imipramine	25 mg
3. Tab. Phenobarbitone	60 mg	4. Inj. Anatesol Deconate/Fludecan	25 mg
6. Inj. Phenergan	50 mg. amp.	7. Inj. Chlorpromazine.	50mg. amp.

(iv) Classes of junior Health Inspector.

The psychiatrists attached to the District Hospital will be assigned with the duty of taking classes in psychiatry in the schools for multipurpose workers, as the syllabus includes lecture in psychiatry.

(v) Opening of Mental Health Clinics in the W&C Hospital.

A large number of women suffer from various kinds of mental ailments during pregnancy, gestation and postnatal periods. There are many mental problems and illness affecting children of various age groups. Most of these either go undetected or neglected and cause undue misery to the sufferers.

There are five hospitals under the Health Services Department, one each at Trivandrum, Quilon, Alleppey, Mattancherry and Calicut, which are exclusively meant for the care of Women and Children. At present there are no facilities in any of these hospitals to get a proper mental health advice or care. When cases are detected, they are referred to institutions elsewhere, which causes undue hardships for the already suffering patients.

Mental Health Clinics will, there fore be opened in the five W & C Hospital at Trivandrum, Quilon, Alleppey, Mattancherry and Calicut and Psychiatrists will be posted there against the existing posts subject to the condition that the Medical Officers thus posted will look after all the patients referred to them in the respective wards and Out patient departments. These clinics will not be provided with any bed in the hospital but only with out patient facilities. They will take routine duties in the hospital also if required to do so. No new posts will be created on this account.

(v) Opening of Mental Health Clinics at District Hospital. Kasaragod, Idukki, and Pathanamthitta are the three district in this state where there are no mental health clinics. in the district hospitals. Mental Health clinics will. therefore. be opened in the District hospital of Kasaragod. Idukki and Pathanamthitta districts and psychiatrists will be posted their against the existing posts. No new posts will be created for the purpose.

(vii) Changing the name of Psychiatric Clinic

The district clinics will be re named as district Mental Health Clinics.

By order for the Governor

V. Krishnamurthy, Secretary to government

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4-7-1966 POSTING OF RESIDENT MEDICAL OFFICER (R.M.O)

GOVERNMENT OF KERALA Health and Labour (A) Department

G.O. (Rt.) No. 2387/66/HLD, dated, Trivandrum, 4th July, 1966

Abstract - Establishment - Health Services Department - Civil Surgeons Grade II - Posting as Resident Medical Officers - order issued.

Read: Letter No. E3-97649/65, dated 15th January 1966, from the Director of Health Services.

ORDER

The director of Health Services has reported that Civil Surgeon Grade II are not usually, posted as Resident Medical officers. But in view of the dearth of medical Officers he has recom-mended that Civil Surgeons Grade II may also be posted as Resident Medical Officers.

Government consider that Civil Surgeons Grade II may be posted as Resident Medical Officers only when Assistant Surgeons are not available in the institutions concerned to be posted as Resident Medical Officers, subject to the condition that the allowance admissible to the Resident Medical Officers will be only Rs. 50 p.m. irrespective of the fact that the posts are held by Assistant Surgeons or Civil Surgeons Grade II and they therefore order accordingly.

(By order of the Governor), T.P. Raghava Varma, Assistant, secretary.

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28-4-1992

NON PRACTISING ALLOWANCE FOR R.M.O

Copy of G.O.MS 378/92/(127) fin dated 28-4-1992 from the Finance (PREC-C) department, Thiruvananthapuram, addressed to the Director of Health Services, Thiruvananthapuram. Pay revision 1988 - Non-practising allowance to Civil Surgeons Grade I, Civil Surgeon grade II and Assistant Surgeons of the Health, Service Department -inclusion in the pay revision orders - orders issued.

Read: 1 G.o.(P) 480/89/Fin dated 1-11-1989.

2. Letter No. GEIA/ 15-313/ 87 dated 4-6-1990 from the accountant General (A&E) Kerala , Thiruvananthapuram.

3. Lr. No. EF-1-63501/90/DHS dt. 1-10-1990 of the Director of Health Services.

ORDER

In the Government order read above the pay and allowance s of the employees have been revised with effect from 1-7-1988 based on the recommendation of the Vth pay commission. In the letters read as 2nd and 3rd papers above Accountant General (A&E) and the Director of Health Services have respectively recommended that Non-practising allowance may be sanctioned to Resident Medical Officers in the Health Services Department at the same rates as enjoyed by them as per G.O. (P) 515/85 fin. dated 16-9-1985 and also as admissible to the Resident Medical Officers of the Insurance Medical Services as per G.O. (MS) 479/90/(62)/ fin. dated 27-9-1990.

2. Government have examined the matter in details and are pleased to order that the following entries shall be added in Annexure, IX, to the Government order read as first paper above as detailed below. Non practising allowance under 'Health Services' on page No. 211 of the Government order dated 1-11-1989 read above.

Department & Designation of post Health Services	Existing rate	Revised rate	Remakrs
Resident Medical Officer (in the Grade of Civil Surgeon Gr.I)	Rs.400.00	Rs.400.00	
Resident Medical Officer (in the Grade of Civil Surgeon Gr. II)	Rs. 300.00	Rs. 300.00	
Resident Medical Officers (in the grade of Assistant Surgeon)	Rs. 200.00	Rs. 200.00	

3. This order will take effect from 1-7-1988.

By order of the Governor
N. Ramachandra Panicker, Additional Secretary.

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14-10-1993

RESIDENT MEDICAL OFFICERS - DUTIES AND RESPONSIBILITIES

Copy of G.O. (Rt) No. 2708193 H &FWP, dated 14-10-1993 from R.P. Thressieamma, Joint secretary, Health and Family Welfare (A) Department, Thiruvananthapuram.

Sub : Duties and responsibilities of Resident medical Officers/ Assistant resident Officers - reg.

Specific Duties

1. Resident Medical Officer will carry out ward rounds during day and night.
2. They will take causality duty and ward duty as and when required by the superintendent.
3. Resident Medical Officer will be responsible for the cleanliness and general sanitation of campus.
4. Resident Medical officer/ Assistant Resident Medical Officers will accompany superintendent on weekly sanitary rounds of the hospitals.
5. Resident medical Officer will report all important events in the hospital to the superintendent immediately.
6. He will inform details of communicable and noticeable diseases to the superintendent immediately so that adequate preventive measures could be adopted in time.
7. He will exercise optimum functional and disciplinary control over all para medical and Nursing staff, security staff, lastgrade servants, drivers etc.
8. On receiving complaints about any category of hospital staff, R.M.O. will discuss with the superintendent and on instruction from the superintendent will enquire into such complaints and make a report to the superintendent. The superintendent will pay prompt attention to such report and disciplinary action will be taken, wherever warranted.
9. Resident Medical Officer will have a spare key each of all hospital facilities iike office, stock rooms, causality, Medical store, dispensaries, mortuary, X-ray room, blood bank, laboratory etc., which could be used in emergency situations.
10. Resident Medical Officer may admit or discharge any patient in the hospital in exigency or an administrative ground.
11. Resident Medical Officer will arrange the turn duties of Medical Officers, interns, House surgeons and other staff subject to the approval of the superintendent.
12. He will supervise the trainees - House surgeons, Nursing students, and other Medical nursing and para Medical staff.
13. He will inspect the kitchen and will supervise the quality and quantity of dietary articles supplied procured.
14. He will supervise and arrange to send adequate number of food samples for quality analysis as per the rules.
15. He will supervise proper usage of vehicles, their maintenance and frequently inspect the log book of vehicles.

16. He is responsible for the adequacy of fire protection equipments and arrangements in the hospitals and premises.
17. He will be responsible for the proper control of the use of electric current, water supply and the ambulance.
18. He will be in charge of mortuary. He should arrange for post-mortem examination of dead bodies brought in the mortuary. He is responsible for the disposal of the dead bodies within the stipulated time. No dead bodies shall be released from the mortuary without the written order of the Resident Medical Officer/ Assistant Resident Medical officer and without a proper receipt of the recipient.
19. He will restrict the visitors and by-standers and maintain hospital, discipline in the interest of the patients at large.
20. R.M.O/ A.R.M.O. will conduct annual stock verification of all stock in the hospital, like furniture, equipments, instruments, medicines, utensils, Machinerys, linen etc. Annual stock verification certificate should be written on the respective stock register before 31st of March every year.
21. Resident Medical Officer/ Assistant resident medical Officer will be responsible to make a survey of all items in the hospitals both in use and in stock, to make a list of unserviceable and surplus stock Arrangements should be done to repairs unserviceable articles in consultation with the superintendent un repairable items should be condemned and auctioned as per existing rules. Action should be taken to transfer surplus articles to the needy institutions. Such quarterly survey should be done in the months of March, June, September and December every years.
22. A.M.O/ A.R.M.O. will make a survey of all empties accumulated in the hospital, quarterly, as mention in para 21 above, action should be taken to dispose off the empties immediately after the survey, in consultation with the superintendent.
23. Resident medical Officers/Assistant resident Medical officers will attend to all hospital development committee before the hospital development committee meetings and present necessary requirements for the hospital development. R.M.O/ A.R.M.O. will have prior discussion with the superintendent before attending the hospital development committee meeting about the hospital development.
24. Resident Medical Officer will have direct supervisory control of the prisoner patients admitted in the hospital wards cells.
25. Resident Medical Officer will be responsible to look after the welfare of the patients in general.
26. Resident medical officer will frequently and periodically conduct physical verification of stocks in main stocks, sub- stocks, wards stocks etc. with particular attention to medicine, instruments, linen, furniture etc.
27. Resident Medical Officer, in consultation with the superintendent should take adequate precaution against theft of hospital property, encroachment of government land and also against fire and other mishaps.

Sd/- For director of Health Services

APPENDIX

1. Resident Medical Officer will work directly under the superintendent. He will exercise administrative and technical duties assigned to him by the superintendent /Principal / district Medical Officer (Health)/ Director of Medical Education/ Director of Health Services as the case may be, and the Government.
2. Resident medical Officer will reside in the official quarters allotted to him, and the quarters will be vacated as soon as his term of appointment is over, but not later than one month in any case.
3. The terms of appointment will be for a period of three years in general, but it may be curtailed or extended in exceptional cases on administrative grounds.
4. Resident Medical Officer will be appointed from among the doctors of that hospital, having sufficient seniority and adequate suitability. The appointment will be done by the Director of Health Services / director of Medical Education, on receiving application and recommendation from the superintendent, through proper channel.

5. Doctors assigned as unit chiefs of speciality unit and casualty Medical Officer, police surgeons and family welfare medical officer are not preferred as Resident medical Officer. However, in the case of special hospitals like Leprosy Hospital, Mental Hospital, TB. Hospital etc. specialists of the concerned speciality are preferred.
6. Duties and responsibilities of Resident Medical Officer/ Assistant Resident Medical Officer are one and the same. One will perform all the duties in the absence of the other and vice versa. The duties assigned to Resident Medical Officer can be devided among each other in consultation and approval of the superintendent for administrative convenience..
7. Resident Medical Officer/ Assistant Resident Medical Officer will not leave the hospital premises without prior permission of the superintendent and without intimating each other, and without making necessary duty arrangements in the absence of either or both.
8. When both Resident Medical Officer and Assistant Resident Medical Officer are present. Assistant Resident Medical Officer will assists Resident Medical Officer in addition to the specific duties assigned to him.

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POLICE SURGEON - DUTIES AND RESPONSIBILITIES

14-10-68

**Copy of G.O.Ms No. 364/68/Home date 14-10-68 from the Home (A)
department, Trivandrum**

Police Surgeons - Duties and responsibilities - Revised orders issued

- Read:
1. G. O. NO. 123/66/Home dated 26-3-1966.
 2. Correspondence resting with inspector General of Police's letter No. 02-60420/67 dt. 3-10-1968.

ORDER

The duties and responsibilities of police surgeons have been defined in the G.O. read above. These duties and responsibilities have been found to be too rigid in actual practice. Therefore, in suppression of the G.O. cited, Government are pleased to order that the duties and responsibilities of police surgeons will be as shown in the appendix to this order.

Sd/, Dy. secretary to Govt.

APPENDIX

The police surgeon will conduct all Medico-legal autopsies in the Hospital to which he is attached, and he will personally attend to cases of Homicide, Traffic accidents suspicious deaths and other important cases. His assistants may conduct autopsies for all other simple deaths when the cause of death is reasonably certain in the opinion of the police surgeon.

2. Autopsies at site will also be conducted by the police surgeon, or an assistant deputed by him in the cases in which an assistant may be utilised as stipulated above, when a requisition is made to him by the appropriate authority as specified in paragraph 9 below.

3. In case of injury, poisoning, criminal misscarrige and other-medico -legal cases which may be dealt with in the hospital to which he is attached, he will give consultant advise to the medical officer in charge of the case.

4. He will provide consultant service to police officers in all medico-legal aspects of criminal cases. He will examine, in consultation with other specialities as may be required articles of medico -legal nature furnished by investigating officers. Articles for Medico-legal examination by other experts will be forwarded in consultation with him and through him.

5. Cases where age is to be determined will also referred to the police surgeon.

6. He will appear as an expert witness when called upon to offer second opinion in complicated criminal cases.

7. He may delegate his duties to a competent officer working under him in straight forward medico -legal cases, or in other cases when he is unable to attend to them personally.

8. The districts which are assigned to a police surgeon by the authorities will be as specified below, for service within the limits mentioned against each.

a. By the circle inspector of police in the District where the police surgeon is located.

b. By the superintendent of police of the district concerned in any district outside the dist. in which the police surgeon is located, but within a district outside the dist. in which the police surgeon is located, but within a District which is assigned as part of the police surgeon.

c. By the inspector general of police - elsewhere.

* * * * *

30-11-1982

ALLOWANCES

RISK ALLOWANCE

**Copy of G.O. Rt. 50t7/821HD dt. 30-11-1982 from Health (A) Department-
Abstract - Government of Kerala, Trivandrum.**

Ett. : H.S. Dept- Risk Allowance to medical officers working in Leprosy Hospital, enhancement
Read : Letter No. EE-77687/81/DHS dt. 5-8-1982 from the Director of Health Service.

It is seen that medical officers are usually reluctant to work in Leprosy Hospitals, Government have been examining the question of giving some kind of incentive to those medical officers in leprosy hospitals and it was proposed to enhance the rate of risk allowance payable to the medical officers working under the leprosy programme as a measure of encouragement. The Director of Health Service has recommended the grant of Rs. 300/- P.M. to those medical officers as against Rs. 75/-P.M now payable.

Govt have examined the question in detail and order that the rate of risk allowance payable to the medical officers working in the institutions under the leprosy programme will be enhanced from Rs. 75/- toRs. 150/- P.M subject to the condition that benefit will be restricted to personnel serving in leprosy hospitals only.

Sd/-
Director of Health Services

* * * * *

19-1-2000.

EXTRA INCENTIVE FOR WORKING IN REMOTE TRIBAL AREA GOVERNMENT OF KERALA ORDER

In the Government order read above Govt. ordered that considering the remoteness of the area and difficulties in getting doctors to work in the Attappady Triable area an extra incentive of Rs. 2500/- per month will be paid to the doctors working in Primary Health Centres at Agali, Sholayar and Parambikulam provided they stay within 8 km. of the location.

2) The Primary Health Centres Anakkatty, Podur and the Mobile Medical Unit & II are at remote hilly tribal areas in Attapady. The director of health services has recommended that the doctors working at the above stations may also be sanctioned extra incentives.

3) Government have examined the matter in detail and are pleased to order that the extra incentive of Rs. 2500/- per month sanctioned in the Government order read as first paper above will be paid to the doctors working in the Primary Health Centre, Anakkatty Primary Health Centre, Pudur and Mobile Medical Unit I & II of Attappady, provided the doctors stay within 8 kms. of the location.

(By order of the Governor)
K. Remadevi, Joint Secretary to Govt.

* * * * *

9-12-1998

OTHER DUTIES AND VIP DUTIES - INSTRUCTIONS ISSUED. GOVERNMENT OF KERALA NO. 12471/A2/98 H & FWD

Health & Family Welfare (A) Dept.**Thiruvananthapuram 9-12-1998****CIRCULAR**

SUB:- Posting of Medical Officers in the Health Services Department on other duties and VIP duties - Instructions issued.

It has come to the notice of Government that necessary facilities are, not being provided to the Medical Officers of Health Services Department while they are posted on other duties and VIP duties. The Medical Officers are therefore experiencing lot of difficulties to discharge their duties. In the circumstances, Government issue the following instructions regarding the other duties and VIP duties by Medical Officers of Health Services Department.

1. Proper accommodation and food are to be provided to the Medical Officers and their team.
2. Protocol Department is to clearly 'specify where and to whom the Medical Officers should report, at least five days in advance.
3. Sufficient early notice is to be given to the Medical team.
4. Medical-Officers are to be exempted from other duties like Festival, Melas, Marathon Koottayottom etc. as far as possible and the organizers should make their own arrangement for Medical support. In exigencies they are to be deputed subject to the following conditions:-
 - (i) The willingness of the Medical officers are to be obtained by the organizers.
 - (ii) Renumeration of Rs. 200 is to be paid for the extra duty per duty.
 - (iii) Proper accommodation, transportation, food etc., are to be provided by the organizers.

The District Medical Officers/District Collectors/Heads of Departments are directed to follow the above instructions strictly.

V. VIJAYACHANDRAN,
SECRETARY TO GOVERNMENT

* * * * *

22-5-2001

GOVERNMENT OF KERALA

ABSTRACT

Health Services Department - Medical Camp organised by Voluntary Organisations - permission to receive remuneration - granted orders issued.

Health & Family Welfare Department

G.O.(R.t) No. 1439/2001/ H&FWD dated Tvm. 22-5-2001.

Read 1. Representation dated nil from the president KGMO

Order

1. Kerala Govt. Medical Officers Association has requested the govt. that the medical officers who are posted for medical camps organised by voluntary agencies may be permitted to receive remuneration from the organisers.

2. The Govt. have examined this request and are pleased to permit the medical officer's of health service Department to receive remuneration from Voluntary organisations for attending duty at Medical Camps, Fairs, Festivals, Sportsmeets, Culutral Melas etc. organised by them at the following rates on the condition that they will not claim T.A., from the department and also subject to rule 48 part 1 of KSR.

Rate : Civil Surgeon Rs. 300.00 p.m. Asst. Surgeon Rs. 200.00 p.m.

By order of the Governor

K. Lalithakumari, Under Secretary to Govt.

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27.4.2002

GOVERNMENT OF KERALA

Abstract

Health Service Department - Establishment - Medical Camps organised by Voluntary Organisations - Permission to receive remuneration - Erratum to GO (Rt) No. 1439/2001/

H&FWD. Dated 22.5.2001 - Issued.

HEALTH & FAMILY WELFARE (A) DEPARTMENT

G.O. (Rt.) No, 742/2002/H&FWD.

Dated, Thiruvananthapuram, 27.4.2002

Read:- 1. G.O (Rt) No. 1439/2001/H&FWD. dated 22.5.2001

2. Representation dated 10.4.2002 from President & Secretary, Kerala Government Medical Officers Association.

ORDER

The rate of remuneration mentioned in the Government Order read as 1st paper above as Rs. 300/- per month and Rs. 200/- per month will be corrected and read as 300/- per day and Rs. 200/- per day.

2. The Government Order read above will stand modified to the above extent.

(BY ORDER OF THE GOVERNOR)

P.P.GOPI, SECRETARY TO GOVERNMENT

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SABARIMALA DUTY JUDGEMENT

S.Sankarasubban & A.Lekshmikutty J.J

O.P.No. 26709/2000 & Dated, this the 10th day of November 2000

JUDGEMENT

Sankarasubban, J.

This O.P. has been filed by Dr. A.P. Sasikumar. His prayer in the O.P. is to provide deputation facilities and take appropriate steps for giving all facilities to Govt. Medical Officers who are deputed for Sabarimala season. Along with the O.P. the petitioner has produced Ext. p1, which is a representation to the secretary to Govt., Kerala by the Honorable General Secretary K.G.M.O.A. The crux of the allegation raised by the petitioner is that the Govt. Medical Officers are usually deputed to Sabarimala season, but they are not informed sufficiently early. Learned counsel for the petitioner submits that they are not given the T.A. and other allowances and also their accommodation in Sabarimala is not looked after eventhough other persons who are deputed for Sabarimala seasons are given the convenience. Further it is stated that those who are above the age of 50 should not be deputed.

2. A statement has been filled on behalf of the Govt. It is stated that the officers are deputed on payment of T.A. and D.A. A Portions of the T.A. and D.A. advance are paid to such officers according to the availability of the funds. Regarding the accommodation, it is stated that the accommodation for deputed persons are provided by the Travancore Devaswom Board. It is stated that for the coming season, the orders have been passed on 30.10.2000 naming the persons who are to report for duty on 15.11.2000 the second set of persons have to attend the duty on 24.11.2000

3. A reply affidavit has been filed by the petitioner.

4. There is some substance in the allegation made by the petitioner. The Govt. is not acting properly in these matters. The Govt. should have issued the orders of deputation sufficiently earlier. Anyhow now the orders have been issued by the Govt. Learned counsel for the petitioner submits that the individual doctors have not received the orders. If individual doctors have not received the orders, they should be intimated immediately. Regarding T.A. and other allowances are concerned, it is the duty of the Govt. to pay them. The payment of T.A. should not be delayed due to lack of funds. They should be paid T.A. without delay. As far as the accommodation is concerned, we direct the Board to see that the doctors who are deputed are decently accommodated. Regarding the expenditure incurred for the accommodation of doctors and whether the Govt. should reimburse it, that question shall be decided later.

5. It is further made clear that those who are above the age of 50 are not healthy should not be compelled to go for deputation. If anybody who is more than the age of 50 is deputed, such person can immediately aciform the govt. that he may not be compelled to go.

The O.P. is disposed of as above.

S.Sankarasubhan
Judge

A.Lekshmikkutty
Judge

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11-11-2003

GOVT. OF KERALA FINANCE (SS) DEPARTMENT ABSTRACT

Thiruvananthapuram Dated 11-11-2003, No. 103101/SS.1/2003 Fin.

From
The Principal Secretary (Finance)
To
The Director of Health Services, Trivandrum

Sir,

Sub : Ways & Means position of the state government measures to streamline liquidity management further relations regarding.

Ref : 1. Letter No. P 115/45127/03 DHS dated 21-10-03.

2. Letter No. LT 81 / KGMOA / 2003 dated 14-10-2003. of erala Govt. Medical Officers Association.
With reference to the above I am to inform you that necessary instructions were issued to the Director of Treasuries to exempt the following items of payment from the District and Sub treas-

uries of Trivandrum, Pathanamthitta, Kottayam and Idukki districts related to the Sabarimala Festival from the treasury payment restrictions inforce for the period with effect from 1-11-2003 to 31-01-2004.

- | | |
|--|--------------|
| 1. Purchase of Medicine and equipments | Rs. 30 lakh |
| 2. Mobility Supports | Rs. 3 lakhs |
| 3. Contigencies and wages | Rs. 10 lakhs |
| 4. TA / DA (including last years defficit) | Rs. 17 lakhs |

You are also requested to submit seperate proposals through your administrative departments to operate transactions of the above funds through your a/c in nationalised bank.

Yours faithfully,

C.K. Ramankutty (Addl. Secretary), For Secretary (Finance Expenditure)

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20-2-1988

MEDICAL RECORD LIBRARY

No. state :15904/DHS

Directorate 'of Health Services, Trivandrum, 20-2-1988

CIRCULAR

Sub : Functioning of medical Record Libraries of Hospitals further instructions issued.

- Ref :
1. Circular No. Sta. 91648/83/DHS dated 6-,2-1985
 2. Circular No. Sta. 38036/86iDHS dated 1-4-1986
 3. Circular NO.st.'131915/86/DHS dated 23-12-1986

In the Circular cited, instructions were issued from this Directorate to ensure a uniform system of Medical Record Keeping and preparation and issue of certificates required in Medical, legal cases. It has come to the notice of this Directorate that in some Hospitals the medical officers are maintaining seperate accident registers and post - mortem certificate Books and keeping it themselves without handing over to the Medical Record section, which is highly irregular. To avoid such irregularities the following instructions are issued for strict compliance.

1. The Accident register and Post Mortem certificate should be maintained only in the registers prescribed as per G. O. (MS) 44/71/ Health dated 4-2-1971. The Hospital must have only one register in use at a given point of time. No Medical Officer is allowed to maintain separate registers or to keep it in the personal custody since the Medico-legal certificates relates to the institution. When the register in use is completed the same should immediately be sent to the medical Record section from where the certificates are issued to the Police/Judicial authorities with copies to the applicants after receipt of the required fee. When a medical officer is transferred from one institution or proceeding on long leave the issue of certificates will not be interrupted if this practice is strictly followed.

2. To ensure uniformity in the issue of certificates from the hospitals the procedure to be adopted are:

a. A admission/ discharge certificate: On a written request from the Patient/ relative the head of institution shall issue certificate noting the dates of admission and discharge and also diagnosis free of charge (as per G.O.(P) 92/75/Health Dated 2-5-1975)

b. Birth/Death Certificate: The Birth/Death Certificate are issued free of charge if such certificates are issued within a period of six months from the date of occurrence of the event. A fee of Rs. 5/- will have to be levied if the Birth/Death Certificates are issued after a period of six months from when the date of Birth/Death and also for the issue of duplicate copy of the certificates (as per G.O. (P) 92175/Health Dated 2-5-1975).

c. Copies of wound certificate: Fee for the issue of wound certificates shall be charged as per the schedule of fee admissible to the Medical Officer who wrote it. The existing schedule of fee is as below.

1. Civil surgeon Grade I - Rs.25/- 2. Civil Surgeon Grade II - Rs. 16/- 3. Assistant Surgeon - Rs.10/

d. Copy of Post mortem certificate: As per the Medical Attendance Rules, the application for copy of Post Mortem Certificate shall be routed through the concerned S.I. of Police/ Magistrate who will give a clearance to the effect that such a copy can be issued. On production of the clearance certificate and on receipt of the prescribed fee (Rs, 10/- in the case of applicants whose monthly income is RS. 500/- or below and Rs. 25/- in the case of these whose monthly income is above Rs.

500/- vide G.O. (P) 203/07/H & FWD dated 6-10-1987) the chief Medical Officer of the institution shall issue a copy of the post mortem certificate to the applicant.

Regarding the remittance of fee instructions were already issued in the circular dated 23-12-86 cited and 3rd under reference. All certificates prepared by the Medical Record Librarian with reference to the records available in the institution will be signed by the Head of Institution and the Medical Record Librarian will work under the direct control and supervision of the Head of Institution.

3. It has also been noted that the services of the Clerk, Typist, peon etc., posted to the Medical Record Library are not always made available to the section. The staff posted to the medical record Library is for attending the duties assigned as per the first circular cited and not for other of office work of the hospital.

All the head of institution are responsible to see that the instructions contained in this circular and in the earlier circulars cited under reference are strictly followed so that all hospitals must have a uniformity in the maintenance and issue of certificates. The receipt of this circular should be acknowledged and the action taken intimated in due course.

Sd/-

For Director of Health services.

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19-1 0-94

LEVY FOR P.M / WOUND CERTIFICATES

ABSTRACT

Copy of G.O. (P) No. 320/94/H&FWD dated, Thiruvananthapuram, 19-10-94 of Health and Family Welfare (G) Department, Thiruvananthapuram to the Director o.f Health Services, Thiruvananthapuram.

Sub : Augmentation of the resources of the state-levy of fee for certificate issued for various purposes - orders issued.

Ref : Letter No, PLB4/86005/94/DHS dated 9-9-94 from the Director of Health Services,
ORDER

In view of the need for augmenting the resources of the state vide enhancement in non-tax revenue like fees etc. Government are pleased to levy a fee for the following certificates issued from the institutions - under the Health Services Department and Medical.College Hospitals at the rate noted against each.

1. Inoculation certificate (International) (Cholera, Typhoid, Meningococcal, Meningitis, Yellow fever etc.) Rs. 50/-
2. Wound Certificate issued to private parties Rs.10/-
3. Post-mortem certificate issued to private parties Rs. 25/-

By order of the Governor,

Gopal Krishna Pillai, Secretary to Government

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4-9-1997

No. MR - 75883/941DHS, Director of Health Services, Thiruvananthapuram, Dt. 4-9-1997

CIRCULAR

Sub: Issue copies of the Certificate from hospitals levy of fees - reg.

Ref: G.O. (P) 320/94/ H&FWD dated 19-10-9

It has come to the notice that some hospitals in the State are levying fees for the issue of the copies of different Certificates not in conformity with the rates fixed by Government in their orders number cited as reference. For example in some institutions Rs. 25/- is being levied for the issue of copy of Wound Certificates. As per G.O. the fee prescribed for this item is only Rs. 10/- Unless and until Government orders otherwise. the fees prescribed in the Government order (Copy appended for read reference) should alone be levied. Non compliance of the Government order, will be viewed seriously. Proposals if any. for changes in the rates may be submitted to the Director for taking up the matter with the Government. Till a revision of the rates is ordered by Government. no deviation from the existing rates could be allowed. This is brought to the attention of the District Medical Officers for strict compliance.

The Subordinate hospitals and Medical Officers may be instructed accordingly.

Director of Health Services

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LEAVE / OFF**7-9-1979****COMPENSATION LEAVE
GOVERNMENT OF KERALA****Abstract****Health Services Department - Compensation leave to all categories of Hospital Employees - sanctioned - orders issued.****HEALTH (C) DEPARTMENT****G.O. Rt. 25227n9/Health****Dated, Trivandrum, 7-9-1979**

Read:- from the Director of Health Services letter No.EF5-177362179/DHS dt. 25-8-1979

ORDER

Government are pleased to order that Compensation leave not exceeding 22 days in any year will be granted to all categories of Hospital Employees, who are expected to work on all days of the year, subject to the following conditions:

(i) That the compensation leave cannot be claimed as a matter of right and it should be given only at the discretion of the heads of the institutions after making suitable arrangement for carrying on the routine work in hospitals.

(ii) while granting the compensation leave the head of institution should ensure that the functioning of the institution will not give any room for complaints by causing inconvenience to the patients as well as General public.

(iii) The Employees on duty should co-operate in carrying out the work arrangement effected by the Head of the institution for smooth functioning of the Hospital.

(iv) compensation leave will not be sanctioned during night shifts.

By order of the Government

M.Dandapani, Spl. Secretary to Govt.

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13-10-1979**Copy of letter No..EF5177362/78/DHS dt. 13-10-1979 from the Director. of Health Services, Trivandrum ,to all the District Medical Officers.**

Sub: Estt. Health Services Department - compensation leave to all categories of HospitalEmployees- reg.

Ref: Your D.O. letter No. 4130/E/77/dt. 24-9-1979.

I am to inform you that the hospital employees are allowed take "off duty" for one day in a week but they will have to work on all other public holidays and second Saturdays. The compensation leave sanctioned in G.O. (Rt) 2527/79/HD. dt. 7-9-1979 is as a compensation for working on holidays and second Saturdays which will be in addition to the weekly off. The Medical officers, Staff Nurses, Pharmacists and similar Hospital employees are expected to work on such holidays. Those ministerial staff who are required to work on public holidays and second Saturdays may be allowed to avail the compensation leave subject to the conditions laid down in Appendix VII Section III of KSR. Compensation leave combined with casual leave should not exceed 15 days at a stretch.

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13-11-1979**FURTHER CIRCULARS****Letter No. EF5. 177362i78/DHS. dated 13-11-1979 from the director of Health Services, Trivandrum The District Medical of Health, Trivandrum.**

Sub: Estt. H.S. Department - compensation Leave to all Categories of Hospital Employees -reg.

Ref: Your Lr. No. A. 91 0/79/GHC dated 4-10-79.

I am to inform you that the weekly off is granted to Hospital staff who works on Sunday. So if-any section of a Hospital does not function on Sundays and if the staff working there are not assigned to work in any other section on that Sunday, he/ she is not eligible for a weekly off on any other day as they are eligible to avail of the benefit of a holiday on Sunday.

The compensation leave sanctioned in G.O. (Rt) 2527/79/HD dated 7-9-79 is as a compensation for working on second Saturdays and other public holidays excluding Sundays. If any section of a hospital is closed on such days, the staff may not be given compensation. ON the other hand work on such holidays, they are eligible for compensation subject to a maximum of 22 days in any year.

In regard to combination of weekly off, Sundays, compensation leave, casual leave etc. since weekly off is given instead of working on Sunday there is no question of combining weekly off and Sundays. Combination of casual leave, compensation leave and weekly off/Sunday can be allowed but this should not exceed 15 days at a stretch, provided the head of institution is satisfied that this could be allowed without affecting the normal functioning of the institution.

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29-4-82

CIRCULAR

No. EF/4571/82/DHS. Directorate of Health Services, Trivandrum, dt. 29-4-82

Sub: Estt. H.S. Department - Compensation leave to all categories of Hospital employees - reg-

Ref: 1. This office circular No. L. Dis EF5. 15637/81/ DHS dt. 12-2-81
2. D.O. letter No. HC, 2004/82/GH. Dated 27-4-82 of Dr. K.S. Moni, Superintendent. General Kospital, Tvm.

As per this office circular under reference first cited an employee who is on duty for six days continuously in a week the 7th day will be off for him. The casual leave and compensation leave availed of by him during this six days will also be treated as duty for granting weekly off. As such an employee becomes eligible for one weekly off after availing 6 days casual leave continuously. This is obsession and against public interest. The intention of the order was only to treat one or two casual leave of compensatory leave availed after the previous weekly off. Since the present wording leads to unreasonable demands the order contained in this office circular dt. 12-2-1981 for 'Weekly off' is modified as follows.

For an employee who is on duty for 6 days, the next day will be the weekly off day. The casual leave and compensatory leave availed during the interval between previous weekly day off and the next weekly day off will not be treated as duty for the purpose of granting weekly off, but the sanctioning authority in special circumstances may treat such absence not exceeding two days as duty for the purpose. In case an employee avails more than 2 days casual leave or compensatory leave or both such period will be ignored and next weekly off will be allowed only on completing 6 days actual duty after the previous weekly day off.

Director of Health Services.

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15-12-1982

Copy of G. O. MS 303/821HD dated 15-12-1982 from Health (A) Department

ABSTRACT -

GOVT OF KERALA, TRIVANDRUM.

Estt:- H.S. Dept - Weekly off and compensation leave to Hospitals staff - orders issued.

Read:- Circular No: DHS - 45471/82 DHS dated 20-4-1982 of the DHSLr No. EFB-45471/ 82/ DHS dated 26-6-1982 from the DHS.

In suppression of the order issued in the circular first cited above all the relevant orders on weekly off. and compensation leave to hospital employees Government order that the medical officers and other hospital employees will be eligible for compensation leave and weekly off as follows.

1. Weekly off: For an employee who is on duty for six days continuously in a week the 7th day will be off for him. The casual leave and compensatory leave availed of by him during this six days will also, be treated as duty for granting weekly off. But an employee who avails of casual leave, compensatory leave and weekly. off at a stretch for a week and more will not be eligible for weekly off.

2. Compensation leave : All the hospital employees will be eligible for compensation leave subject to a maximum of 22 days in a year.

3. Casual Leave: All the employees will be eligible for casual leave for 20 days in a year.

Weekly off is given to employees in hospital as they cannot avail Sundays or in the case of other Govt. employees due to their nature of work. Hence off is given on a working day in lieu of the Sunday. Hence Weekly off together with Sundays will not be allowed in a week. The staff will be allowed to avail of casual leave and off together or off and compensation leave but not all the three together in a week., In any case the total period at a stretch should not exceed 15 days.

(By order of the Governor)

Marykutty Thomas, Under Secretary.

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30-8-1983

WEEKLY OFF/COMPENSATION OFF

Copy of letter No. M5-49301/83/DHS dated 30-8-1983 from the director of Health Services, Trivandrum addressed to the Dist. Medical officer of Health Cannore

Sub: Weekly off and compensation off to Hospital, Employees grant of clarification, sought for regarding.
Ref: 1. Letter No. 55/83, dt. 30-4-83 of PH.C.Thiruvilamala

2. Letter No. G1 -6098/83, dated 5-5-83 of Director, Indian system of Medicines, Trivandrum.

3. Letter No. E4-1 0508/83 dt. 4-6-88 of DMOH.Cannanore

Please refer the above, I am to inform you that there can be no objection to grant weekly off for more than 1 day at the discretion of the Medical Officer in charge, without dislocation of work in the hospital. At any rate a specific period, say 1 month should be prescribed during which the weekly off should be availed by the Employees.

Note: 1 There is no objection to grant weekly off for more than one day at the discretion of the Medical Officer without the dislocation of work in the Hospital but it should not be exceed 52 days in a year 5 days in a month, At any rate a specific period say one month should be prescribed during which weekly off should be availed by the employee.

Note: 2 Weekly off together with Sundays will not be allowed in a week once weekly off is given to employee in Hospital as they cannot avail Sunday as in the case of other Government employees vide order No. M5-1 090/83/DHS dt. 30-6-83.

Compensation leave: All the Employees will be eligible for compensation leave subject to a maximum of 22 days in a year. The time limit for availing the leave will be three months.

sd/-

Director of Health Services.

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16-12-83

LEAVE WITHOUT ALLOWANCE L.W.A. - FOR FOREIGN EMPLOYMENT

Copy of Ir. No. GO. (P) 780/83/Fin dt. 16th December, 1983 from the Govt. of . Kerala, Trivandrum to DMOH, Cannanore. Foreign Employment - Leave without allowances to take employment abroad or within the country - grant of revised guidelines prescribed ordered issued.

- Read:
1. G.O. (P) 274/70/Fin. dated 29-4-70
 2. G.O. (P) 65/76/Fin. dt. 25-2-76.
 3. Cr. No. 117546/SD. 3/76/GAD dt. 19-5-77.
 4. U.O. Note 116275/ SD3/78/GAD dt. 2-9-78.
 5. U.O. Note 60496/R4/80/fin. dt. 10-12-80.
 6. Govt.Ir. No. 2570/C2/81/P&ARD dt. 24-2-1981/1-6-81.

Keeping in view the need for regulating Govt. employees engaged in professional and technical service taking up employment else where, and at the same time giving reasonable encouragement to all Govt. employees to take up employment within and outside India and protecting the interests of Govt., Govt. have reviewed the guidelines so far issued for permitting Govt. employees to take up jobs abroad and within India and for granting leave without allowance to those who accepts such employment. In supersession of the earlier orders on the subject the following revised guidelines are issued in this matter.

(I) Govt. will be very selective in granting leave without allowances to employees belonging to professional categories, like highly qualified doctors, engineers, scientists etc. In scarce categories like Veterinary surgeons, live stock assistants and any other category where there is shortage of personnel; employees will not be allowed to seek foreign employment unless they resign their jobs under govt. before taking up outside jobs.

(ii) No persons going on foreign service will be granted deputation benefits except when Govt. depute him to Govt. owned under taking, public institutions etc., within or outside the country in public interest. In other words, a person taking up employment either abroad or inside the country on his own will have to avail himself of the facility only by going on leave without allowance. No other kind of leave will be sanctioned in combination of leave without allowance.

(iii). Application of Govt. employees seeking employment abroad need not be channelised through the state Govt. There will also be no objection in forwarding applications for registration in the foreign assignment panel of the Govt. of India. However, employees should obtain prior sanction of Govt. for taking up employment on foreign service before they relinquish office and join foreign service.

(iv) Permanent officers and officers who have completed probation in their entry cadre in the regular service of Govt. will be granted leave without allowance for taking up employment outside the country as well as inside. In such cases, during the currency of the leave period, the officers shall lose all service benefits including commutation leave benefits, half pay leave benefits etc., and also promotion chances as may arise with reference to their seniority in the post from which they left on foreign service. In other words, the period spent by such officers on leave without allowance to take up employment elsewhere shall be treated as dies non for all kinds of service benefits. They shall lose seniority also in the grade with reference to those who might get promoted before they rejoin duty.

(v) In the case of non - permanent employees irregular service who have not completed probation in the entry grade, leave without allowances may be granted subject to the condition that they will have to start afresh and complete their probation on return from leave without allowances. In other words, the officers will forfeit the service benefits that have accrued to them prior to their proceedings on leave and they will be deemed as new entrants to Govt. service on return from leave. What is protected is only their right to rejoin Govt. service in the same grade as if they were new entrants.

(vi) Normally leave without allowance up to a maximum period of 5 years will be sanctioned. But applications for extension of leave for further period of five years or part thereof may be entertained. The maximum period of leave that will be sanctioned to an officer during one's entire service will be limited to 10 years. If the officer does not return to duty on expiry of the leave sanctioned for ten years his service will stand automatically terminated. This condition will be incorporated in all individual sanctions to be issued hereafter.

(vii) Leave under this scheme will not be sanctioned for taking unemployment in public sector undertaking aided schools and colleges and similar institution which are substantially aided by the Govt.

(viii) These who are under bonded obligation to serve Govt. for a prescribed period, will not be granted leave under this scheme till the period covered by the bond is covered, unless they settle the bonded obligations before sanctioning of leave. The amount so remitted will not be given back under any circumstances. Similarly officers against whom disciplinary action vigilance enquiry is pending will be ineligible for the leave.

(ix) Those who had availed or any loans viz. house construction advance, conveyance advance etc. shall either clear the dues or execute a bond as required under G.O (P) 1028/79/Fin dt 23-11-79 in the form appended there to before the sanction of leave.

(x) Those employees who go away unauthorisedly without getting the leave sanctioned will automatically stand discharged from service. Requests for retainment in Govt. service in such cases, as well as in cases covered by para (vi) ante, will be summarily rejected.

(xi) The above guidelines will be applied to all future cases including grant of extension in past cases and no relaxation to any of the above decision will be entertained or allowed.

2. The necessary amendments to the statutory rules which will take effect from the date of this order will be issued by the Finance Department and the General administration department separately.

Sd/- Finance Secretary.

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27-09-2003

**GOVERNMENT OF KERALA
ABSTRACT
CIRCULAR**

Copy of Letter No. 23594/E1/2003 H&FWD**dated 27-09-2003**

From Sri. K. Ramamoorthy, Secretary to Govt. H & FWD, TVM.

As you are aware the Health Services Department is facing acute shortage of specialist doctors. Recently govt. issued orders imposing certain restriction on grant of leave without allowances to Medical Officers of Health Services Department who wished to avail the due to take up employment abroad/within the country. In over 50 orders granting LWA to Medical Officers issue upto July 2003 i.e. the period prior to the issuance of order imposing restrictions on granting LWA it was specifically stipulated that the concerned DMO's should release the medical Officer only when a substitute is post in the resultant vacancy. There was a direction therein that the details regarding the substitute posted in the resultant vacancy should be reported to Govt. It is very disappointing to state that not even a DMO has cared to report the details sought for to the Government till date. Govt. view this as sheer negligence / violation of govt. request. I would therefore request you to see that in future Medical Officers, who avail LWA to take up employment abroad / within the country are relieved only after substitutes are posted in the resultant vacancies. And that the details regarding the same are furnished the govt. in time.

yours sincerely
s/d-, Dr. K. Ramamoorthy.

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8-8-97

**LEAVE WITH OUT ALLOWANCE AND PENSION
GOVERNMENT OF KERALA
ABSTRACT**

**Kerala Service rules - leave without allowances for taking up Employment
abroad or elsewhere submission of pension papers- orders issued
FINANCE (PENSION B) DEPARTMENT**

G.O. (P) No. 684/97/Fin**Dated Thiruvananthapuram, 8th August, 1997**

Read:

1. G.O. (P) No, 780/83/Fin. dated 16-12c 19983
2. G.O. (P) No, 169/96/Fin. dated 5-2-1996

ORDER

1. In the G.O. first read above orders were issued prescribing guideline for the grant of leave without allowances to Government servants and teachers and staff of aided institutions. As per government order cited 2nd. Government have enhanced the maximum period of leave without allowances that can be availed of by an employee for taking up employment abroad or within India as 20 years.

2. Rules 112, 113, and 114 of the KSRs, envisage the procedure to be followed in the submission/ preparation of pension papers in respect of both gazetted and non-gazetted officers. It is stipulated there in that the application for pension has to be processed one year in advance of the date on which the Government employee is due to retire on superannuation. Therefore for facilitating preparation of pension papers, the officer should be on duty before one year of the date of his superannuation.

3. Under the existing rules practice, an employee on leave without allowance can rejoin service even on the day previous to the day of his superannuation. Joining duty just on the eve of superannuation delays the preparation of pension papers much difficulty and complications are being experienced by the pension sanctioning authorities as all the formalities have to be completed before sanctioning pension within a short span of time.

4. After considering all the above aspects in detail, Government are pleased to order that leave without allowances for taking up employment abroad or elsewhere will not be allowed

beyond 54 years of age of an employee, so that he can rejoin duty before one year of his date of superannuation. In other words, an employee availing of leave without allowances for taking up employment abroad or elsewhere should join duty at least one year before his date of superannuation.

5. All controlling officers will ensure that the above orders are strictly followed.

By order of the Governor,
C.P. Nair, Chiefsecretary.

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28.12.2000

**INCREMENT FOR THE PERIOD OF LWA
FOR STUDY PURPOSE (ABSTRACT)**

H & FWD - GO (Rt.) No. 4254/2000/ H & FWD

TVPM dtd 28.12.2000.

1. In the Govt. order read above, the benefit of increment sanctioned to the teaching staff of the Medical Colleges for the period of their PG course had been extended to all those who underwent the PG course, till the introduction of tutor trainee scheme in 1980. The president KGMOA has requested the Govt. that the period of LWA for study purpose availed by MO's of Health Services Dept. before completing 5 years in service may be counted for the purpose of granting increment.
2. Endorsing the request of the president, KGMOA, the DHS has stated that the quotation of extending the benefit under Rule 91-A, KSR to an M.O. irrespective of the length of service may be considered favourably since higher qualification would certainly benefit by Way of better service to patients.
3. Govt. has examined the matter in detail and are pleased to extend the benefit of GO read above to all MO's of KHS who went on leave for PG Degree / Diploma after the introduction of Rule 9-A-Part I-KSR as a special case subject to the following condition
 - i) The benefit will not be admissible to those who have already quit the service.
 - ii) Grant of increment would be notional.
 - iii) Cases of time bound higher grade already settled will not be reopened and
 - iv) Grant of increment would be subject to production of proof of successful completion of the course & award of degree / diploma.

by Order of Governor.

PN Thankamony Amrna, Deputy Secretary

Presently Govt. has kept deputation in abeyance

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19-11-2003.

**GOVERNMENT OF KERALA
ABSTRACT**

**Rules-Kerala Service Rules - Leave Without Allowance under Appendix XII-A-
Employees taking leave without allowances before completion of probation - forfeited of
seniority - clarification - orders issued.**

Finance (Rules) Department

G.O.(P) No. 616/2003/Fin. dated TVM 19-11-2003.

ORDER

The Rules in appendix XII A, Kerala Service Rules stipulate that those who avail leave without allowance to take up employment elsewhere before completion of probation in the entry grade will on return from leave forfeit the service benefits accrued to them prior to their proceeding on leave and will be deemed as new entrants. Besides they will be reduced to the lowest rank in the grade on rejoining duty,. The implication of this clause is that such officers will be ranked junior most to all those who are appointed to the grade before their joining duty after leave. But as per Rule 27 (C) of the Kerala State and Subordinate Service Rules, Seniority of an Officer in Grade will determined by the date of first advice unless reduced to a lower rank as an act of punishment. Hence the rules in KSRs regarding reduction to the lowest rank in the grade are inconsistant with those in KS & SSRs.

The intention of Govt. in imposing the above disability of reduction to the lowest rank in the grade is only to forfeit their promotion chances till they become qualified after rejoining duty and not to take away their original seniority in the Grade or to Alter their seniority position vis-a-vis those appointed later and remaining as such in the same grade. In the circumstances, Govt. are pleased to order that the seniority of those who avail of leave without allowances under appendix XII A before completion of probation in a grade will be protected even though the benefits accrued prior to their proceeding on leave are forfeited and are treated as new entrants in the Grade. They will loose promotion chances that may arise during the currency of leave and until the date of completion of successful probation after rejoining duty. Thereafter they will occupy the position above those recruited after him and remaining in the Grade.

These orders have no retrospective effect, but cases which remain open will be disposed off on the above basis. Cases already settled otherwise will not be reopened in the basis of this order. These orders shall be applicable to cases covered by appendix XII B / XII C also.

Necessary amendments in the Kerala Service Rules will be issued separately.

By order of the Governor.
Sudha Pillai, Principal Secretary, Finance.

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23-12-1982

HALF PAY LEAVE GOVERNMENT OF KERALA ABSTRACT

**Kerala Service Rules - Leave Rules - Half pay leave constitution of Half pay leave
Requirement of Medical certificate Dispensed with orders issued.
FINANCE (RULES) DEPARTMENT**

G. O. (P) No. 780/821Fin

Dated, Trivandrum, 23-12-1982

ORDER

As per the existing rules, commuted leave shall be granted to an officer in permanent employee, subject to the conditions, specified in Rule 84 part I, Kerala services rules, on the basis of medical certificate only. For some time past, Government have been considering the question of dispensing with the system of insisting medical certificate for sanctioning commuted to leave.

Government are now pleased to order that the system of requiring medical certificate for commutation of half pay leave will be dispensed with hereafter. Necessary amendments to the Kerala Service Rules, will be Issued Separately.

By order of the Governor
B. Babu Paul, Finance Secretary,

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19-5-1988

PAY WITHOUT PAY SLIP GOVERNMENT OF KERALA ABSTRACT

**Pay and allowance - Drawal of pay and allowance by Gazetted officers after
promotion / Transfer and return from leave upto a period of three months without
insisting on production of pay/leave salary slip along with salary bills orders issued.**

FINANCE (STREAMLINING) DEPARTMENT

G.O. (P) No. 381/88/Fin.

Trivandrum, dated 19-5-1988

ORDER

Government have been considering for some time past, as to the way in which the hardship caused to Gazetted officers of the State Government in drawing their pay and allowance on account of delay in receipt of Pay slip leave salary slips from the Accountant General for the period falling immediately after promotion of Officers and their transfers from one station to another or on their return from leave, could be mitigated without doing away with the system of issue of pay / leave salary slip by the accountant general now in vogue.

2. Government in consultation with Director of Treasuries have considered the whole issue in detail. In order to redress the grievances of the officers on, account of delay in receipt of pay and allowance by them; Government are pleased to order as follows.

The Gazetted officers specified under item (1) to (4) below will be allowed without insisting on the production of Pay. Leave salary slip from the account general. to draw hereafter their pay and allowances at the rates indicated against each for a period of three months or till the receipt of the pay Leave salary slip from the Accountant General whichever is earlier.

Categories

- (1) Those officers who are promoted to a Gazetted post from a non gazetted post for the first time.
- (2) Those gazetted officers who are promoted another post.
- (3) Those Gazetted officers who are transferred from one post to another at a different station.
- (4) Those Gazetted Officers who return from Leave

Amount for which eligible

Basic pay will be either the basic pay last drawn in the lower nongazetted post or the minimum pay in the gazetted post whichever is higher. D.A. will be paid at the rate applicable to such basic pay. H.R.A. will be at the rate applicable at the station where posted.

Basic pay will be either the basic pay last drawn to in the lower post or the minimum pay in the higher post whichever in higher. D.A. will be at the rate applicable to such basic pay. H.R.A. will be at the rate applicable at the station where posted. Basic pay equivalent to that drawn in the old post. D.A. will be at the rate applicable to such basic pay. H.R.A. will be at the rate applicable to the station where posted.

(1) The rate at which D.A. and H.R.A. whichever were drawn on the date prior to the date on which the office proceeded on leave, when there is no change in station.

(II) When there is change in station the rate of basic pay and D.A. applicable will be those drawn prior to proceedings on leave. H.R.A. will be drawn at the rate applicable to the basic pay, in vague in the station to which the officer is transferred.

In all the above cases where there is any change in the rates of basic pay, D.A., and H. RA as per the pay slip received from the Accountant General. the payments made will be regularised as soon as the pay slip from the Account General is received and adjusted in the bill presented thereafter at the Treasury for encashment. Necessary amendments to the relevant rules in Kerala Treasury code Volume I will be issued separately.

By order of the Governor

R. Narayanan, Commissioner & Secretary (Finance).

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28-10-1991

GOVERNMENT OF KERALA

HEALTH & FAMILWELFARE (SPECIAL) DEPARTMENT

No.23257/Sp1.1/91/H&FWD.

Trivandrum, dated 28-10-1991

CIRCULAR

Sub: Department of health Services Medical Education Service Request for leave without allowance- instructions to indicate the purpose specifically in leave application issued.

It has been noticed that several of the leave applications, received by government requesting leave with allowance, entries relating to the purpose for which the leave is requested for are not properly indicated, The principals of Medical colleges/Director of Health Services! Director of medical Education and therefore directed to ensure that all applications for leave without allowance forwarded to Government contain specific statements indicating the purpose for which the leave is applied for such as,

1. Employment abroad, 2. Employment in Kerala, 3. Employment outside Kerala but within India.

They may also direct the applicants to report to Government, in cases where leave is sanctioned, the name and full address of the employer within one month of securing the employment.

G. Gopalakrishna Pillai, Commissioner & Secretary.

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9-5-97**GOVERNMENT OF KERALA****Kerala Service Rules - Leave without Allowance - to join the spouse-abroad
or within the country-maximum period enhanced - orders issued.****FINANCE (RULES) DEPARTMENT****G.O. (P) No. 53197/Fin.****dated 14-7-1997****ORDER**

The maximum period of leave without allowances that can be granted to an officer during the entire service to join the spouse is now limited to 15 years. Government are now pleased to order that the maximum period of leave without allowances that can be granted for the purpose of join the spouse who is abroad or within the country is enhanced to 20 years.

Formal Amendments to Kerala Service Rules will follow.

By order of the Governor
V.P. Reghu, Additional Secretary.

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1-4-95**LEAVE TO RADIATION WORKERS****GOVERNMENT OF KERALA****ABSTRACT****Kerala Service Rule -leave to radiation workers in the State Medical Service granting of
Special Casual Leave - revised - Orders issued. Finance (Rules) Department.****G.O. (P) No. 314/94/Fin.****Dated, Thiruvananthapuram, 1 st April 1995**

Read: Fifth Kerala Pay Commission, Report.

ORDER

As provided in Appendix XII, Kerala Service Rules, every radiation workers shall compulsorily take 30 days leave in one spell every year, as a health Measure. Out of this 30 days leave, the first 10 days leave is being granted from the Half-Pay Commuted leave account of the radiation workers and the remaining period is being treated as special casual leave.

The Fifth Kerala Pay Commission in its report, has recommended to allow one month's leave after 11 month's of continuous work, without deducting any portion of such leave from the leave account of the radiation workers- Subsequently, Government have reviewed the matter in detail and order that the entire period of the 30 days spell shall be treated as special casual leave, without deducting any leave from the leave account of the radiation workers.

Formal amendment to Kerala Service Rules will follow.

(By Order of the Governor)

N. Chandrasekharan Nair, Additional secretary (Fin.)

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14-12-1995**GOVERNMENT OF KERALA****ABSTRACT****Kerala Service Rules - Government Employees - Members of Councils -Medical Council,
Nurses and Midwives council, dental and pharmacy council - period of attending council
meetings treated as duty - ordered.****FINANCE (RULES) DEPARTMENT.****G. O. MS NO. 907/94/ Fin.****Dated, Thiruvananthapuram 14-12-1995**

Read: Letter No. M 560/91 K P C dated 16-2-93 of the Registrar, Kerala State Pharmacy council, TVM

ORDER

Government employees who are members of statutory bodies like Medical, Nurses and Midwives, Dental and Pharmacy councils are attending meeting of the respective councils. But at present there are no orders on treating the above periods either as duty or as special casual leave. Therefore Government are pleased to issue the following orders.

(1) The period of attending the state Council meetings, including transits, shall be treated as duty in the case of Government employees who are selected or nominated to statutory councils like Travancore - Cochin Medical, Kerala Nurses and Midwives council, Kerala Dental Council and Kerala State Pharmacy council, on production of attendance certificate issued by the respective state Councils.'

(2) Government will not bear any financial commitment in this regard such as TA and DA.

(By order of the Governor)

N. Chandrasekharan Nair, Additional secretary.

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3-1-1996

HALF DAY CASUAL LEAVE

GOVERNMENT OF KERALA

ABSTRACT

Health Service Department - Establishment - Medical Officers half day casual leave sanctioned - order issued.

HEALTH AND FAMILY WELFARE(A) DEPARTMENT

G.O. (At) No. 41/96/H&FWD Dated, Thiruvananthapuram 3-1-1996

Read: Minute of the meeting of Kerala Government Medical Officers Association on 4-11-1995

ORDER

Government are pleased to extend the benefit of half day casual leave to the medical officer of Health services Department also i.e. from 8 a.m. to 10.30 a.m. and 10.30 a.m. to 1.00 p.m.

By order of the Governor

B. Padmakumari, Joint Secretary.

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27-12-2002

CIRCULAR

Copy of circular No. (P) 793/02/Fin. dated 27-12-2002.

Finance (Rules) Dept. TVM. to DMOH, Alappuzha

Sub : Rules terminal surrender of Earned Leave in respect of officers against whom disciplinary proceedings are pending finalisation - retirement / death while under suspension clarification issued.

Read : 1) GO(P) No. 6177/9/Fin. dated 17-07-79

2) Letter No. CO-ORD. II/15-04/Vol.XII/172/186 dated 10-10-02

In the Govt. order read it was ordered that an officer who retired on attaining the age of superannuation / dies while under pension shall be paid the cash equivalent of leave salary in respect Earned Leave at his credit on the date of super annuation/death if the authority competent to order reinstatement is of the opinion that the officer has been fully exonerated and the suspension was wholly justified.

The Accountant General has sought clarification as to whether in the case of State govt. servant who retires while under suspension on attaining the age of super annuation before finalisation of disciplinary proceedings, terminal surrender of Earned Leave at his credit is admissible.

The Govt. have examined the matter in detail, in partial modification of the orders read Govt. are pleased to issue the following orders.

1. A state Govt. servant who retires while under suspension on attaining the age of superannuation before finalisation of the disciplinary action initiated against, will be permitted terminal surrender only after finalisation of the disciplinary proceedings initiated against him.

2. In the case of an Officer who dies while under suspension or after attaining the age of superannuation but before finalisation of the disciplinary proceedings initiated against him, authority competent to sanction leave to the officer shall suo moto sanction terminal surrender of entire Earned Leave at his credit on the date of death / date of superannuation.

s/d

Additional Secretary

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19-1-96

**POST NIGHT DUTY OFF
GOVERNMENT OF KERALA
ABSTRACT**

**Health Service Department - Establishment -day off after night duty - order issued.
HEALTH AND FAMILY WELFARE (A) DEPARTMENT**

G.O. At. No. 161/96/H&FWD dated Thiruvananthapuram, 19-1-96

Read: Minutes of the meeting with Kerala Govt. Medical Officers Association on 4-11-95

ORDER

Govt. are pleased delegate the power to grant day off to Medical Officers after 12 hours night duty to the supdt. / Medical Officers in charge of Govt. Hospitals in each specific case subject to the condition that the absence from duty of the MO's will not affect the normal functioning of the institution.

Gopalakrishna Pillai, Secretary to Health

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**TRANSFER AND POSTING
TRANSFER NORMS**

1-9-1966

**TRANSFER OF RELATIVES OF SERVING PERSONNEL (CLARIFICATION)
GOVERNMENT OF KERALA
ABSTRACT**

**Amenities to Families of Jawans- Transfer of Relatives clarification issued.
PUBLIC (POLITICAL & MILITARY -B) DEPARTMENT**

G.O. (Rt) 20321PD

Dated, TrivandruTI, 1 st September 1966

Read: 1. G.O.Rt.2481/62/PD dated 6-12-1962

2. G.O. Rt. 555/PD dated 6-3-1963

3. G.O. Rt. 1517/63/Public (SS) dated 15-6-1963.

ORDER

1 In the G.O. read .as first paper above orders were issued to the effect that the request for transfer of near relatives of soldiers to their native places should be considered sympathetically. Subsequently in G.O. second cited it was clarified that no distinction need be made between relatives of soldiers on active service and those working in base establishment in the Town. In the G.O. third cited that the condition regarding that seniority need not be insisted on as in the case of transferees so that hey could be allowed to retain that original seniority in the new district. A doubt has arisen whether the first choice should be given to the near relative of jawans in preference to all other cases in the matter of transfer to their native places and whether more than one relative of a jawan should be given the benefit of this concession.

2. After having examined the matter in all its aspects, Government are pleased to issue the following orders.

(i) Each petition of the near relative of jawans for the transfer to his/her native place will be disposed of on its merits. (ii) Only one dependent of a jawan will be given the benefit of this concession.

T.S. Ramakrishnan, Assistant Secretary.

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3-10-1980

**APPENDIX IV (A)
GOVERNMENT OF KERALA
ABSTRACT**

**Public Services - Trainers and Posting of Government Employees Belonging to
Scheduled Castes and Scheduled Tribes - Orders Issued.**

GENERAL ADMINISTRATION (SERVICES -D) DEPARTMENT

G.O. (MS) NO. 459/80/GAD

Dated, Trivandrum, 3rd October, 1980

ORDER

Government Direct that as far as possible and subject to the restrictions in the rules of recruitment regarding inter-district transfers, an employee belonging to the scheduled caste/ Scheduled Tribes may be given posting in his native place or in the District of his choice. Whenever sub posting is not possible on administrative reasons and is posted to another place or district he may be given transfer to his native place or the District of his choice as and when vacancy arises.

E.R. Padmini, Additional Secretary.

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28-5-1987

**TRANSFER AND POSTING OF MEDICAL OFFICERS GUIDE LINES
GOVERNMENT OF KERALA
ABSTRACT**

**Establishment - Health Service Department - Transfer and posting of Medical Officers-
revised guide lines prescribed orders issued.**

HEALTH AND FAMILY WELFARE (A) DEPARTMENT

G.O. (MS) No.109/87/H&FWD.

Dated, Thiruvananthapuram, 28-5-1987

Read: G.O. (MS) No. 89/84/HD/dt. 3-4-1984

ORDER

In supercession of the orders issued in the G.O. read above Government prescribe the following revised guidelines for transfer and posting of the Medical Officers of the Health Services Department.

1. Medical officers who have completed three years of service in a particular institution are liable for transfer at any time. However such transfer will be effected normally during the general transfer. General transfer may be made only once a year by the middle of May. They may be allowed to continue in the same institution if they so desire even after the expiry of three years of service if there are no request for transfer to the institution from others eligible for transfer as per these guide lines.

2. Medical officers transferred from one institution will not normally be posted back to the same institution with in a period of the succeeding three years.

3. Medical Officers who have only two years to retire from service on superannuation will not normally be disturbed by transfer and will, as far as possible be posted to institutions of their choice, preference being given to those who retire earlier.

4. Transfer at times other than the time of general transfer will be made only to open vacancies except in the case of transfers made on administrative grounds by the competent authority and on compelling compassionate ground by the Government.

5. Vacancies arising in between general transfer, as a result of retirement, resignation, leave, promotion creation, of new posts etc. will be filled up by persons eligible for transfer on merit or on request on condition that such postings are liable for review and revision during the general transfer.

6. Those who rejoin duty on the expiry of leave or on completion of the period of a course/ training may be posted against open vacancies. Such postings will be subjected to review at the time of general Transfer.

7. Specialists only will be posted to the specialities concerned and only in their absence posts of the specialists will be filled up by others on merit.

8. Medical officers who have worked in purely administrative posts for two years continuously will be given posting to clinical side on request subject to availability of vacancies.

9. Non- specialists working in Leprosy Hospitals, T.B. Institutions, skin & V.D. wings, X-Ray wings, public Health labs and Mental Health centres and Medical Officers working in casualty wings, mobile dispensaries and in contagious disease hospitals and those working as district leprosy officers for a continuous period of two years will be eligible for transfer to the station of their choice according to the availability of vacancies..

10. Medical officers working in Idukki & Wynad district (except Tlalk Headquarters Hospital Adimali, Government Hospital Kattappana, Primary Health Centre Muttom, Taluk Head Quarter Hospital Todupuzha, District Hospital Mananthody, Taluk Headquarters Hospital, Kalpetta, Government Hospital Sultan Battery and Government Hospital, Vythiri) may be given posting of their choice on request after completion of two years continuous service there according to availability of vacancies.

11. Medical Officers on completion of two years continuous service in the following institutions are also eligible for posting of their choice subject to, availability of vacancies:

- (a) G.R.D. Amboori (Mayam), Thiruvananthapuram, Distirct.
- (b) GD.Thannithode, Pathanamthitta District.
- (c) G.P.D. seethathode, PathanamthittaDistrict
- (d) Primary Health Centre, Chempumpura. Alleppey distrcti.
- (e) PH. Centre, Kavalam, Alappaey district.
- (f) PH. Centre, Perumpalam, Aleppey District.
- (g) PH. Centre Pizhala, Ernakulam District.
- (h) Chimony dam Dispensary, Echippara:, Trichur dist.
- (i) Government Rural Dispensary, Pudur, Palghat Dist.
- (g) Government Dispensary, Shoayar, Palghat District.
- (k) Siruvani Project Dispensary, Palghat District.
- (i) Agali Mobile Dispensary.
- (m) P H. Centre, Maruthanakra,a Calicut District.
- (n) G.R.D. Vayalada, Calicut district.
- (o) GRD. Bayar, Kasaragod District.
- (p) GRD. Kumbadaje, Kasaragod District.
- (q) PH.Centre, Ennapana, Kasaragod District.
- (r) G.R.D. Puthige, Kasaragod District.
- (s) G.R.D. Karumbalangad, Malappuram

12. Doctors on initial appointment in the department should be posted in Rural areas or under school Health Programme for three years.

13. All Medical Officers should work in the rural areas for a period of two year and one years under school Health Programme with in a continuous service of the first six years of service.

14. Mutual transfers or request will not be allowed at any time.

15. Those who have completed 20 years of service may not be posted in Primary Health Centres and Rural Dispensaries, unless on request, as far as possible.

16. Civil Surgeon grade II on promotion as Civil surgeon grade I will be posted as deputy district Medical Officers (H) or similar administrative posts according to administrative necessity in order to utilise their services in implementing the public health programmes in the overall interest of the people.

17. Medical officers immediately on promotion are liable to be posted out of the institution/station.

18. If there are more than one applicant for transfer to a particular post first preference for posting will be given to the person who has only two years to retire then to the person who has worked the least period in the institution asked for, and then according to seniority.

19. Persons who are winner of first place in the state level and first or second or third place in national level sports games will be exempted from these guide lines for transfer for a period of three years subsequent to the event.

20. Government may order transfer/retention in an institution, over riding the guide lines at their discretion on administrative / compassionate grounds. But such transfers will be restricted to the minimum possible.

21. Employees returning from Maternity leave will if they so desire, be posted to the same station transferring the substitutes.

22. Applications presented by relatives of employees shall be rejected summarily.

23. Appeals pointing out violation of the guidelines/ principles if any, shall be preferred before the Government with in two weeks of receipt of the order and such appeals will be disposed of within 6 weeks. The decision of Government will be final.

24. Government may make such amendment to these guide lines as are found necessary from time to time.

25. In December every year application will be called by may of a circular by the Director of Health Services for general transfer of the Medical Officers, Applications submitted to the transferring authority till the end of February of the year will be considered, on scrutiny of options with reference to the guide lines, general transfers will be completed by the end of April or Middle of May. This time limit will be observed from next year. General transfer this year in accordance with these guidelines will be effected immediately.

26. Submission of applications for transfer by Medical officers .after completion of three years service at particular institution will not be considered as a transfer on request/

Note:- 1 Period of three years/two year referred to in guide lines means 3/2 years of actual duty in the Institution. Casual leave and Maternity leave will be reckoned as duty for this purpose. No other leave will be added to this period.

2. 3/2 year period mentioned in the guide lines will be reckoned as on 31 st March for effecting transfer this year and as 31st May every year for effecting transfer from next year onwards.

27. These guide lines will not supercede the general orders of Government relating to transfers and postings of employed couples, who enter into intercaste marriage, physically handicapped and protection to office bearers of recognised service organisation.

By order of the Governor,
T. Padmavathy Amma, Joint secretary.

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11-77-88

**APPENDIX IV (B)
GOVERNMENT OF KERALA
ABSTRACT**

**Public Service - Transfer and Posting of Government Employees Belonging to
Scheduled Tribes-Orders Issued**

PERSONNEL & ADMINISTRATIVE REFORMS (ADVICE-C) DEPARTMENT

G.O. (MS) No. 341881P&ARD

Dated, Trivandrum, 11th July, 1988.

Read: 1. G. O. (MS) 459/80/GAD dated 3-10-1980
2. G.O. (P) 2/87/P&ARD dated 1-6_1987
3. G.O.(P) 14/87/P&ARDdated23-7-1987
4. Letter dated 5-10-1987 1987 from the Chairman, Palghat Development Authority

ORDER

In the G.O. read as first above, Government have directed that as far as possible and subject to restriction in the rules of recruitment regarding inter district transfers an employee belonging to scheduled caste/Scheduled tribe may be given posting in his native place origin the district of his choice. Whenever such posting is not possible on administrative reasons and is posted to another place or district he may be given transfer to his native place or the district of his choice as and when vacancy arises.

2. In the letter read fourth above, the Chairman, Palghat Development Authority to Government on Tribal Development, Palghat has brought to notice of Government that several tribal people who got appointment in public service have been posted in vacancies away from the tribal areas leaving vacancies in the tribal areas unfilled for want of willing hands. He has also pointed out that posting of tribal employees in the vacancies in their native tribal areas will fulfil many useful objectives.

3. Government, after having examined the matter, are pleased to order that the vacancies in the tribal areas should be filled up to the extent possible by employees belonging to scheduled tribes, preferably native in the area of posting.

V..Gopalakrishnan Nair, Additional secretary.

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22-5-1989

**TRANSFER AND POSTING GENERAL GUIDELINES
GOVERNMENT OF KERALA
ABSTRACT**

**Public service- Transfer and posting of Government employees- general Norms guideline -
updated orders - publication of**

PERSONNEL & ADMINISTRATIVE REFORMS (D) DEPARTMENT

G.O. (P) No. 15/89/P&ARD,

Dated Trivandrum, 22-5.1989

Read: 1. G.O. (P) 2/87 P &ARD dated 1-6-1987
2. G.O. (P)14/87IP & ARD dated 23-7-1987
3. G.O. (Rt) 89/88/ P & ARD dated 11-51988
4. G.O. (P) 26/88/P & AR.D dated 25-6-1988

ORDER

The general norms/guidelines to be followed in the matter of transfers and postings of Government employees, issued in G.O.read as first paper incorporating the amendments read as 2nd to 4th papers above issued so far are published as aneure to this for information of all.

By order of the Governor,
P. Shanmugasundaran, Secretary to Government.

ANNEXURE

GUIDELINES FOR TRANSFER OF GOVERNMENT EMPLOYEES.

1. General transfers may be made only once a year by the middle of May in all Departments and in vacation department during mid summer vacation only. But in the case of schools, adjustment transfers. can be made in July also.

2. (a) Subject to the condition regarding 5 years service for inter district transfer applicable to D.R.B. recruits, employees who have not completed 3 years of duty/ service in a station/ district, shall not ordinarily be transferred.

(b) No employee who has completed three years of service in a particular station need necessarily be transferred unless there is a claimant who has worked for 3 years in an out side station to be provided there, or unless a transfer of the existing incumbent has become necessary in public interest.

(c) For transfer of employees back to their home district / opted district from which they were transferred out for want of vacancies, 3 years duty/ service is not applicable and such employees shall be given re transfer to their home/ opted district as early as possible subject to these guidelines and other rules. For inter-district transfer of those who have worked in more than one station with in the district from which transfer is sought, service of the individual in all such stations in the district taken together shall be the criterion. In case where none of the interdistrict transfer applicants, has completed 3 years of duty/ service in the district / in all stations in the district, those who have the longest service among them shall be transferred.

3. Last grade employees shall be posted in their native districts or districts of their choice. There will be no general transfer of Last Grade Employees.

4. Women employees, as far as possible, may not be transferred or posted to hilly or remote areas.

5. The employees who have only 2 years to retire may be posted to vacancies in stations of their choice, giving preference to those who are due to retire earlier.

6. Employees returning from Maternity leave, will, if they so desire, be posted to the same station transferring the substitutes.

7. In considering applications for general transfer during a particular year, only those application submitted to the transferring authority till the end of February of that year will be considered.

8. Applications presented by relatives of employees shall be rejected summarily.

9. Transfer to facilitate husband and wife to serve in the same station will be allowed to the extent possible.

10. When there are a large number of application for a particular station, the order of preference shall be as follows.

(a) Length of continuous service in the station at the time of his/her applying for transfer under consideration, will be the criterion for transfer.

(b) Employees who have put in longest period of service outside the particular station will be given first priority, but employees who have had more than a years service in assignments in tribal and remote areas and those involving arduous nature of work or who have completed service in the defence service will be given preference by deeming two years of such service as equal to three years. If they are equal to such service thus arrived at, the total service will be taken in to account.

11. Existing orders regarding transfer facilities available to physically handicapped employees, relatives of Jawans, inter caste married employees, employees belonging to scheduled caste/ scheduled tribes and office bearers of recognised service organisations will be followed. Existing orders regarding physically handicapped employees/ (Circular No. 130558/SD1 /82/GAD dated 10-3-1983) are attached as Appendix I relatives of Jawans (G.O. Rt) 2302/PD dated 1-9-1966 with circular No. 476/Adv. C3/88/p and ARD dated 22-2-1988) as Appendix II (a) and Appendix II (b) respectively, inter caste married couples [(G.O.MS. 10676/PD dated 1-4-1976 and G.O. (MS) 17676/PD dated 16-6-1976) as Appendix III (A) and III (b) respectively (G.O. (MS) 7/89/ P & ARD dated 5-4-1989 is not existing vide G.O. (P) 9/89/P & ARD dated 21-4-1989], Scheduled caste scheduled tribe employees (G.O.(MS) 459/80/GAD dated 3-10-1980), G.O. (MS).34/88/P and ARD dated 11-7-1988, G.o. (MS) 198178/GADdated 28-4-1978 and G.O. (MS) 158/81/ GADdated 19-5-1981 as appendix IV (a), (b), (c) and (d) respectively and office bearers of recognised service organisations (G.O.(MS) 230/PD dated 21-7-1967 with extracts of G.O. (MS) 378/PD dated 18-12-1968) as appendix V. Only one relative of a Jawan will be given preferential treatment in the matter of transfer. Relatives or dependent of ex servicemen will not be eligible for this preferential treatment

12. Vacancies to be filled up by promotion shall be filled up first by transferring employees whose applications for transfer are pending.

13. Employees deputed for training will be re-posted to the old post / station, (if not to the post/ station of their choice) keeping in view the other guidelines also.

14. Application for mutual transfer shall not be entertained.

15. Inter district transfer will be, disposed of following these guidelines. For the purpose of inter district transfer, the word station wherever it occurs in these guidelines. will be taken as district and for transfer with in the district as 'office'

16. Inter departmental transfers will be disposed of by the concerned authorities following these guidelines. in addition to the restrictions regarding minimum service.

17. Transfers within the district will be effected by the head of department / concerned authority subject to these guidelines. Head of Deaprtments/ concerned authorities while ordering inter departmental transfer or inter district transfers shall only allot officers to the particular district and not to the particular station or office. Change of seats in office or station within the district will be made according to administrative convenience.

18. (a) petitions pointing out violations of these guidelines / principles

(i) by the subordinate transferring authority may be presented to the head of the department

(ii) by head of department. to Government, and

(iii) final decision on (i) and (ii) above shall be taken, within a maximum period of six weeks.

(b) petitions against the decision of head of department on the petition submitted to him vide item

(i) ibid, may be presented only once to Government

19. These guidelines/ principles shall not apply to transfers necessary in public interest

20. Government may make such amendments to these guidelines as are found necessary from time to time.

21. Within the broad frame work of these guidelines, detailed guidelines may be prescribed if necessary. in any department in consideration of the special nature of work in such department

5-5-1990

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TRANSFER NORMS

**Govt. order No. G.O.(P)11/90/P&ARO, dt. 5-5-1990 from personal & Administrative (D) Dept.
ABSTRACT**

**Public Services Transfer and posting of Government Employees General Norms/ Guidelines
- Modification - orders**

Read: G.O. (P) No. 15/89/P&ARD dt. 22-5-89

In the General Norms/ guidelines for transfer of Government employees contained in the G.O. Read above the following will be added under para II as para II (a).

II (a) Employees who are physically handicapped, relatives of Jawans, inter caste married and scheduled castes / scheduled tribes shall not ordinarily be transferred until they complete 5 years of duty/ service in a station/ district A transfer in such cases should be resorted only to provide employees belonging to categories who have got preferential claim for transfer.

(By order of the Governor)

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18-4-1992

GENERAL TRANSFER GUIDE LINE GOVERNMENT OF KERALA ABSTRACT

**Public service - transfer and postings of government employees - general
norms/ guidelines - modified - orders issued.**

PERSONNEL & ADMINISTRATIVE REFORMS (D) DEPT.

G.O. (P)No. 221921 P & ARD

dated,Thirvanthapuram 18-4-1992.

Read:

1. G.O. (P) No.15/891 P&ARD dated 22-5-1989.

2. G.O. (P) No. 11/901 P&ARD dated 5-5-1990.

3. G.O. (P) No. 17/90/ P&ARD dated 25-5-1990.

4. G.O. (P) No. 38/911 P&ARD dated 2-12-1991

5. G.O. (P) No. 7/92/ P&ARD dated 21-2-1992.

ORDER

Para II of the General Guidelines for transfer of Government employees issued as per the government order read as 1st paper and modified as per the Government orders read as 2nd to 5th papers stipulates that the existing orders regarding transfer facilities available to the employees who are physically handicapped, exservicemen, relatives of Jawans, intercaste

married employees and SC/ST will be followed.. The committee for Welfare of SC/ST has emphasized the necessity to fix the order of priority among the different categories eligible for preference in the matter of transfer. Government have examined the matter in detail and consider it necessary to amend the General Guidelines for transfer of Government employees suitably. According by Government are pleased to order that in the Guidelines for transfer of Government employees contained in the Government orders, read above, following shall be added as the last sentence in parallel immediately before para II (a) namely.

The order of priority among the different categories of employees shall be as follows.

- 1. SC/ST employees.
- 2. Physically handicapped.
- 3. Inter caste married employees.
- 4. Ex-servicemen.
- 5. Relatives of Jawans.

By order of the Governor,

P. Shanmugasundaram, Commissioner & Secretary to Govt.

* * * * *

4-5-1994

കേരളസർക്കാർ

സംഗ്രഹം

ആരോഗ്യകുടുംബക്ഷേമ വകുപ്പ് - പൊതുസ്ഥലംമാറ്റം മാനദണ്ഡം നിശ്ചയിച്ചു കൊണ്ട് ഉത്തരവ് പുറപ്പെടുവിക്കുന്നത്
ആരോഗ്യകുടുംബക്ഷേമ (എ) വകുപ്പ്

സ:ഉ: (എം.എസ്.) നമ്പർ 149/95/ആ.കു.വ. തിരുവനന്തപുരം 4-5-1995

ഉത്തരവ്

ആരോഗ്യവകുപ്പിൽ ഡോക്ടർമാർ ഉൾപ്പെടെയുള്ള ജീവനക്കാരുടെ പൊതുസ്ഥലംമാറ്റം സംബന്ധിച്ച് വകുപ്പ് മന്ത്രിയും സംഘടനാ നേതാക്കളും ചർച്ച ചെയ്ത് ഏകകണ്ഠമായി കൈക്കൊണ്ട തീരുമാനമനുസരിച്ച്, ഹെൽത്ത് സർവ്വീസ്, മെഡിക്കൽ കോളേജുകൾ, ആയുർവേദ, ഹോമിയോ പ്ലതി എന്നീ വിഭാഗങ്ങളിലെ ഡോക്ടർമാർ ഉൾപ്പെടെയുള്ള എല്ലാ ജീവനക്കാരുടേയും സ്ഥലം മാറ്റം സംബന്ധിച്ച് മാർഗ്ഗ നിർദ്ദേശങ്ങൾ അംഗീകരിച്ച് ഉത്തരവ് പുറപ്പെടുവിക്കുന്നത്. അംഗീകരിച്ച മാർഗ്ഗ നിർദ്ദേശം അനുബന്ധമായി ചേർത്തിട്ടുണ്ട്.

ഗവർണ്ണറുടെ ഉത്തരവിൻ പ്രകാരം,
ഗോപാൽകൃഷ്ണപിള്ള, സെക്രട്ടറി

അനുബന്ധം

ആരോഗ്യ വകുപ്പിൽ സ്ഥലം മാറ്റത്തിന് പൊതുമാനദണ്ഡം ഏർപ്പെടുത്തുന്നതിന് സർക്കാർ കരടു നിർദ്ദേശത്തിന്മേൽ ആരോഗ്യ വകുപ്പ് മന്ത്രി ശ്രീ. വി.എം. സുധീരന്റെ അധ്യക്ഷതയിൽ ചേർന്ന സർവ്വീസ് സംഘടനാ നേതാക്കളുടെയോഗത്തിൽ താഴെ പറയുന്ന പൊതു മാനദണ്ഡങ്ങൾ അവലംബിക്കാൻ ഏകകണ്ഠമായി തീരുമാനമെടുത്തു.

ജീവനക്കാരുടെ സ്ഥലം മാറ്റം സംബന്ധിച്ച് ഇപ്പോൾ പ്രാബല്യത്തിലുള്ള പൊതുവായതും പ്രത്യേകമായതുമായ മാർഗ്ഗനിർദ്ദേശങ്ങൾ അടങ്ങുന്ന 1987 മെയ് 28 ലെയും 1989 മെയ് 29 ലെയും 1994 ഡിസംബർ 2 ലെയും ഉത്തരവുകൾ വകുപ്പ് തലവൻമാർ നിർബന്ധമായും പാലിച്ചിരിക്കേണ്ടതാണ്. ഈ വർഷത്തെ പൊതുസ്ഥലം മാറ്റ ഉത്തരവുതൽ 1995 മെയ് 15 ാം തീയതിയ്ക്കകം പുറപ്പെടുവിക്കേണ്ടതാണ്. 1996 മുതൽ അന്തർ ജില്ലാ സ്ഥലം മാറ്റം ഏപ്രിൽ 15 ാം തീയതിക്കു മുമ്പ് നടപ്പിലാക്കേണ്ടതാണ്. പ്രത്യേക ആനുകൂല്യത്തിന് അർഹതപ്പെട്ട വിഭാഗത്തിൽപ്പെട്ടവർക്ക് അതുപ്രകാരം അതു മൂലം സ്ഥലം മാറ്റം നൽകുമ്പോൾ ആയതിന്റെ കാരണം വ്യക്തമായും രേഖപ്പെടുത്തിയിരിക്കണം.

പൊതു താൽപ്പര്യപ്രകാരമോ സഹതാപാർമായ സാഹചര്യത്തിലോ (കമ്പാഷനേറ്റ ഗ്രൗണ്ട്) ഉള്ള സ്ഥലം മാറ്റങ്ങൾ നടത്താനുള്ള നിബന്ധനകൾ സർക്കാർ നിശ്ചയിക്കുന്നതാണ്. ജില്ലകൾക്ക് പുറത്തേക്കുള്ള സ്ഥലം മാറ്റങ്ങൾ നടത്താൻ അധ്യക്ഷൻമാർ നടത്തിയ ശേഷം മാത്രമേ ജില്ലയ്ക്കകത്തുള്ള സ്ഥലമാറ്റങ്ങൾ നടത്താൻ പാടുള്ളൂ. 1-3-1995 നു ശേഷം ഇതുവരെ നടത്തിയിട്ടുള്ള എല്ലാ സ്ഥലം മാറ്റ ഉത്തരവുകളും ഇപ്പോൾ നിശ്ചയിക്കുന്ന മാർഗ്ഗ നിർദ്ദേശങ്ങൾക്ക് വിധേയമായി പുനഃപരിശോധിക്കുന്നതും അവയിൽ മാനദണ്ഡങ്ങൾക്ക് വിരുദ്ധമായിട്ടുള്ളവ 1995 ലെ പൊതുസ്ഥലം മാറ്റത്തിന് ഒഴിവാക്കിയായി പരിഗണിക്കുന്നതുമാണ്. എംപ്ലോയിമെന്റ് എക്സ്പെഞ്ചുവഴി താൽക്കാലിക

നിയമനങ്ങൾ നടത്തിയിട്ടുള്ള തസ്തികകൾ പൊതു സ്ഥലം മാറ്റത്തിനുള്ള തുറന്ന ഒഴിവുകളായി പരിഗണിക്കേണ്ടതാണ്. മാനസികാരോഗ്യ കേന്ദ്രം, റ്റി, ബി. സാനിറ്റോറിയെ, ലെപ്രസി സാനിറ്റോറിയം എന്നിവിടങ്ങളിൽ കുറഞ്ഞത് രണ്ടു വർഷം ജോലി ചെയ്തിട്ടുള്ള ജീവനക്കാർക്ക് പൊതി സ്ഥലം മാറ്റത്തിൽ മുൻഗണന നൽകേണ്ടതാണ്.

ഓരോ വകുപ്പിലും ബുദ്ധിമുട്ടേറിയതായി പ്രഖ്യാപിച്ചിട്ടുള്ള സ്ഥലങ്ങളിലും മലമ്പ്രദേശങ്ങളിലും ഗ്രാമപ്രദേശങ്ങളിലും ഉൾ പ്രദേശങ്ങളിലും സ്തിതി ചെയ്യുന്ന സ്ഥാപനങ്ങളിലെ സെഡിക്കൽ ഓഫീസർമാർ ഉൾപ്പെടെയുള്ള സംസ്ഥാന തലസ്തതികകൾ നിർബന്ധമായും ആദ്യനിയമനം ലഭിക്കുവരെക്കൊണ്ട് നികത്തേണ്ടതാണ്. ജില്ലാ റിക്രൂട്ട്മെന്റ് ബോർഡ് മുഖേന നിയമനം ലഭിക്കുന്ന വർക്കും ഇതു ബാധകമായിരിക്കും. ഓഫീസുകളിൽ ഒരേ സെക്ഷനിലെ തുടർച്ചയായി മൂന്ന് വർഷത്തിൽ കൂടുതൽ ഒർഗ്ഗനൈസേഷൻ ജോലിക്ക് തുടരാൻ അനുവദിക്കരുത്. പൊതു സ്ഥലം മാറ്റത്തെ സംബന്ധിച്ചുണ്ടാകുന്ന പരാതികൾ ജീവനക്കാർക്ക് നേരിട്ടു നൽകാവുന്നതാണ്. ജില്ലാ തല സ്ഥലം മാറ്റം സംബന്ധിച്ച് പരാതികൾ ജില്ലാ മെഡിക്കൽ ഓഫീസർ, ഡെപ്യൂട്ടി മെഡിക്കൽ ഓഫീസർമാർ, അഡ്മിനിസ്ട്രേറ്റീവ് അസിസ്റ്റന്റ് എന്നിവരടങ്ങുന്ന കമ്മിറ്റി പുനഃപരിശോധിക്കുന്നതാണ്. ഇന്ത്യൻ സിസ്റ്റം ഓഫ് മെഡിക്കൽ ഹോമിയോ എന്നിവിടങ്ങളിലും ഇതേ തത്വത്തിന്റെ അടിസ്ഥാനത്തിൽ ജില്ലാ ഓഫീസറുടെ നേതൃത്വത്തിൽ റിപ്യൂ നടത്തേണ്ടതാണ്. സംസ്ഥാന തല സ്ഥലം മാറ്റങ്ങളിലുള്ള ഫറമുള്ളവളും ജില്ലാ തലത്തിൽ തീരാത്ത പരാതികളും ആരോഗ്യ വകുപ്പ് ഡയറക്ടർ, ആരോഗ്യ വകുപ്പ് അഡീഷണൽ ഡയറക്ടർ (വിജിലൻസ്), സീനിയർ അഡ്മിനിസ്ട്രേറ്റീവ് ഓഫീസർ എന്നിവർ അടങ്ങുന്ന കമ്മിറ്റി പുനഃപരിശോധിക്കുന്നതാണ്. അപ്പീൽ പരിണിക്കുമ്പോൾ സ്ഥലം മാറ്റം നടത്തിയ ബന്ധപ്പെട്ട ഉദ്യോഗസ്ഥനും സന്നിഹിതനായിരിക്കണം. ജില്ലാ പുനഃപരിശോധനാ തീരുമാനം പത്തു ദിവസത്തിനകം രേഖാമൂലം പരാതിക്കാരനെ അറിയിക്കേണ്ടതാണ്. പത്തുദിവസത്തിനകം പുനഃപരിശോധനാ തീരുമാനം ലഭിച്ചില്ലെങ്കിൽ പരാതിക്കാരന് വകുപ്പുധ്യക്ഷൻ തലക്കിലുള്ള പുനഃപരിശോധനാ കമ്മിറ്റി മുൻപാകെ നേരിട്ട് പരാതി നൽകാവുന്നതാണ്. പ്രസാതുത കമ്മിറ്റി പരാതി പരിശോധിച്ച പത്തു ദിവസത്തിനകം പരാതിക്കാരനെ രേഖാമൂലം തീരുമാനം അറിയിക്കേണ്ടതാണ്. നിശ്ചിത സമയ പിരധിക്കുള്ളിൽ വകുപ്പ് മേധാവിയിൽ നിന്നും മറുപടി ലഭിക്കാത്ത പക്ഷം പരാതിക്കാരന് നേരിട്ട് ആരോഗ്യ വകുപ്പു സെക്രട്ടറിക്കു പരാതി നൽകാവുന്നതാണ്. വകുപ്പുധ്യക്ഷനടങ്ങുന്ന പുനഃപരിശോധനാ കമ്മിറ്റികളുടെ തീരുമാനങ്ങളിൽ പരാതികളുള്ള പക്ഷം അവയിന്മേൽ ആരോഗ്യ വകുപ്പ് സെക്രട്ടറി, അഡീഷണൽ സെക്രട്ടറി ബന്ധപ്പെട്ട ജോയ്ന്റ് സെക്രട്ടറി, സ്ഥലം മാറ്റവുമായി ബന്ധപ്പെട്ട വകുപ്പ് മേധാവി എന്നിവരടങ്ങുന്ന കമ്മിറ്റി പുനഃപരിശോധിക്കുന്നതാണ്. ഈ തീരുമാനം അഞ്ചു ദിവസത്തിനകം രേഖാമൂലം പരാതിക്കാരനെ അറിയിക്കേണ്ടതാണ്.

കേവലം വ്യക്തികളുടെ സൗന്ദര്യത്തെ മുൻനിർത്തി മാത്രമുള്ള വർക്കിംഗ് അറേഞ്ചുമെന്റ്, അക്കോമൊഡേഷൻ, ഷിഫ്റ്റിംഗം എന്നിവ അനുവദിക്കുന്നതല്ല.

പ്രബല്യത്തിലുള്ള സ്ഥലം മാറ്റ ഉത്തരവുകളെയോ ഇപ്പോൾ അംഗീകരിച്ചിട്ടുള്ള മാനദണ്ഡങ്ങളെയോ പാലിക്കാതിരിക്കുന്നതോ ഗൗരവമായി കണക്കാക്കുന്നതാണ്.

സെക്രട്ടറി
ആരോഗ്യ കുടുംബ ക്ഷേമ വകുപ്പ്

* * * * *

STRIKE PERIOD REGULARISATION

5-03-90
Copy of letter No. 44208IA1/89/HLFWA dt. 5-3-90
Addressed to the derector of Health Services
Sub: H.S. D. - Medical officers strike treating the period- reg-
Ref: Your letter No. A6-64837/89/DHS dt. 22-12-89.

I am to invite your attention to the letter cited and to inform you that the period of strike of a section of Medical Officers from 28-7-89 to 31-7-89 both inthe case of those who abstained from the duty and those who attended dutywithout marking attendance may be treated as eligible leave.

Yours faithfully
D.Henry Das, undersecretary, for secretary of Government

* * * * *

24-5-1994**STRIKE PERIOD REGULARISATION****Copy of G.O. Rt. 1468/94/H&FWD dt.24-5-1994 from Health and Family Welfare Department, Trivandrum.**

Esst. HSD Kerala Government Medical Officers - strike for the period from 5th November to 11 th November 1993 treating the period of absence - ordered issued.

ORDER

Medical Officers of Health Services Department were on strike during the period 5 th November to 11th November 1993 (Both days inclusive). Government are now pleased to order that the Medical Officers who absented unauthorisedly during the above period are not eligible for pay and allowances. The period will be treated as duty for all other purposes.

By order of the Governor.

* * * * *

22-9-2000**GOVERNMENT OF KERALA
ABSTRACT****Health Services Department Strike by the Medical Officers from 5-11-93 to 11-11-93 regularisation of strike period Orders issued
HEALTH & FAMILY WELFARE (A) DEPARTMENT****G.O. (Rt) No. 34714/2000/H&FWD****Dated Thiruvanthapuram 22-9-2000**

Read 1 G.O. (Rt) 1468/94/H&FWD Dated 24-5-94

2 Representation dated 10-2-2000 from the Kerala Govt. Medical Officers' Association

ORDER

1) A section of the doctors of the Health Services Department were on strike during the period from 5-11-93 to 11-11-93 (both days inclusive). As per the Govt. order read above the strike period was regularised as duty for all purposes except pay and allowances

2) But the Kerala Govt. Medical Officers' Association had requested to regularise the above period as eligible leave. They have also pointed out certain similar instances in which the periods were regularised as eligible leave. Government have examined the case in detail once again and are pleased to order that the period of strike from 5-11-93 to 11-11-93 (both days inclusive) of the doctors of health Services Department will be regularised as eligible leave. this is in partial modification of the Government order read above.

by order of the Governor

A.RADHAKRISHNAN, Joint Secretary to Government

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P.G. COURSE**31-5-1983****RURAL SERVICE FOR P.G. COURSE
GOVERNMENT OF KERALA
ABSTRACT****Medical Education - Admission to the P.G.Courses in 1982-83 order issued. HEALTH (F)
DEPARTMENT****G.O. MS 127/83/HD****dt. Trivandrum, 31-5-1983**

Full time service in Primary Health Centres or Govt. dispensaries under the Health services dispensaries, Rural distance under the ESI Scheme service in unpopular specialities of casualty Services, T.B. Centres and Leprosy Hospitals, Family planning wing and C.D. Hospitals in this state will be considered as Rural service for the above purpose.

* * * * *

30-4-1984

**GOVERNMENT OF KERALA
ABSTRACT**

Medical Education P.G. Course reservation of seats to Health Services personels - further order - issued.

HEALTH (F) DEPARTMENT

G. O. Rt,1406/84/HD **dated Thiruvananthapuram, 30-4-1984**

Read: 1. letter No. 429/KGMOA/ 83 dt. 16-1-1984 from.the general secretary of KGMOA.
2. Letter No. 3/KGMOA/ 84/dt. 26-1-1984 from the general secretary of KGMOA.
3. Letter No. EA5-13331/84 dated 4-2-1984 from the Director of Health Services.

ORDER

Govt. have examined the question in consultation with the Director of Health Services and they find that the services under the school Health programme, in prison hospital and mobile dis-pensaries are unattractive and entails sacrifice on the part of the persons concerned Govt. there fore order that those services will be considered as rural service for the purpose of admission to P.G. course.

By order of the Governor
A.K. Narayanan Nair, Dy secretary

* * * * *

10-11-1995

DEPUTATION TO HIGHER STUDIES

**GOVERNMENT OF KERALA
ABSTRACT**

Establishment - health Services Department - Deputation benefits to Medical Officers who secure admission to higher studies - granting of -orders issued.

HEALTH AND FAMILY WELFARE (E) DEPARTMENT

G.O. (Rt) No. 4006/95/H & FWD **dated,Thiruvananthapuram 10-11-1995**

Read: 1. G.O. (Rt) No. 1145/94/ H&FWD dated 12-4-1994
2. Letter No. PCI 4-47480/95/DHS dated 1-7-1995 from the Director of Health Services,TVM
3. G.O. (P) No. 325/95/(41) fin.dated 7-4-1995.

ORDER

1. In the Government order read as first above government have ordered that P.G. Diploma in 'Public Health is the only one unpopular speciality for the limited purpose of granting deputation benefits to the medical.officers.

2. In superannuation of Government orders read as first paper above Government are now pleased to order that deputation benefits will be granted to the following medical officers subject to the condition that such doctors will not be eligible for specialist allowance till retirement and if they opt for deputation.

The pay allowance of the Medical officers during the period of deputation will be met from the head of accounts from which they have been drawing their salary. Equal number of posts of the Medical Officers will also be kept vacant during the period of their deputation.

The Medical Officers will execute the required bond before the financial benefits according to this order are paid to them.The stipend / lumpsum grant / fee concession / scholarship etc. if any paid to them during the period of studies will be set off against their pay and allowance as the case may be.

The medical Officers will furnish a declaration that they will no.longer claim for P.G. allowance for the rest of their service in the Government

By order of the Governor,
B. Padmakumari, Joint Secretary.

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3-5-1979**HILLY TERRAIN DIFFICULT AND REMOTE AREAS****GOVERNMENT OF KERALA****ABSTRACT****Estt. Health Service Department - Transfer posting Hilly terrain difficult and remote areas - specified.****HEALTH (A) DEPARTMENT****G. O. Rt. 1507/791/HD****Dated, Trivandrum, 3-5-1979**

- Read: 1. G.O. Rt. 1920/771 Hd Dated 18-5-1977
 2. G. O. Rt. 836/79/HD dated 14-3-1979
 3. From the Director of Health Service note No. EA - 4-14331/79 dated 24-4-1979.

ORDER

In clause 19 of the G.O. read as first paper above as subsequently amended by the G. O. read as second paper, it has been stated that the hilly terrain difficult and remote areas would be specified by Government and orders issued separately. Government have considered this question and order that the institution shown in the Appendix to this G. O. will be treated as hilly terrain's, difficult and remote areas for the limited purpose of clause 19 of the G.O. read as first paper above (as subsequently amended) in so far Health Service Department is concerned.

This order will be subject to review, if found necessary later.

(By order of the Governor)

K.I. Thomas, Under Secretary

APPENDIX

Sl. No.	Name of Institution	Panchayat	Block	Taluk
TRIVANDRUM DISTRICT				
1.	B.W.D. Amboori	Amboori	Perumkadavila	Neyyattinkara
QUILON				
1.	Govt. Dispensary	Aruvappallam	Konni	Pathanamthitta
THANNITHODE				
1.	G.O. Seethathode	Seethathode	Ranni	Pathanamthitta
2.	G.D. Neduvathumuzhi	Arvappallam	Konni	Pathanamthitta
IDUKKI				
1.	G.A.D. Vazhathope	Vazhathope	Elamdesam	Thodupuzha
2.	G.A.D. Marayoor	Marayoor	Devikulam	Devikulam
3.	G.A.D. Kanthallur	Kanthalloor	do	Devikulam
4.	G.w.D. Kallar	Pallivasal	do	do
5.	G.A.D. Baisonvalley	Baisonvalley	do	Udumbanchola
6.	G.A.D. Konnathady	Konnathady	do	do
7.	G.A.D. Chinnakanal	Chinnakanal	do	do
8.	G.A.D. Mariapuram	Mariapuram	Arudai	do
9.	G.R.D. Kamakshy	Kamaskhy	Arudai	do
10.	Vathikudy	Vathikudy	Devikulam	do
11.	G.A.D. Rajakumari	Rajakumari	Devikulam	do
ALLEPPEY				
1.	P.H.C Perumbalam	Methilbhagam	Thycattusseri	Sherthalai
2.	P.H.C. Chempumpuram	Nedumudy	Chempakulam	Kuttanad
ERNAKULAM				
1.	B.W.D. Illithode	Malayattu		
		Neeleswaran	Angamali	Alwaye
TRICHUR				
1.	GRD. Kuzhur	Kuzhur	Mala	
2.	Mukumdapuram			
2.	GRD. Poomala	Killinnur	Puzhakkal	Thricur
PALGHAT				
1.	Siruvani	Sholayar	Chittur	Mannarghat
2.	Dispensary			
3.	Muthikulam			

4.	M.M. Unit, Agali	Agali	Attapady	Manarghat
5.	G.D. Pudur	Pudur	Chittur	do
6.	G.H.D. Nelliampathy	Nelliampathy	Nenmara	Chittur
7.	P.S. Dispensary Angali	Attapady	Mannarghat	
8.	Mukkali			

MALAPPURAM

1.	G.A.D.Chokkad	Ernad	Wandoor	Kalikave
2.	GA.DKurumbalagode	Chungathara	Wandoor	Ernad

KOZHIKODE

1.	G.H.D. Pakkom	Pulpally	Sulthanbattery	South Wynad
2.	G.H.D. Kottathara	Kottathara	Alpetta	Do
3.	G.H.D. Chekkiad	Cehkkiad	Turneri	Badagara
4.	G.H.D. Vazhavatta	Muttill	Sultanbattery	South Wynad
5.	PH.C. Thariode	Thariode	Kalpetta	do
6.	G.A.D.Kundathode	Kavilampara	Kunnummel	Badagara
7.	G.A.D.Koorachundu	Koorachundu	Balussen	Quilandy
8.	G.AD.Kodenjeri	Kodenjeri	Kunnamangalam	Kozhikode
9.	G.AD. Kayanna	Kayanna	Balusery	Quilandy

CANNANORE

1.	G.H.D. Thirunelly	Thirunelly	Manantoddy	North Wynad
2.	G.RD.Bayar	Thirunelly	Manjeswar	Kasaragode
3.	G.H.D. Kayyar	Cheemani	Neleswar	Hosdurg
4.	GD. Angadikadavu	Aralam	Kuthuparambu	Tellicherry
5.	GD. Ennappara	Belur	Kanhangad	Hosdurg
6.	G.AD. Padiyurkkalliad	Padiyurkalliad	Trikkur	Thaliparamba
7.	G.AD. Keesapally	Aralam	Kuthuparamba	Tellicherry
8.	G.AD. Adoor	Karadka	Kasaragod	Kasaragod
9.	G.A.D. Pooparamba	Eruvassi	Irikkur	Thaliparamba
10.	G.AD. Panathur	Panathadi	Kanhangad	Hosdurg
11.	B. W. D. Mavilakadapuram	Padanna	Nileswar	Hosdurg
12.	G.A.D. Chittariparamba	Chittariparamba	Kuthuparamba	Tellicherry

* * * * *

9-04- 2003**GOVERNMENT OF KERALA
ABSTRACT**

**Education Service- Medical P.G. Amission Under Service Quata of Doctors Serving in Diffi-
cult Rural Areas- Revision of List of Difficult Rural Areas - Approved - Orders Issued
Health and Family Welfare (S) Department**

G.O. (p) No. 70/2003/H& FWD. Dated, Thiruvananthapuram 9th April, 2003

- Read:-1. G.O. (P) 240/99/H&FWD dated 21-6-1999
2. G.O. (P) 259/99/H&FWD dated 29-6-1999
3. G.O. (P) 382/99/H&FWD dated 9-9-1999
4. G.O. (P) 484/99/H& FWD dated 16-12-1999
5. G.O. (P) 2167/2001/H&FWD dated 9-8-2001
6. G.O. (P) 101/2002/H&GWD dated 29--4-2002

ORDER

A Committe was constituted as per Government Order read as 5th paper above to review the list of difficult Rural Areas identified and published by Government as per the Government Order read as 1st to 4th paper above.

The Committe after detailed deliberations has prepared a provisional list of institutions to be deleted from the existing list and to be included in the existing list of Difficult Rural Areas for Medical P.G. Admission. The provisional list prepared by the Comittee was published vide Govern-ment Order read as 6th paper above. Objections, if any, on the provisional lists were required to be submitted within 30 days from the date of publication of the provision list.

On publication of the said provisional list, a lot of objections and suggestion, both for deletion and inclusion of certain areas, have been received. The Committee considered the objections and suggestions received. It was then decided, after detailed discussions, that the remarks of the DMOs concerned may be obtained on the proposals for inclusion and deletion. Thereupon, the

DMOs concerned were addressed vide letter dated 25-9-2002. The DMOs of Kannur, Wayand, Kozhikode, palakkad, Thrissur, Malappuram and Idukki were addressed. Places coming under their Jurisdiction alone were proposed for deletion and addition at this stage. The DMOs have responded with their suggestions and recommendations.

The Committee at its meeting held on 18-1-2003 finalised their recommendations.

The Committee was endowed with the task of proposing amendment of the existing list of Difficult Rural Areas (DRAs). The earlier Committee constituted for the purpose as per G. O. (Rt) No. 2687/97/H&FWD dated 4-7-1997 had accepted the following parameters for identifying the DRAs for the purpose of admission to the P. G. Courses for the Doctors in service.

1. Tribal Mobile Units
2. Institutions located in remote areas which do not have either public transport, telephone or postal service within a radius of 2 kms.
3. Institutions located in buildings with no electric connection.
4. Located in Panchayat with more than 30% of tribals according to 1999 Census.
5. Institutions where there has been no regular doctor for 1 year continuously or for a cumulative period of 2 years during the last 5 years.
6. Institutions located Island.

The present Committee in its first meeting itself had reviewed the parameters fixed by the earlier Committee. It was found that, the parameters had to be suitably modified following the experience of the Government after the introduction of the DRA for the purpose of P. G. Admission. Thereupon, the Committee had, after detailed deliberations, proposed that, the parameters referred to above may be revised as follows:

- (i) Tribal Mobile Units.
- (ii) Institutions located in remote areas which do not have either public transport, telephone or postal services within a radius of 2 Kms.
- (iii) Located in Panchayat with more than 30% of tribals according to 2001 Census
- (iv) Institutions located in Island.
- (v) Places where there are no conveyance facilities, educational institutions and such other essential conditions of living within 5 Kms of the Institution.

On the basis of the above guidelines the Committee has scrutinised the list of Difficult Rural Areas and considered the suggestions/recommendations from the Department, individuals, institutions and associations. After detailed study the Committee has recommended the names of institutions to be included/deleted from the existing list. Government have examined the recommendations of the Committee and are pleased to approve and publish the revised list of Difficult Rural Areas, as appended, for P. G. Admission as recommended by the Committee.

By order of the Governor,
K. Ramamoorthy
Secretary to Government.

Appendix to G. O. (P) No. 70/2003/H&FWD dated 9-4-2003

List of Difficult Rural Areas

1. Thiruvananthapuram District:

- | | | |
|-----------------------|--------------------------|---------------------|
| 1. Tribal Mobile Unit | 2. PHC. Amboori | 3. PHC. Peringamala |
| 4. PHC. Anakudi | 5. PHC. Thonippara (SCP) | 6. PHC. Kuttichai |

2. Kollam District:

- | | | |
|----------------------------|--------------------|-----------------------------|
| 1. Mini PH C, Munro Island | 2. PHC. Achenkovil | 3. PHC. Mancode, Chirithara |
|----------------------------|--------------------|-----------------------------|

3. Pathanamthitta District:

- | | | |
|---------------------|--------------------|---------------------|
| 1. PHC. Ezhamkulam | 2. PHC. Kokkathode | 3. PHC. Thannithode |
| 4. PHC, Vechoochira | | |

4. Alappuzha District:

- | | | |
|----------------------|--------------------|--|
| 1. PHC, Chempumpuram | 2. PHC, Perumpalam | |
|----------------------|--------------------|--|

5. Kottayam District

Nil

6. Ernakulam District:

- | | | |
|---------------------|-------------------|----------------------|
| 1. PHC, Pizhala | 2. PHC, Mulavukad | 3. PHC, Vallarapadam |
| 4. PHC, Kuttampuzha | | |

7. Thrissur District:

- | | | |
|----------------------|----------------------|----------------------|
| 1. PHC, Thonoorkkara | 2. PHC, Mundathikode | 3. PHC, Porkulam |
| 4. PHC, Vettilappara | 5. PHC, Varavoor | 6. G.D. Chimmini Dam |

8. Palakkad District:

- | | | |
|---------------------|----------------------|------------------|
| 1. PHC, Anaketti | 2. MM Unit I | 3. MM Unit II |
| 4. PHC, Agali | 5. PHC, Pudur | 6. PHC, Sholayar |
| 7. PHC, Ozhalapathy | 8. PHC, Parambikulam | |

9. Idukki District:

- | | | |
|---------------------------------------|--|-----------------------|
| 1. PHC, Kanthalloor | 2. PHC, Kokkayar | 3. PHC, Chempakapara |
| 4. PHC, Senapathy | 5. PHC, Vannappuram | 6. PHC, Mankulam |
| 7. PHC, Pampadumpara | 8. Mobile Medical Unit, Adimaly (Mannar) | |
| 9. I.T.D.P. Medicatl Unit, Thodupuzha | | 10. PHC, Poomala |
| 11. PHC, Vattavada | 12. PHC, Elappally | 13. PHC, Marayoor |
| 14. PHC, Chinnakkanal | 15. PHC, Thanttakuzha. | 16. PHC, Poochapra |
| 17. PHC, Kamakshi | 18. PHC, karunapuram | 19. PHC, Mariapuram |
| 20. PHC, Rajakumari | 21. PHC, Deviyar | 22. PHC, Bison Valley |

10. Kozhikode District:

- | | | |
|-------------------------|-------------------------|--------------------------|
| 1. PHC, Vayalada | 2. PHC, Pannikottur (S) | 3. PHC, Thiruvallur |
| 4. PHC, Maniyur | 5. PHC, Velam | 6. PHC, Kunduthode (TSP) |
| 7. PHC, Naripatta (YSP) | 8. PHC, Vanimel | |

11. Kannur District:

- | | | |
|---------------------------------------|----------------------|------------------------------|
| 1. PHC, Kelakam | 2. PHC, Angadikadavu | 3. PHC, Peruva |
| 4. GRd, Malappattam | 5. PHC, Eruvassi | 6. PHC, Karikottakkari (SCP) |
| 7. PHC, Urathoor | 8. PHC, Kuduyamala | 10. PHC, Alakkede-Manakadu |
| 11. PHC, Peravur (Tribal Mobile Unit) | | |

12. Kasaragod District:

- | | | |
|-----------------------|-----------------------|----------------------------|
| 1. PHC, Arikkady | 2. PHC, Karicherry | 3. PHC, Vaninagar |
| 4. Tribal Mobile Unit | 5. PHC, Puthigue | 6. PHC, Meenja |
| 7. PHC, Valiyaparampa | 8. PHC, Adoor | 9. PHC, Bellur (TSP) |
| 10. PHC, Beyar (TSP) | 11. PHC, Angadimogru | 12. PHC, Mayilakkadappuram |
| 13. PHC, Padne | 14. PHC, Ennappara | 15. PHC, Panathur |
| 16. PHC, Mullaria | 17. PHC, Maukode | 18. PHC, Bandadka |
| 19. PHC, Olat | 20. PHC, Chittarikkal | |

13. Malappuram District:

- | | | |
|--------------------------------|------------------------------------|-------------------|
| 1. Mobile Dispensary, Nilambur | 2. PHC, Karumblangode | 3. PHC, Chekkad |
| 4. PHC, Athavanad | 5. PHC, Athanikkal | 6. PHC, Vettathur |
| 7. PHC, Aliparamba | 8. PHC, Ponmala | 9. PHC, Edappatta |
| 10. PHC, Cheriya mundam | 11. PHC, Moothadam (Colony Tribal) | |
| 12. PHC, Chathalloor | | |

14. Wayanad District:

- | | | |
|---|----------------------------|------------------------|
| 1. Tribal Mobile Unit attached to Distric Hospital, Mananthavady | | |
| 2. Tribal Mobile Unit attached to Talik Headquqrters, Vythiri | | |
| 3. Tribal Mobile Unit attached to Taluk Hospital, Sulthan Batheri | | |
| 4. Tribal Mobile Unit attached to Government Hospital, Kalpetta. | | |
| 5. Tribal Mobile Unit attached to PHC, Ambalavayal | | |
| 6. PHC, Chethalayam | 7. PHC, Chulliyode | 8. PHC, Padinjaratherm |
| 9. PHC, Kurukanmoola | 10. PHC, Sugandhigiri | 11. PHC, Pakkom |
| 12. PHC, Noolpuzha | 13. PHC, Begur, Kattikulam | 14. PHC, Appapara |
| 15. PHC, Kottathara | 16. PHC, Edavada | 17. PHC, Varadoor |
| 18. R.M.M. C.H.C. Periya | 19. PHC, Ambalavayal | 20. PHC, Mullankolly |
| 21. PHC, Vazhavatta | 22. PHC, Thondarnad (SCP) | 23. PHC, Vengappally |
| 24. PHC, Pozhuthana | 25. PHC, Cheeral | 26. PHC, Kappakunnu |

* * * * *

4-2-1997**FOR SERVICE P.G. DEPUTATION**

**copy of Government letter Non. 14690/23/H&FWD,
Health & Family Welfare (E) Department, dated, Thiruvananthapuram, 4-2-1997 to
the Director of Health Services, ThiruvanaRthapuram.**

Sub: Establishment - granting deputation benefits to Medical officers - bonded obligation reg.

Ref: Your letter No. MC5-4780/95/DHS dtd. 21-3-96, 11-10-96

Inviting your attention to the above, I am to inform you that regarding granting deputation benefits to Medical Officers undergoing P.G. course, doctors has to execute a bond to serve Government for a continuous period of seven years after undergoing higher studies but in case of those medical officers having less than 7 years prospective service in the department after comple-tion of course the incumbents will be given deputation benefits only for a period of two years of their sudty out of the three years and for the rest period of one year they may be asked to apply for eligible leave or leave without allowance as a special case. In such cases they have to execute a bond ensuring prospective continous service of five years.

In future for all proposals of deputation benefits, the length of services of Medical Officers after completing the course will be mentioned properly. The above conditions will be made applicable to all medical officers having less than seven years service after completion of the course. Which they have been given deputation.

Sd/-

K.V. Cherian, Dy. Secretary to Government

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7-8-97**BOND FOR SERVICE P.G. COURSE DEPUTATION**

No.N: Dis (MS5)38056/97/DHS Director of Health Services Trivandrum dtd 7-8-97

The following points may be taken into consideration before executing bond.

1. The bond should be executed in stamp paper worth Rs. 50/ Instead of Rs. 30 as furnished.
2. The bond should be executed in the prescribed form.
3. The residential address of the bounden and sureties should be specified in the 1st page of the bond.
4. The Bounden and sureties will sign on all pages on the agreement to the appropriate portion.
5. Salary certificate with details of recoveries/ court attachment if any should be obtained from the concerned treasury officer by the bounden and sureties. (**)
6. Self declared service details, date of birth etc. should be produced with counter signature of the head of the institution.
7. The details of receipt of stipend during the course period issued by the principal concerned. Date of admission and completion of the courses to be produced.
8. The statement showing the anticipated salary. Leave pay and allowance equal to his pay and DA which would have been drawn but for his proceeding on duty including surrender leave salary andTA to be drawn during the period of deputation attachment along with scale of pay and last pay drawn.
9. The medical officer will furnish a declaration to the effect that they will no longer claim to PG. allowance for the rest of their service in the Government (in duplicate)
10. The bond should be executed without correction and errors.
11. A Minimum period seven/ ten years are essential to make person as sureties.

*** The purpose for which the salary certificate issued to the sureties should be specified in the certificate.*

For director of Health Service

* * * * *

3.10.2002.**GOVERNMENT OF KERALA****Abstract**

Health & Family Welfare Department -Deputation benefits with full salary to Doctors, Nurses, Para Medical Staff etc. under the Health sector for higher studies -continuance of the pre-sent system-orders issued.

HEALTH & FAMILY WELFARE (E) DEPARTMENT**G.O.(Rt) No. 2377/2002 H&F WD. Dated, Thiruvananthapuram, 3.10.2002.**

Read: D.O. letter no. 21172/H&LA2-2002/F in dated 20.4.2002, from the Principal Secretary to Government, Finance Department.

ORDER

The State Government have been giving deputation benefits with full salary to the doctors of Health Services Department and that of the Medical Education Department to undergo higher studies under certain terms and conditions of deputation for quite some time. Nurses, Paramedical Staff etc. in various departments under the Health Sector are also enjoying this facility.

2) The Finance Department has opined that the system of sending doctors for P.G. studies was initially introduced in Medical Education Department at a time when there was a dearth of competent and qualified hands. However, the present position is quite different and hence deputation of doctors for higher studies at government cost does not appear any longer a necessity in Public interest. Since the actual loss on account of this will run into crores of rupees every year and as the State cannot continue to bear this any longer that Department took a view that hereafter deputation benefits for higher studies at government cost need not be allowed in the Health Sector in respect of any category of employees. Accordingly they have requested the issue orders to this affect immediately.

3) Government have examined the matter in detail in consultation with the Director of Health Services and Director of Medical Education. The Director of Health Services is of the opinion that the present system of granting deputation benefits under the Health Services Department may be continued in Public interest in view of the following reasons:-

i) The department is facing acute shortage of doctors of speciality to cater to the increasing demand for them.

ii) Most of the applications get the opportunity to undergo higher studies after completion of 15 to 20 years of service. Among them a few applicants loose the chance of getting deputation as they do not have the minimum prospective service left for satisfying the conditions regarding bond.

iii) Applicants having 15 to 17 years service get selected for PG degree course and these having 10 to 15 years get selected for diploma course under seniority in service quota and rural service quota. These who are senior in age are denied the deputation benefits for want of sufficient prospective services.

iv) Most of the aged candidates/seniors will not come forward for higher studies in view of the financial commitment apart from stress from studies, and

v) The higher studies imparted are mainly in hospitals catering patient care and as such they are actually serving the public.

4) The Director of Medical Education is of the opinion that the present system of granting deputation benefits with full salary under the Health sector may be continued considering the following factors:-

i) Many super-speciality departments in the Medical Colleges are suffering from lack of qualified persons for higher level posts. This would become more so with the advent of private Medical Colleges Super-speciality Hospitals in private sector.

ii) Candidates undergoing PG training and super-speciality training with salary in Medical Education Department carry out all the clinical duties in the hospital along with their studies.

iii) Deputation was limited only those candidates who are doing post graduation in discipline where PG was not available within the state.

5) The Director of Medical Education is also of the opinion that there is a necessity for the continuance of Lecturers training scheme in the department so that teaching positions in Government Medical Colleges will not be depleted. He has therefore suggested that the bonded

obligation may be fixed at a high level in order to ensure that their service would be available to Medical Education Department after their completing the course and acquiring qualification.

6) Government after having examined the matter on the basis of the opinion /suggestion of the both Director of Health Services and Director of Medical Education strongly feel that the present system of granting deputation benefits under the Health Sector be continued in the interest of:-

a) Updating the skill and knowledge of doctors and other paramedical staff particularly when knowledge and skill learnt become quickly obsolete in today's fast changing world and emergence of new disease patterns and treatment protocols.

b) Catering to the ever increasing demand and expectation of the people particularly when "Speciality Cadre" has been introduced after years of deliberations.

c) Better and modern health care seeking behaviour of the people, and

d) Maintaining and standards achieved over period of time.

7) In the circumstances Government are pleased to order that the present system of granting deputation benefits with full salary to Doctors, Nurses, Para Medical staff etc. under the Health Sector be continued.

(By order of the Governor)

K. RAMAMOORTHY
SECRETARY TO GOVERNMENT

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DEPUTATION / LEAVE

04-02-79

DEPUTATION FOR FOREIGN TRAINING

Government Circular No. 1190/C1n9/P&ARD. dt. 10-4-1979 from Personnel & Administrative Reforms Department, Trivandrum.

Sub : Deputation for training in foreign countries relieving of Government Employees-instructions issued-

Instances have come to the notice of Govt. in which some Heads of Department have relieved officers for training on deputation in foreign countries without prior sanction of Government and then failed even to forward proposals to Govt. for ratification of their action. These officers were relieved without getting bonds executed by them for appropriate amounts binding them to serve Govt. for a period of not less than four years on their return from abroad or verifying whether any vigilance proceedings was pending or under contemplation. Government consider that such action by the Heads of Departments is highly irregular.

Heads of Departments are directed that no officer should be relieved for foreign training without prior permission of Government. They are also directed to examine whether the candidate has executed a bond to serve govt. for a specified period on his return from abroad, before relieving him.

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15-2-1982

DEPUTATION/ LEAVE TO MEDICAL OFFICERS GOVERNMENT OF KERALA

Abstract

Establishment-Health Service Dept-Deputation/Leave to Medical officers and other para Medical Staff - Liberalised - Orders issued.

HEALTH (A) DEPARTMENT

G. O. MS 25/821HD

Dated, Trivandrum, 15-2-1982

Read:- 1. U. O. Note No. 60496/R4/80 Fin dated 10-12-1980
2. G. O. MS 205/81/HD dated 16-7-1981.

O R D E R

The question of liberalising the guidelines for the grant of deputation/leave of Medical Officers and other para medical staff of the Health Services Department to take up employment abroad/elsewhere has been under consideration of Government for some time and the following further orders are issued.

1. Permission for deputation/ to take up employment abroad or elsewhere in this State or in other State in India will be granted to an officer provided he/she has put in a continuous service of three years in the Department.

2. The maximum period of deputation/ eligible leave without allowance separately or in combination for taking up employment in private institutions in India / abroad will be limited to 10 years in the entire service of an officer.

3. Leave without allowances for taking up employment will not be granted for more than five years at a stretch. But extension if requests for such extension are received before the expiry of the period of leave will be allowed.

4. The leave/ deputation for taking up employment will be subject to the General rules on the subject.

5. Specialists in disciplines where there is acute shortage of qualified hands will not be granted deputation! leave under the scheme.

6. Deputation/ Leave under this scheme will not be granted to officer against whom disciplinary action is pending and liabilities are outstanding.

7. Normally leave will not be granted to an officer who has bonded obligation to serve the Government for a specific period. However, in case, he/she is willing to execute a supplementary bonds to serve Government for remaining period of bonded obligation after returning from leave such applications will be considered.

(By order of the Governor)

MaryakuttyThomas, Under Secretary

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02-04-2003

No. EB4-12957/2003/DHS OFFICE OF THE DIRECTOR OF HEALTH SERVICE, THIRUVANANTHAPURAM, DTD. 02-04-2003

From

The Director of Health Service

To

Dr. P. V. Syam Prasad, Assistant Surgeon General Hospital, Thalassery
Kannur District

Sir,

Sub: Establishment-Health Services Department Leave without allowances to take up-employment - Regarding.

Ref: -Lr. No. AI/21593/2002 Dtd. 25.1.2003 from DMOH, Kannur.

Government has been decided to levy a fees of Rs. 25,000/- from Medical Officers under Health Department who intend to seek private employment in the country/abroad or to meet spouse abroad in lump. The fees should be remitted as demand Draft favoring the Secretary, Kerala State Para Medical Council and produced to Government. Before that an undertaking in a 50- rupees stamp paper with the declaration that you are ready to remit the fee of Rs. 25,5000/-or the amount to be specified by government when required at any time during the currency of the leave or thereafter for being entered on leave without Allowances to take up employment abroad / in India to met spouse abroad to be forward.

In future the District Medical Officer of Health Should ensure that the Medical Officer had submitted the declaration in the 50 rupees stamp papers while forwarding the application for leave without Allowances for private employment abroad in India as well as to join spouse abroad.

Copy to:-

The District Medical Officer of Health.

Yours faithfully

For Director of Health Services.

* * * * *

DEPUTATION TO PRIVATE SECTOR

26-6-83

**GOVERNMENT OF KERALA
FINANCE (RULES) DEPARTMENT
CIRCULAR**

No. 40/83/Fin

Dated, Trivandrum 29-6-1983

Sub : Public service - Department Servants to private Sector on deputation basis - instructions issued.

Government are receiving many requests for deputation of government officers to private sector According to rule 41 of KSR a transfer to the foreign service is not admissible unless.

(a) The duties to be performed after the transfer are such as should for public reasons, be rendered by an officers of Government and, (b) the officer transferred holds, at the time of transfer, a permanent or temporary appointment paid from the General Revenue or holds a lien on such an appointment or would hold a lien on such a post had his lien not been suspended.

2) It has come to the notice of Government that an interpretation has been given to the above rule that there can be no objection to send persons from Government service to private sector on deputation basis provided the duties and responsibilities attached to the deputation post entails public interest. The rule is not correct. The rule is clear that a person could be sent on deputation on foreign service conditions to a private institution only if the duties to be performed in the transferred post are to be rendered by an officer of Government. for public reasons.

3) In the circumstances government would like to impress upon all concerned that, hereafter, deputation of Government officers to private institutions shall be allowed only in case where the rules as explained in para 2 above are satisfied in letter and spirit. In all other cases of requests for deputation to private institution including that of doctors to private hospitals no deputation shall be allowed. If the concerned officers are particular to take up employment in the private institutions of their choice, they may do so after taking leave. without allowances under the scheme to take up employment elsewhere.

4) Violation of these instructions will be viewed seriously.

Sd/-

Dr. D. Babu Paul, Finance Secretary.

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TURN DUTY

22-12-1981

TURN DUTY POSTING OF MEDICAL OFFICERS

No. EA2-125012181/DHS

**Directorate of Health Service,
Trivandrum, Dt. 22-12-1981**

**ESTABLISHMENT - HEALTH SERVICES DEPARTMENT - TURN DUTY POSTING OF MEDICAL
OFFICERS-CLARIFICATION.**

**The following clarification is issued on the question of duty postings of Medical Officers
in Major Hospitals.**

All Medico-Legal cases coming on any day should be seen by the duty Medical Officer in hospitals where there is no emergency (casualty Department with casualty Medical Officers) Dept.

Sd/-

Director of Health Services.

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14-12-1994

ABSTRACT

**Establishment Health Service Department Turn Duty for Medical Officers-
Guidlines - order issued.**

HEALTH AND FAMILY WELFARE (A) DEPARTMENT

G. O. (Rt) No. 4577/94/ H&FWD.

Dated, Thiruvananthapuram 14-12-1994

Read : Representation dated 13-9-1994 from the General Secretary. KGMOA

The General Secretary, KGMOA in their representation read above has requested Government to issue revised guidelines of turn duty of doctors in Health Service Department.

2. Government have examined the issue in detail in consultation with the Director of Health Services and the representation of Association and are pleased to issue the following guidelines in the matter.

I. General Guidelines

1. Medical officers who have put in more than 20 year of service or above 50 years of age which ever is less irrespective of their status will be exempted from turn duty if sufficient number of medical officers are available for turn duty as specified later.

2. If the number is short of the specified requirement all the medical officers irrespective of their designation and status except the superintendent will be posted for turn duty.

3. To ensure that sufficient number of medical officers for the particular institution are available for turn duty it may be needed to post medical officers who have completed 20 years of service or above 50 years also. Posting for turn duty will be made only in accordance with the seniority considering the date of joining as per the public service commission Rank list minus the period of unqualified service as long leave for private employment, foreign service etc. No special considerations should given to status and qualification.

4. Medical officers should be posted only for 12 hours of turn duty.

5. If only one anaesthetist is posted and if he is on call duty every day he should be exempted from duty. If there are two anaesthetists and both are on call duty every day, they should be exempted from duty.

6. Police surgeons are exempted from turn duty.

7. In institutions with a single unit (with one specialist alone) other then medicine, surgery, Obst. and Gynaec. and paediatrics shall not be posted for turn duty in the nights as they have to manage the OP on the following day. They shall be posted for turn duty during the day.

8. Superintendents and Deputy Superintendents are exempted from turn duty Deputy superintendents are exempted based on number of doctors available for turn duty.

9. Doctors posted to laproscopic camps should be exempted from turn duty on camp day.

10. Lady doctors should be exempted from turn duty for six months after delivery subject to availability of doctors.

II. Guidelines for Thiruvananthapuram General Hospital.

The following are the guidelines for turn duty for general hospital Thiruvananthapuram. a) The period of turn duty will be limited to 12 hours.

b) all the medical officers with less than 20 years of service or below 50 years of age irrespective of their qualification and status shall be posted for turn duty.

Exemption: (i) Superintendent ii) Deputy superintend iii) RMO,(iv) ARMO (v) CMOs(vi) Medical Officers of school Health programme, (vii) Anaesthetists, (viii) Pathologist. (ix) Medical officer of blood bank, (x) Radiologist.

c) The minimum number of turn duty doctors required are 30. If the number of medical officers with less than 20 years of service with all categories mentioned above exempted is more than 30 all have to taka turn duty and if the number is less than 30 required number of junior medical officers among those completed 20 years of service or above 50 years of age have to take duty. If the required number of turn duty doctors are not available junior medical officers who completed 20 years of service or above 50 years of age have to take duty.

d) Casualty duty:- The casualty duty is carried on by the 4 CMOs on 8 hourly turn. But on occasion when due to leave if the casualty service have to be maintained by the Medical officers in general side. 11 medical officers shall take the duty on turn. Here also the junior most in service with the following exemptions will be enlisted for the purpose. exempted are 1. Superintendent, 2. Dy. Superintendent, 3. RMO, 4. ARMO, 5. Medical Officers of school health programme etc. and the unit heads with more than 10 years in the position. .

e) All the medical officers except superintendent, Dy. Superintendent, A.M.O, ARMO, Medical Officers of School health programme, CMOS Anaesthetists, Radiologists, Blood Bank Medical Officers shall conduct PM examinations on rotation.

f) The VIP duties shall be attended by the concerned specialists as per the protocol of the visiting dignitary. The medical officers taking turn duties shall be exempted from duties out side the Hospital as far possible.

III. Guidelines for other general Hospitals, DHQH and Hospitals with more than 30 medical officers

These Hospitals if not provided with CMO 4 doctors should be posted and the causality service maintained.

There shall be 15 medical officers for turn duty and the period shall be 12 hours only.

All the medical officers with less than 20 years service or below 50 years of age shall be posted for turn duty even if the number is more than 15.

Superintendent and Dy. Superintendent will be excepted from turn duty.

All the Medical Officers except superintendent and Deputy Superintendent will conduct PM examination to turn.

IV. Taluk Hospital and Hospitals with more than 11 medical officers.

All the Medical officers of less than 20 years of service or below 50 years of age except the superintendent will take turn duty of 12 hours duration shift. If the number of such medical officers are less than 7 the Junior among those above 20 years service will be posted for turn duty. All except superintendent and Dy. Superintendent shall conduct P.M examinations on turn.

V. Guideline to community health centre and other hospital with 7 to 10 medical officers :

All except the Superintendent/Medical Officers in charge will be posted for turn duty if the number of medical officers available are 7 or more. If the number is less Turn duty should not be insisted and doctors shall attend call duty by all, except the Superintendent.

VI. Guidelines for institutions with beds and less than 7 medical officers.

All will attend call duty by turn. The particulars of the medical officers on call duty shall be furnished in the notice board for the information of the public.

Temporary exemptions from turn duty posting on extreme compassionate grounds/ Health reasons may be granted not exceeding six weeks in consultation with the DMOH by the Superintendent of the Hospital. In other cases specific recommendations should be made for decision of DHS for issue of appropriate orders.

By order of the Governor.

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11-11-95

TURN DUTY EXEMPTION

Circular From DH PH 4-103814/95/DHS

Director of Health Service Thiruvananthapuram, dated 11-11-95.

CIRCULAR

Sub: National programme for control of Blindness-exemption from hospital duties to the Ophthalmic Surgeons of mobile Ophthalmic unit - clarification - reg.

Reg: 1) This office order No. PH 7-49370/88/DHS dated 11-8-88.

It has been brought to the notice of the under signed that some of the superintendents of the hospitals are posting the ophthalmic surgeons for routine hospital duty. This is against the guidelines issued vide order cited above.

Being national programme, Govt. of India have allotted huge target to each district for Cataract surgeries and the major achievement will be from the mobile units through the camps etc. More over the mobile ophthalmic units are under the direct control of the district medical officer of health and only for the administrative convenience the units are attached to the district hospital. Hence the superintendent of the hospitals are not empowered to utilise the service of ophthalmic surgeon in the mobile unit for hospital duties and also it will affect the programme adversely. Govt. of India also issued Guidelines in this regard. Hence all the district medical officers of Health are requested to ensure that the service of the ophthalmic surgeons in mobile units are entirely utilised for the units. If they are posted for other duties in any where strict instructions should be given to releave them for the mobile units.

Sd/- Director of Health Service.

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18-1-72

**TURN DUTY ON HOLIDAYS - COMPENSATION
PUBLIC (SERVICES A) DEPARTMENT**

GO(MS) 27/72/PD**Dtd : TVM, 18-1-72****ABSTRACT**

Public Services Turn Duty on Holidays granting of compensatory off - clarification issued.

Read : 1. GO(MS) 224/70/PD date 3-7-70
2. GO(P) 267/70/PD dated 3-11-70

ORDER

In the GO read above Govt. have sanctioned compensatory off to those employees who are posted for turn duty on sundays and closed holidays except the security staff. A doubt has been raised by the heads of the department as to whether a member of the staff posted for turn duty on a restricted holiday would be eligible for grant of compensatory off for that day. Govt. wished to clarify that since restricted holiday is not a closed holiday it can not be counted for compensatory off.

By order of the Governor
Sd/- Secretary to Government

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7-4-1995

**ON PAY REVISION BASED ON PRATAPAN COMMISSION REPORT
GOVERNMENT OF KERALA
ABSTRACT**

**Pay revision - Modification of scale of pay, Formulation of Speciality
cadre and allied matters - orders issued.**

FINANCE (PRC C) DEPARTMENT

G.O. (P) 325/95/(41)/ Fin.**Thiruvananthapuram, Dated 7-4-1995**

Read: 1. G.O. (P) No. 600/93/Fin dated 25-9-1993
2. G.O. (P) No. 930/93/(3)/Fin dated 8-12-1993

ORDER

Government in their order read at as 1st paper above have revised the scales of pay of state Government Employees based on the scales granted by the Central Government to their Employees.

2. It has been brought to the notice of the Government that scales of pay and promotion prospects of the Medical Officers in the Health Service Department are not satisfactory: After considering all aspects of the matter in consultation with the Director of Health Services. Government are pleased to issue the following orders to improve the condition of service of the Medical Officers in the Health Service Department.

(i) Post of Civil Surgeon Grade II / Dental civil surgeon grade in the scale of pay of Rs. 2500/- 4000 in the Health Service Department will be abolished.

(ii) Time bound higher grade scheme : The time bound grade promotion ordered in para 6 of the Government order read as second paper above will be modified as follows.

Assistant Surgeons/Dental surgeons in the scale of Rs. 2060-3200 having 10 years service and 20 years service will be allowed grade promotion as Civil Surgeon (Non-Cadre) in the scale of pay Rs.3000-5000 and Civil Surgeon (higher grade) in the scale of pay of Rs. 4200-5300 respectively as time bound higher grade promotion.

(iii) Those who have already got the higher grade promotion for 12 and 21 years. their pay will be refixed under Government decision below Rule 30 part I KSR.

(iv) The ratio between Assistant Surgeons and Civil Surgeons will be 3 : 1

(v) As speciality cadre will be constituted in the Health Service Department based on the speciality units to be set up all the medical officers having post graduate degrees should exercise their option within 6 months from the date of order in this regard.

(vi) Speciality units will be created in all hospitals having 100 beds or more by redesignating the existing posts with out additional creation of posts.

(a) (i) Specialist allowance Rs.300/- P.M. (Assistant Surgeons, For those in the specialist cadre and appointed against the specialist posts granted in para 4 above)

(ii) Senior specialist allowance Rs. 500/- P.M. (other than assistant surgeons in the specialist cadre and appointed against the specialist posts sanctioned in para 4 above)

(b) (i) Post graduate diploma allowance Rs. 200/- P.M.

(ii) Post graduate Degree Allowance Rs. 300/- P.M. (post graduate allowance will not be granted to departmental candidates and those who opt to take deputation during the Post Graduate course.)

(c) compensatory allowance for working in the Rural areas Rs. 300/- P.M.

(viii) A medical officer designated to be in charge of a medical institution will be paid Rs. 50/- P.M. as compensatory allowance.

(ix) The present rate of non practising allowance for senior administrative categories at the rate of Rs. 400/-, Rs. 500/- and Rs. 600/- will be enhanced to Rs. 600/-, Rs.700/- and Rs. 800/-P.M. respectively.

(x) Twenty Eight existing posts of Civil Surgeon Gr.I on Rs. 3000-5000 will be upgraded to that of Deputy Director in the scale of pay of Rs. 4200-5300 and six existing posts of Deputy Director in the scale of pay of Rs. 4200-5300 will be upgraded to that of Additional Director in the scale of pay of Rs. 4500-5700. .

These orders will come into effect from 1-1-1995

By order of the governor

K.M. Chandrasekharan, Finance Secretary

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19-4-1995

PAY REVISION GOVERNMENT OF KERALA ABSTRACT

Health Service Department - post of Civil Surgeon Gr. I and Deputy Directors - upgradation to that of Deputy Directors and Additional Directors - Orders Issued.

HEALTH AND FAMILY WELFARE (A) DEPARTMENT

G. O. (MS) No. 90/95/H&FWD, dated Thiruvananthapuram 19-4-1995

Read: 1. Letter No. PLA 1 - 15499/95/DHS dated 13-20-1995 from the Director of Health Services.

2. G. O. (P) No. 325/95/Fin dated 7-4-1995

ORDER

Government have issued orders in the GO read above inter alia, that 28 existing post of Civil Surgeon Gr. I on Rs. 3,000 - 5000 will be upgraded to that of Deputy Directors in the scale of pay of Rs. 4200-5300 and 6 existing posts of Deputy Directors in that scale of pay of Rs. 4200-5300 will be upgraded to that Additional Director of Health Service in the scale of pay of As. 4500-5700.

2. Government are now pleased to order that the 28 posts of Civil Surgeon Gr. I specified in Annexure I will be upgraded to that of Dy. Director in the scale of pay of Rs. 4200-5300 and the 6 posts of Deputy Director specified in annexure II will be upgraded to that of Additional Director of Health Services on Rs. 4500 - 5700.

By order of Governor

Gopalkrishna Pillai, Secretary to Government

Post of Civil Surgeon grade I on Rs. 3000-5000 upgraded to that of Deputy Director of Health Services on Rs. 4200-5300.

1. Assistant Director. National programme for control of Blindness. Directorate of Health Services.
2. Assistant Director of Physical Medicine & Rehabilitation, Director Health Services.
3. Assistant Director of Family Welfare, Directorate of Health Services.
4. Assistant Director of Health Services (Leprosy) Directorate of Health Services.
5. Deputy District Medical Officer. TVM
6. Deputy District Medical Officer, TVM
7. Deputy District Medical Officer, Ernakulam
8. Deputy district Medical Officer, Ernakulam
9. Deputy district Medical Officer, Kozhikode
10. Deputy district Medical Officer, Kozhikode

- | | |
|--|--|
| 11. Superintendent. Mental Hospital, TVM | 12. Superintendent, Mental Hospital. Trichur |
| 13. Superintendent. Mental Hospital, Kozhikode | 14. Superintendent. Leprosy sanatorium, Koratty. |
| 15. Superintendent, District Hospital, Kollam | 16. Superintendent, District Hospital, Kottayam |
| 17. Superintendent, District Hospital, Thrissur | 18. Superintendent, District Hospital, Palakkad |
| 19. Superintendent. District Hospital, Majeri | 20. Superintendent, District Hospital, Manathavady |
| 21. Superintendent, District Hospital, Kannur | 22. Superintendent. W & C Hospital. TVM |
| 23. Superintendent. W & C Hospital, Alapuzha | 24. Superintendent. W & C Hospital, Kozhikode |
| 25. Superintendent. Govt. Hospital. Peroorkada | 26. Superintendent, Govt. Hospital, Thalasserry. |
| 27. Superintendent. Leprosy Sanatorium, Nooranad | |
| 28. Superintendent, Sanatorium for Chest Diseases Pulayanarcottah, TVM | |

Annexure II

Posts of Deputy Directors on Rs. .4200 - 5300 upgraded to that of Additional Director of Health Services on Rs. 4500 - 5700.

- | | |
|---|--|
| 1. District Medical Officer. TVM (Health) | 2. District Medical Officer Ernakulam (Health) |
| 3. District Medical Officer" Kozhikode (Health) | 4. Superintendent, General Hospital, TVM |
| 5. Superintendent. General Hospital, Ernakulam | 6. Superintendent, General Hospital, Kozhikode |

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28-4-1995

PAY REVISION BASED ON PRATHAPAN COMMISSION REPORT

Health Service Department - Establishment - pay revision - refixation of ratio between Assistant surgeon and Civil Surgeons - upgradation of the post - sanctioned Orders Issued.

HEALTH FAMILY WELFARE (A) DEPARTMENT

G.O. (MS) NO. 328/95/H & FWD dated, Thiruvananthapuram, 28-4-1995

Read: 1) G.O. (P) No. 325/95/ (41) fin. dated 7-4-1995.

2) Letter No. FA2-44771/95/DHS. dated 12-6-1995. from the Director of Health Services.

ORDER

Government have refixed the ratio between Assistant Surgeons and Civil Surgeons with out grades as 3 : 1 as per the Government order read as first paper above.

The staff strength of Assistant Surgeons and Civil Surgeons in Health services Department as on 1-1-1995 is as follows.

Assistant Surgeon	2238
Civil Surgeon Grade II	628
Civil Surgeon Grade I	<u>181</u>
Total	3047

In the above circumstances reported by the Director of Health Service. Government are pleased to distribute the total number of 3017 posts in the ratio of 3: 1 with effect from 1-1-1995 as Assistant Surgeons - 2285 and Civil Surgeons 762 and to upgrade 581 (762-181) posts of Assis-tant surgeon/ Civil surgeon grade II to that of Civil Surgeons/ (NC) in the scale of pay of Rs. 3000-5000 with effect from 1-1-1995.

By order of the Governor,
B. Padmakumari, Joint Secretary.

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6-5-1996

PAY REVISION - PRATAPAN COMMISSION REPORT GOVERNMENT OF KERALA ABSTRACT

Pay Revision - Modification of time bound grade scheme and scale of pay of Medical officers -Further clarification - order issued. FINANCE (PRC) DEPARTMENT

G.O. MS. No. 377 (88)196/ Fin Dated, Thiruvananthapuram 6-5-1996

Read: 1. G. O. (P) 325/95/ (41)/ Fin dated 7-4-1995

2. Letter No. GE1/A 351 dated 29-3-1996 from senior deputy Accountant General (Entt)
 3. Letter No. GE5/G1/PR/95 dated 22-12-1995 from the Accountant General (A&D), Kerala

Order the Government order read above orders have been issued modifying the time bound higher grade scheme and revision of Allowances of medical officers of Health Services.

2. Government are now pleased to issue following further clarification to the above G. O.

- (i) Para 2 (ii) of G.O. stands modified as follows. : Assistant surgeons/dental surgeons in the scale of Rs. 2060 -3200 having 10 years and 20 years services will be allowed grade promotion as Civil surgeon (Non Cadre) in the scale of pay of Rs. 4200-5300 respectively as time bound higher grade.
 (ii) The special allowance mentioned in para 2 (vii) of G. O. read above are admissible to all medical officers.
 (iii) Post graduate diploma/post graduate degree allowance will not be admissible to those who acquire post graduate degree/diploma on deputation basis on or after 1-1-1995.
 (iv) Medical Officer/Woking in institutions situated within 5 KMS of B2 and one KM of C class cities are not entitled to compensatory allowance for woking in rural areas.
 (v) The date of effect of the special allowance mentioned in G. O. read above will be 1-1-1995

By order of the Governor
 K.M. Chandrasekhar, Commi&isioner & Secretary (Finance)

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12-7-1999

GOVERNMENT OF KERALA

ABSTRACT PAY REVISION 1997.

REVISION OF SCALES OF PAY OF GOVERNMENT EMPLOYEES, STAFF OF EDUCATIONAL INTUITIONS, LOCAL BODIES ETC. – FURTHER MODIFICATIONS, ORDERS ISSUED.

FINANCE (PAY REVISION IMPLEMENTATION) DEPARTMENT

G.O.(P) No 1562/99/(27)/Fin.

Dated TVM. 12th, July 1999

Read: 1, G.O. (P) No. 3000/98/Fin. dated 25.11.1998

ORDER

In the Government Order read above, the scales of pay of State Government employees and Teachers were revised with effect from 01.03.1997. Government are now pleased to issue the following modifications:

2. The scale of pay of Assistant Surgeon/Dental Surgeon in the Health Services and Assistant Insurance. Medical Officer/Dental Surgeon (M.B./B.S./B.D.S. holders) in the Insurance Medical Service Department will be modified as Rs. 7200 - 11400.

3. The Scale of Pay Driver Grade II under the common category (including Secretariat) appearing on page 11 will be modified as Rs. 3050 - 5230. The existing system of giving higher start at Rs. 2820/- will be dispensed with.

4. The existing length of service of 10, 20, 25 years prescribed for increase in the Pay @ Rs.100, 200, 250 in the case of Part-time Contingent employees will be modified as 10, 18 and 23 years of service The entries in Para 10a (ii) and (iii) appearing on Page 6 of the Government Order read above will be modified to this extent.

10. There are certain posts for which special pay in lieu of higher time Scale is allowed. Dearness allowance admissible on such special pay as on 01.01.1990 at the percentage based on 1510 points in All India Consumer price Index will also be treated as existing emoluments for purpose of fixation of pay even if there is special pay attached to such posts in the revised scales. Rule3 of the Rules for fixation of pay in the revised scales provided in Annexure III stands modified to the above extent.

13. The scale of the pay of the post of Director of Health Services will be modified as Rs. 16300 - 19900 instead of Rs. 16300 - 18300.

The incorporations and the modifications ordered above will take effect from 01.03.1997. In the cases of revision of Special Allowance to the Personal Staff etc. reduction in the length of service for the benefit of Part-time Contingent employees the date of effect will be from 01.11.1998. Change in the ratio promotion of Section Officers and introduction of new ratio to Divisional Accountants will take effect from 25.11.1998.

By Order of the Governor

VINOD RAI (PRINCIPAL SECRETARY (FINANCE))

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14-03-2000**GOVT OF KERALA
ABSTRACT****PAY REVISION 1997 - HEALTH SERVICES DEPARTMENT - MEDICAL OFFICERS - REVISION OF
SCALE OF PAY AND OTHER ALLOWANCES - MODIFICATION - ORDERS ISSUED.****FINANCE (PAY REVISION CELL - C) DEPARTMENT G.O. (MS) No. 60312000/(61) /FIN. DATED,
THIRUVANANTHAPURAM,**

READ: 1. G.O. (P) No. 3000/981 FIN. DATED 25.11.1998
 2. G.O. (P) No. 1562/99 (27) 1 FIN. DATED 12.07.1999
 3. G.O. (MS) No. 1000/99 (12) 1 FIN. DATED 16.03.1999

ORDER

1. As per para 2 of the Government Order read as second paper above, the scale of pay of Assistant Surgeon / Dental Surgeon in the Health Services Department and Assistant Insurance Medical Officer 1 Dental Surgeon in the Insurance Medical Service Department was modified as Rs. 7200-11400.

2. In partial modification of the orders issued in para 2 of the Government Order referred to above as second paper, Government are pleased to order that Assistant Surgeon / Dental Surgeon in the Health Services Department and Assistant Insurance Medical Officer / Dental Surgeon (MBBS / BDS holders) in the Insurance Medical Service Department will start at Rs. 7600 in the scale of Rs. 7200 - 11400, with effect from 01-03-1997.

3. The Allowances admissible to the Medical Officers as per the orders in G.O. (P) No. 325 / 95/ (41) / Fin. dated 07.04.1995 and as ordered in the Government Order 3rd cited will be modified as below. The existing conditions regarding the payment of these allowances will stand unchanged.

ITEM	EXISTING RATE	REVISED RATE
a) Post Graduate Diploma Allowance	Rs. 200 p.m.	Rs. 300 p.m
b) Post Graduate Degree Allowance	Rs. 300 p.m.	Rs. 450 p.m
c) Charge Allowance	Rs. 50 p.m.	Rs. 75 p.m.
d) Specialist Allowance	Rs. 300 p.m.	Rs. 450 p.m
e) Senior Specialist Allowance	Rs. 500 p.m.	Rs. 750 p.m
f) N.P.A. for Senior Administrative Categories	Rs. 600 p.m., Rs. 750 p.m, and Rs. 800 p.m	Rs. 700 p.m Rs. 875 p.m Rs. 1000 p.m

The modifications under para 3 will come into effect from 01.01.2000.

By Order of the Governor,
K.J. RAJU, ADDITIONAL SECRETARY (FINANCE)

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29-12-1999**GOVT OF KERALA
ABSTRACT****PAY REVISION 1997 - HEALTH SERVICES DEPARTMENT - MEDICAL OFFICERS - REVISION OF
SCALE OF PAY AND OTHER ALLOWANCES - MODIFICATION - ORDERS ISSUED.****FINANCE (PAY REVISION CELL - C) DEPARTMENT****G.O. (MS) No. 2554/99/(53)/FIN. DATED, THIRUVANANTHAPURAM, 29TH DECEMBER, 1999**

READ: 1. G.O. (P) No. 325/95 (41)/FIN. DATED 07.04.1995
 2. G.O. (P) No. 3000/981 FIN. DATED 25.11.1998

ORDER

1. As per orders issued in the Government Order read as first paper above, the post of Civil Surgeon Grade II on Rs. 2500-4000 coming under the Health Services Department was abolished and converted as Civil Surgeon on Rs. 3000-5000 (pre-revised). It has been brought to the notice of the Government that certain posts of Medical Officers which are equivalent to Civil Surgeon Grade II are also eligible for scale of pay of Rs. 3000-5000 (pre-revised).

Government have examined the matter in detail and are pleased to order that the existing and revised scale of pay of the following posts in the Government Order read as second paper above will be modified as Rs. 3000-5000 and Rs. 10000-15150 respectively, with effect from 01.03.1997.

- | | |
|---|---|
| 1. District Immunisation Officer | 2. District Leprosy Office |
| 3. Medical Officer (IUD) | 4. Supervising Medical Officer (BCG) |
| 5. District TB Officer | 6. Senior Medical Officer, Public Health Laboratory |
| 7. Assistant Director (Medical), Public Health Laboratory | |

(* District TB Officer will be incorporated under the Health Services Department)

The following modifications are also ordered in the allowances admissible to the Medical Officers with effect from 01-01-2000

a) The existing rate of Special Allowance of Rs. 290/- shown against the posts of Specialist working in Radiology, T.B., Pathology, Leprosy, Anesthesia and Thoracic Surgeons in Thoracic Surgery unit of District Hospitals and TB Hospitals appearing on Page 173, Annexure IV under the Health Services Department of the Government Order read as second paper will be modified as Rs. 600/-.

b) Post Mortem Allowance: The rate for post mortem and Exhumation will be modified as Rs. 250/- and Rs. 500/- respectively.

By Order of the Governor,
VINOD RAI PRINCIPAL SECRETARY (FINANCE)

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22-1-2002

REVISED RATE FOR POST-MORTEM AND EXHUMATION

Copy of Letter No. 104222/PRC 62/2001 Fin. dtd. 22-1-2002 from the Principal Secretary (Finance), Finance (PRC-8) Department, Govt. of Kerala, Thiruvananthapuram, addressed to the Accountant General (A&E), Kerala, Thiruvananthapuram and copy to the District Medical Officer of Health, Ernakulam.

Sub : Pay Revision 1997 - Health Service Department - Revised Rate for Post-mortem and Exhumation - reg.

Ref : 1. G.O.(MS) No. 2554/99/(53)/Fin. dated 29-12-1999
2. Your Letter No. GE 5/A/DHS/57 dated 9-11-2001

Attention is invited to the reference 2nd cited. I am directed to inform that as per the orders in G.O.(MS) No. 2554/99/(53)Fin. dated 29-12-1999, Post Mortem Allowances has been enhanced from Rs. 100/- to Rs. 250/-. The above amount may be distributed among the staff doing post mortem follows.

1. Medical Officer	: Rs. 150/-	2. Technical Staff	: Rs. 40/-
3. Last Grade Servant	: Rs. 50/-	4. C.A./Typist/Clerk/MRL	: Rs. 10/-
Total	: 250/-		

Post Mortem / Exhumation Allowances should be paid on the basis of Departmental proceedings issued monthly by the Controlling officers concerned. Copies of G.O.(MS) No. 133/84/Home. dated 27-8-1984, G.O.(Rt) No. 2017/85/Home dated 11-7-1985 and G.O.(Rt.) No. 2053/85/Home dated 12-7-1985 are also enclosed for information.

Sd/
Mary Mathew,
Under Secretary (Finance)

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COPY OF LETTER ADDRESSED BY DHS TO DMOH Kottayam

**EHI-34609/2002/DHS Director of Health Services,
Thiruvananthapuram, Dated 3-10-2002.**

From
The Director of Health Services
To
The District Medical Officer of Health, Kottayam

Sir,

- Sub : Drawal of excess amount by Medical Officers as remuneration for conducting post mortem - reg:
- Ref : 1. Govt. Lr. No. 29344/PRC/C2/2002 Fin. dtd. 13-5-02
2. Lr. No. GES/A/DHS/64 dated 8-5-2002 of the Indian Audit and Accounts.
3. This office circular of even No. dated 3-7-02.

In continuation to this this office circular cited 3rd, I wish to clarify that the G.O.(MS) 2554/99/ (53) Fin. dtd. 29.12.99. Clearly order that the post mortem allowance and exhumation allowances were modified and sanctioned exclusively for Medical Officers as Rs. 250/- and Rs. 500/- respectively and there is no distribution among other staff engaged in post mortem duty. In the above circumstances, this office circular dated 3-7-2002 stands cancelled.

Yours faithfully,
For Director of Health Services

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25-10-1995

TRAVELING AND OTHER ALLOWANCE

GOVERNMENT OF KERALA

ABSTRACT

Finance Pay revision implementation Department Traveling Allowance - Revision of TA/DA of State Government Employees - Orders issued, Finance (Expenditure -8) Department G.O. (P) 707/95/Fin. Dated Thiruvananthapuram 25-10-1995

Read: (i) GO (P) 429/86/Fin dated 13-6-1986
(ii) GO (P) 186/89iFin. dated 29-3-1989
(iii) GO (P) 448/92/Fin. Dated 7-7-1992
(iv) GO (P) 600/93/Fin. dated 25-9-1993
(V) GO (P) 435/94/Fin. dated 18-7-1994

ORDER

In para 15 (7) of the G.O. read as fourth paper above it was. ordered that benefits like special pay, compensatory allowance, Risk allowance, Traveling Allowance etc. which are covered by the General pay Revision order 1988 but not examined by the pay equalization committee would be examined and appropriate orders issued separately. Accordingly, Government, after examining the question of revisions of traveling, Allowance and allied matters, are pleased to revise the existing rates in respect of Mileage allowance, incidents, Daily Allowance, Room rent etc. as follows:-

Grade I Officers (Actual pay of Rs. 3,000/- and above)

Grade II (a) Officers (Actual pay of Rs.2,500- and above but below Rs. 3,00/-)

Grade III (b) officers (Actual pay of Rs. 1,600/- and above but below Rs. 2500/-)

Grade II Officers (including class iv officers actual pay of Rs. 950 and above but below Rs. 1600)

Grade iv (All officers with basic pay below Rs. 950/-)

Status of Officer	Mileage Allowance		Incidental Rates		Daily allowance			
	Existing (Rs. per Km)	Revised	Existing (Rs. per Km.)	Revised	Inside state		outside state	
					Existing (Rs.)	Revised (Rs.)	Existing (Rs.)	Revised (Rs.)
Grade I	0.18	0.38	0.08	0.12	40	65	70	100
Grade II (a)	0.15	0.28	0.06	0.10	32	50	55	70
Grade II (b)	0.14	0.28	0.10	0.06	24	40	40	60
Grade III	0.12	0.24	0.06	0.04	21	40	35	55
Grade IV	0.10	0.20	0.40	0.03	16	30	25	35

	Loading and Unloading charges for journeys and transfer (Revised Rate Rs.)	Incidentals for air jounries (Revised Rate Rs.)	Reimbursement for room rent			
			New Delhi, Mumbai Culcutta, Chennai		Other Cities/ Towns Outside state	
			Existing	Revised	Existing	Revised
Grade I	Rs. 100 at each end	85	250	350	150	200
Grade II(a)	Rs. 50 at each end	60	200	300	100	150
Grade II(b)	Rs. 50 at each end	45	175	250	75	120
Grade III	Rs. 30 at each end	35	150	220	60	90
Grade IV	Rs. 30 at each end	30	100	150	40	70

(vii) Accommodation for Government officers outside the state.

In case, where Government accommodation is not available, stay in three star hotels will be allowed, However this facility will be limited to secretaries to Government, Heads of Major Departments and Additional Secretaries, Kerala Tourism Development Corporation will identify hotels and endeavour to get sizable discounts by having standing arrangement in this regard, All such accommodation in three-star.hotels will be in hotels specified by Kerala Tourism Development corporation

(viii)Taxi fare for first Grade Officials.

Grade I Official traveling to metropolitan cities and other larger cities will be allowed to hire taxies for the pay.

(ix)T.A. Ceiling

The Ceiling limits for T.A. of officers prescribed in the Government order read as third paper above will be revised as follows.

Grade I Officers

Grade II Officers

(1)	(a) With actual pay of Rs. 3.000/-and above		(b) With actual pay Rs.2.500/- and above but below Rs.3000/-		With Actual. pay below Rs.2500/-	
	quarter (2)	month (3)	quarter (4)	month (5)	quarter (6)	month (7)
1. State Level Officers	3300	1100	2250	750	1650	550
2. Aegional Officers with jurisdiction over more than two revenue district	2325	775	1950	650	1200	400
3. Regional Officers with Jurisdiction over two revenue district	2025	675	1650	550	1200	400
4. District collector/ District Superintendents Commissioners of police	2325	775	---	---	---	--
5. Officers with jurisdiction over the revenue dtstrict	1725	575	1350	450	975	325
6. Officers with jurisdiction over a part of the district (sub revenue district jurisdiction)	1500	500	1200	400	825	275

This orders will take effect from 1-9-1995. The new quarterly ceiling will take effect from the quarter beginning 1-1-1995

By order of the Governor
S.Sundareshan, Secretary (Finance-Expenditure)

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17-10-2000**GOVERNMENT OF KERALA****ABSTRACT:****T.A. OFFICAL JOURNEY OF GOVERNMENT EMPLOYEES BY TRAIN
ELIGIBILITY FOR II A.C. COACHES - ORDERS ISSUED.
FINANCE (EXPENDITURE-B) DEPARTMENT****G.O.(P) No. 1225 / 2000 / Fin. Dated, Thiruvananthapuram, 17th October, 2000**

Read:- Lr. dated 4-5-2000 from the General Secretary, KSA, Thiruvananthapuram.

ORDER

It has come to the notice of the Government that railway authorities have either stopped or reduced the I Class accommodation in almost all trains starting from Kerala by substituting II A C. Accommodation. Accordingly the Employees who are eligible for travel in the I Class compartments as per existing TA rules cannot travel in the A.C. coaches and claim TA as there is no class of accommodation equivalent to the abolished I Class.

Government after having examined the matter in detail are pleased to order that Government employees, who are eligible to travel in I Class Compartments will be entitled to travel in II AC. coaches.

Formal amendment to K.S.R. will be issued separately.

By Order of the Governor, VINOD RAI
Principal Secretary (Finance)

* * * * *

25-11-1998**GOVT. OF KERALA****ABSTRACT****FINANCE PAY REVISION IMPLEMENTATION DEPARTMENT****G.O.(P) No. 3000/98/Fin.****Dated TVM, 25-11-1998**

- Read
1. G.O.(P) No. 600/93/Fin. dated 25.09.1993
 2. G.O.(P) No. 930/93 (2) Fin. dated 08.12.1993
 3. G.O.(MS) No. 251/(125)/97 Fin. dated 18.02.1997
 4. G.O.(M.S.) No. 647/(141)/97 Fin. dated 19.07.1997
 5. G.O.(M.S.) No. 684 / (154)/97 Fin. dated 18.02.1998
 6. G.O. (M.S.) No. 1647/98/Fin. dated 24-06-1998

ORDER**Salient features concerning medical officers.****Promotion prospects**

For direct recruits against posts carrying the scale of Rs. 7800 - 12975, one higher grade promotion in the scale of Rs. 8250 - 13650 will be given on completion of ten years of service. However a direct recruit will get the benefit of ten year bound higher grade promotion only if his non-direct recruit senior has been promoted. For incumbents of post on scale of pay above 7800-12975 no time bond higher grade will be allowed.

Doctors

8. Assistant Surgeon / Dental Surgeon and equated categories of Health Services Dept. and Asst. Insurance Medical Officer (Allopathy) of Insurance Medical Services Dept. will be given the scale of Rs. 10,000 - 15,000 and Rs. 14,000 - 18,000 as their ten years and 18 years higher grade respectively.

HRA

(a) HRA will be paid at the revised rate based on pay ranges and classification of cities as shown below:

Pay Range	B2 Class Cities	Municipalities coming under C' class cities.	Dist. Head Quartes Municipal Towns Taluk HQ Townships Other than B2 and C2 class cities	Unclassified places
2610-2779	160	120	120	100
2780-4429	260	180	180	
4430-8299	460	300	260	
8300-10319	600	400	300	
10320-11899	800	540	300	
11900 & above	1000	660	300	

Note : The rate of HRA payable is subjected to the classification of the cities places from time to time while the govt. of India and appropriate orders thereon by the state government.

(b) Employees working in offices situated within 5 km from B2 cities and 1 km from C class cities will be paid HRA at the rate admissible in the respective categories subject to observation of following procedure as a present.

(i) For this purpose of the distance shall be computed with reference to the nearest route between cities / municipalities and place where the office is situated.

(ii) The executive engineer (buildings), PWD whose jurisdiction the office is situated shall be required to issue a certificate to the drawing and disbursing officer indicating therein the distance between the place of this office and the last point of city / municipal unit as computed in Sub para (1) above and the Executive Engineer will issue such certificate in respect of the office coming within the jurisdiction, expeditiously.

12. Rent Recovery from Govt. employees residing in Govt. quarters

	Existing	Revised
1. Those who draw the scale of pay between Rs. 2610-3680 & 2750-4625	5.5% of Basic Pay	2% Basic Pay
2. Those who draw the scale of pay from Rs.3050-5230 but below 6500-10550	6% Basic Pay	2.5 % Basic Pay
3. Those who draw the scale of pay from Rs. 6500-10550 but below 7800-12975	7% Basic Pay	3 % Basic Pay
4. Those of and above the scale of pay of Rs. 7800-12975	8.5 % of Basic Pay	4% Basic Pay

TRAVELLING ALLOWANCE

Grade I Officers : All officers drawing actual pay of Rs. 9000/- and above and heads of department, private secretary to ministers and all india service officers irrespective of the Pay drawn by them.

Grade II (a) Officer with actual of Rs. 7500/- and above but below Rs. 9,000/-

Grade II (b) Officers with actual pay of Rs. 4800/- and above but below Rs. 7500/-

NGOs other last grade servants when they accompany the Governor and Ministers will be treated as grade II(b)

Grade III : Officers with actual pay of Rs. 3000/- and above but below Rs. 4800/-

Grade IV : Officers with actual pay below Rs. 3000/-

	Mileage Allowance Revised Rate (Rs.)	Incidental Rates Revised Rate (Rs.)	Daily allowance Revised Rate (Rs.)	
			Inside state	outside state
Grade I	0.36	0.12	100	150
Grade II (a)	0.28	0.10	70	100
Grade II (b)	0.28	0.10	60	90
Grade III	0.24	0.06	50	75
Grade IV	0.24	0.06	50	75

Classification of government officials for the purpose of carrying personal effects by train steamer or other crafts on transfer as contained in Rules 67 (a) 1 (III) part II KSR.

1. Officers whose actual pay is Rs. 9000/- and above	2240 Kg.
2. Officers whose actual pay is Rs. 4800/- and above	1120 Kg.
3. All other officers with basic pay 4800/-	560 kg.

	Loading and Unloading charges for journeys and transfer (Rate Rs.)	Incidentals for air journeys (Rate Rs.)	Reimbursement for room rent	
			1 New Delhi, Mumbai Calcutta, Chennai	2 Other Cities/ Towns Outside the state
Grade I	Rs. 250 at each end	85	500	300
Grade II (a)	Rs. 125 at each end	60	500	300
Grade II(b)	Rs. 125 at each end	45	350	250
Grade III	Rs. 90 at each end	35	350	250
Grade IV	Rs. 90 at each end	30	250	100

SURRENDER OF EARNED LEAVE

Terminal surrender of Earned leave will be enhanced from 240 to 300 days. And Earned Leave surrender once in a financial year including employees on contract basis and part time contingent employees enhanced from 15 to 20 days.

* * * * *

03-01-2004

GOVERNMENT OF KERALA ABSTRACT

TRAVELLING ALLOWANCE- REVISION OF T.A. CEILING AND DAILY ALLOWANCE OF THE STATE GOVERNMENT EMPLOYEES - ORDERS ISSUED - FINANCE (EXPENDITURE - B) DEPARTMENT

G.O.(P) NO. 4/2004/FIN. DATED TVM, 3rd JANUARY 2004.

Read	1. G.O.(P) No. 448/93/Fin. dtd. 7-7-1992
	2. G.O. (P) No. 707/95/Fin. dtd. 25-10-95
	3. G.O.(P) No. 499/97/Fin. dtd. 23-4-1997
	4. G.O.(P) No. 3000/98 Fin. dtd. 25-11-98
	5. G.O.(P) No. 843/99(II)/Fin. dtd. 9-3-1999

ORDER

The existing TA Ceiling fixed as per govt. order 3rd cited have been in force with effect from 1-4-97. Though the rates of T.A./ D.A. had been enhanced as per the Govt. order dated 25-11-98 the monthly and quarterly ceilings imposed as per Govt. order 3rd above have not been modified. Hence the benefit of enhancement of T.A. / D.A. could not be enjoyed by the employees. Govt. therefore consider that in view of the increase in Railway / bus fares, cost of living, lodging and boarding charged the rates ordered as per the Govt. order read as **(2)** and **(3)** papers requires revision.

After having examined these aspects in detail Govt. are pleased to revise the monthly / quarterly ceiling for TA and other allowances relating to TA / DA as follows.

Status of Officer	Mileage Allowance		Incidental Rates		Daily allowance			
	Existing (Rs. per Km)	Revised	Existing (Rs. per Km.)	Revised	Inside state		outside state	
					Existing (Rs.)	Revised (Rs.)	Existing (Rs.)	Revised (Rs.)
Grade I	0.36	0.70	0.12	0.18	100	125	150	200
Grade II (a)	0.28	0.50	0.10	0.15	70	100	100	150
Grade II (b)	0.28	0.50	0.10	0.15	60	90	90	125
Grade III	0.24	0.45	0.06	0.09	50	75	75	100
Grade IV	0.24	0.40	0.06	0.08	50	75	75	100

Classification of government officials for the purpose of carrying personal effects by train /steamer or other crafts on transfer as contained in Rules 67 (a) 1 (III) part II KSR.

- | | |
|--|----------|
| 1. Officers whose actual pay is Rs. 9000/- and above | 2240 Kg. |
| 2. Officers whose actual pay is Rs. 4800/- and above | 1120 Kg. |
| 3. All other officers with basic pay 4800/- | 560 kg. |

state	Loading and Unloading charges for journeys and transfer (Revised Rate Rs.)	Incidentals for air jounries (Revised Rate Rs.)	Reimbursement for room rent			
			New Delhi, Mumbai Calcutta, Chennai		Other Cities/ Towns Outside	
			Existing	Revised	Existing	Revised
Grade I	Rs. 300 at each end	125	500	750	300	500
Grade II(a)	Rs. 150 at each end	100	500	750	300	500
Grade II(b)	Rs. 150 at each end	75	350	500	250	350
Grade III	Rs. 125 at each end	60	350	500	250	350
Grade IV	Rs. 125 at each end	60	250	300	100	200

Accommodation of Govt. Officers outside the state :

In case where Govt. accommodation is not available, stay in 3 star hotels will be allowed ,however this facility will be limited to secretaries to Govt., Heads of major department and Additional Secretaries. The Kerala Tourism Development Corporation will identify hotels and endeavour to get sizeable discounts by having standing arrangements in this regard. All such accommodations in three star hotels will be in hotels specified by the Kerala Tourism Development Corporation.

Taxi fare for Grade I Officials :

Grade I Officials travelling to metropolitan cities and other larger cities will be allowed to hire taxis for the day as in the case of Govt. of India officials. There are entitled to Taxi fare at the rate fixed by Govt. from time to time for journeys or tours from residence to airport / railway station / bus stand and back.

Autorickshaw fare on journeys on Tour :

Autorickshaw fare is admissible to officers for official jounries from residence / office to airport / railway station / bus stand and back. at the rate fixed by the Govt. from time to time subject to a maximum of Rs. 100/- per day against the existing ceiling of Rs. 45/-.

T.A. Ceiling :

The Ceiling limit for T.A. of officers prescribed in Govt. order read as 3rd paper above will be revised as detailed in the statement appended to this order. This limits will apply to touring and non-touring officers and tours for all official purposes.

For journeys in department vehicle the ceiling limits will be reduced by 50%.

The monthly limit may be exceeded by 20% but the increase should be adjusted within the limit for a quarter. The quarterly ceiling shall not be exceeded. The limit prescribed will apply only to journeys performed within an officers jurisdiction. Journeys outside an officers jurisdiction will not be reckoned for the purpose of ceiling.

T.A. claims of Grade III & Grade IV Officers shall not exceeded the limit admissible to the Grade II (b) Officers depending upon area of jurisdiction.

Necessary amendments to Kerala Service Rules will be issued separately. These orders will take effect from 1-1-2004.

By order of the Governor
Sudha Pillai, Principal Secretary, Finance.

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20-1-2004

**GOVERNMENT OF KERALA
ABSTRACT**

Dearness Allowance - Arrears crediting to Provident Fund Account-Time limit - Extended - orders issued.

Finance PRU (Rules) Department

G.O.(P.) No. 43/2004 dated TVM, 20-1-2004.

- Read 1. G.O.(P) No. 1142/98/Fin. dtd. 25-3-1998
2. G.O.(P) No. 2386/98/Fin. dtd. 7-10-1998

3. G.O.(P) No. 1450/99/Fin. dtd. 9-6-1999
4. G.O.(P) No. 932/2000/Fin. dtd. 2-6-2000
5. G.O.(P) No. 375/2002/Fin. dtd. 13-6-2002
6. G.O.(P) No. 805/2002/Fin. dtd. 31-12-2002
7. G.O.(P) No. 226/2003/Fin. dtd. 21-4-2003.
8. G.O.(P) No. 385/2003/Fin. dtd. 11-7-2003.

ORDER

The time limit for crediting the arrears of Dearness allowance to the provident Fund Account of the employees allowed as per the Govt. orders read as 7th and 8th paper above expired on 30-11-2003 and 31-12-2003 respectively.

2. Several request are being received from various service organisations seeking extenstion of time for crediting the arrears of Dearness Allowances to the provident Fund account.

3. Govt. have examined the request and are pleased to order that the time limit for crediting arrears of Dearness Allowances sanctioned from 1-7-1997, 1-1-1998, 1-7-1998, 1-1-1999, 1-1-2000 and 1-7-2000 and 1-1-2001 to the provident fund will be extended upto 30-06-2004. The arrears will be claimed in the Salary Bill upto June 2004. and credited to the provident fund account.

By order of the Governor
G. Sasidharan Pillai, Addl. Secretary, Finance.

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27-4-1995

SPECIALITY CADRE

GOVERNMENT OF KERALA

ABSTRACT

Establishment - Health Services Department one man commission report -creation of speciality units in Hospitals having a bed strength of 100 or more - sanctioned - orders issued.

HEALTH AND FAMILY WELFARE (A) DEPARTMENT

G.O. (MS) No. 113/95/H&FWD, dated Thiruvananthapuram 27-4-1995

Read: G.O. (P) No. 325/95/(41)/fin, dated 7-4-1005

ORDER

In Government order read above orders have been issued for constituting a speciality cadre in the Health Service,s department based on the 'speciality units to be set up. It was also ordered that speciality units will be created in all Hospitals having a bed strength of 100 or more.

The director of Health Services has submitted proposals in the matter as follows

A. Post for senior specialists..

(1) Unit Chief of major specialities in Medicine, Surgery, Gynaecology and paediatrics of all general hospitals, district hospitals and speciality hospitals.

(2) One post of unit chief of minor and supportive specialities in the following major hospitals.

- | | |
|-----------------------------------|--------------------------------|
| 1. General Hospital. Trivandrum | 2. General Hospital. Kozhikode |
| 3. General Hospital Enrankulam | 4. District Hospital. Kollam |
| 5. District Hospital. Kottayam. | 6. District Hospital. Palakkad |
| 7. District Hospital. Malappuram. | 8. District Hospital. Kannur |

(3) All unit chiefs of super speciality units in all Hospitals.

B. Posts of Junior specialists.

1. Unit Assistants of one each of major specialities in general hospitals and speciality hospitals.

2. Unit chiefs of all minor and supportive specialities in all Hospitals with 100 beds or more including general hospitals. districts hospitals and speciality hospitals.

3. Unit chiefs of major speciality in all hospitals except those identified as senior specialists mentioned at A(l) above.

Government accept the above recommendations of the Director of Health Services and are pleased to order that speciality cadre will be created in the hospitals having 100 beds or more as detailed in Annexure 1 and 2. The existing posts in these hospitals will be converted as speciality and there will be no additional creation of posts.

By order of the Governor.
Gopalakrishna Pillai. Secretary to Government.

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7-5-1995

SPECIALITY CADRE GOVERNMENT OF KERALA

ABSTRACT

**Establishment - Health Service Department - One Man "Commission report -Creation of
Speciality units in Hospital having a bed strength of 100 or more sanctioned orders issued.
HEALTH AND FAMILY WELFARE (A) DEPARTMENT**

G. O. (MS) No.325/95 (41)/Fin,

dated 7-5-1995

ORDER

In Government order read above, orders have been issued for constituting a speciality cadre in the Health Service Department based on the speciality units to be set-up. It was also ordered that speciality units will be created in all Hospitals having a bed strength of 100 or more.

The Director of Health Services has submitted proposals in the matter as follows:-

A. Posts for senior specialists.

(1) Unit chief of major specialities in Medicine, Surgery, Gynaecology and Paediatrics of all general hospitals, district hospitals and speciality Hospitals.

(2) One post of unit chief of minor and supportive specialities in the following major Hospitals.

- | | |
|----------------------------------|---------------------------------|
| 1. General Hospital, Trivandrum. | 2. General Hospital, Kozhikode. |
| 3. General Hospital, Ernakulam. | 4. District Hospital, Kollam |
| 5. District Hospital, Kottayam | 6. District Hospital, Palakkad |
| 7. District Hospital Malappuram | 8. District Hospital, Kannur |

(3) All unit Chief of super speciality units in all Hospitals

B. Posts of Junior Specialist.

1. Unit Assistants of one each of major specialities and speciality Hospitals. .

2. Unit Chief of all minor and supportive specialities in all Hospital with 100 beds or more including general Hospitals, districts Hospitals and speciality Hospitals.

3. Unit chief of major specialities in all Hospitals except those identified as senior specialists mentioned at A (I) above.

Government accept the above recommendations of the Director of Health Services and are pleased to order that speciality cadre will be created in the Hospitals having 100 beds or more as detailed in Annexure I and II. The existing posts in these Hospitals will be converted as speciality and there will be no additional creation of posts.

By order of the Governor

Gopalakrishna Pillai, Secretary to Government

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19-3-96

SPECIALITY UNITS

GOVERNMENT OF KERALA

ABSTRACT

**Health service Department - upgradation of community Health Centre -Kasaragod and
Government Hospital, Nilamboor and Thirurangadi as Taluk Hospital - creation of posts -
sanctioned orders issued.**

HEALTH AND FAMILY WELFARE (P) DEPARTMENT

G. O. (Rt.) No. 637/96/ H &FWD

Dated, Thiruvananthapuram, 19-3-96

- Read 1. G.O. MS 120/96/ H & FWD dated 14-3-1996
2. G. O. MS 121/96/ H & FWD, dated 14-3-1996
3. G. O. MS 122/96/ H & FWD, dated 14-3-1996

ORDERS

Sanction was accorded for the upgradation of community Health centre, Kasaragod, Government Hospital, Nilamboor, and Government Hospital, Thirurangadi as Taluk Hospital as per the G. O.s read above.

Now Government pleased to accord sanction for setting up of additional specialist units in the field of skin, Anaesthesia, Dental, Medicine. Surgery, Gynaecology, Orthopaedic, Paediatrics

and ENT, by creating the following additional posts in each of the Taluk Hospital, Kasaragod, Nilamboor and Thirurangadi.

1. Assistant Surgeons (Junior Specialists) on Rs. 2060 - 3200 9 posts
2. Staff Nurses on As. 1350 - 2200 18 posts
3. Sanction is also accorded to refix the bed strength of the Taluk Hospital, Thirurangadi as 137.
4. To meet the prescribed staff pattern in the above hospitals Government are pleased further to create the following posts.

Taluk Hospital Kasargod.

1. L. D. Typist on Rs. 950 - 15000 One post

Taluk Hospital. Thirurangadi.

1. Pharmacist on Rs. 1125-17720 One Post
2. L. D. Typist on Rs. 950 - 1500 One Post
3. Driver for Ambulance Rs. 325 - 450 One Post

Taluk Hospital. Nilamboor

1. Hospital attendant Gr. II on Rs. 775 - 1065 One Post
2. L. D. Typist on Rs. 950 - 1500 One Post
3. Pharmacist on Rs. 1125 - 1720 One post
4. The expenditure will be debited to "2210-01-11 0-99 Plan"

(By order of the Governor)

Gopakrishna Pillai, Secretary to Government

8-05-2002

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GOVERNMENT OF KERALA

Abstract

Establishment – Health & Family Welfare Department – Constitution of Speciality Units in Hospitals having bed strength of 100 or more implementation of speciality system – Orders issued.

HEALTH & FAMILY WELFARE DEPARTMENT

G.O. (Ms) No. 120/2602 H&FWD dated Thiruvananthapuram, 8-05-2002

- Read:-
- 1) G.O.(P)No.325/35/41/Fin dated 7.4.1995.
 - 2) G.O. (Ms) No.112/95/H&FWD. Dated 27.4.1995
 - 3) Letter No. EA2-27136/2002 DHS dated 30-4-2002 from the Director of Health Service, Thiruvananthapuram.

ORDERS

Government as per order read as first paper above have constituted speciality cadre in Health Service Department. It was also ordered that speciality units will be created in Hospitals under the Health Services Department having a bed strength of 100 or more. The Director of Health Service has submitted detailed, proposals for the implementation of the above decision as per his letter read as 3rd paper above. Government have examined the whole, issue in detail and are pleased to order that speciality units will be established in Hospitals having 100 or more beds strength and in speciality Hospitals.

2. The standardised pattern of the units and specialist doctors in different types of Hospitals is given in the Annexure A

3. The list of hospitals where Speciality units and speciality cadre is introduced is given in Annexure B.

4. Since ban on creation on the new posts is in force speciality cadre will be implemented at this stage with out creation of additional posts, Instead, the existing posts in various hospitals will be suitably earmarked as specialist posts. Whereever deficiencies are noted this could be filled up later when additional posts are created.

5. The unit chief will be called senior specialist (Civil Surgeon). To assist the Senior Specialist there will be Junior Specialist (Assistant Surgeon), The change of designation as above will come into effect in hospitals where speciality cadre is introduced. The special posts created and attached to the hospital such as School Health Medical Officer, ICDS Medical Officer, P.P. Unit Medical Officers and other programme based posts shall be attached to the respective speciality units and they will work as Unit Assistants without

detrimental to their designated work. The School Health Medical Officer and ICDS Medical Officer will be attached to the Medical Unit. Gynaecologist of P.P. Unit will be attached to the Gynaecology Unit. The Paediatrician of P.P. Unit will be attached to the paediatric Unit. and Anaesthetic of P.P. Unit will be attached to the Anaesthesia Unit.

6. Speciality Units will be implemented in Speciality Hospitals irrespective of the number of beds.
7. The above Scheme will be implemented by suitable deployment of staff during General Transfer 2002.

(BY ORDER OF THE GOVERNOR)

N. CHANDRASEKHARAN NAIR, ADDITIONAL CHIEF SECRETARY

ANNEXURE A

CHCs

Medical Officers - 8 with 5 major specialities of

Surgery (Junior Specialists)	1	Medicine (Junior Specialists)	1
Obstetrics (Junior Specialists)	1	Paediatrics (Junior Specialists)	1
Anaesthesia (Junior Specialists)	1	General (Asst. Surgeons)	2
Civil Surgeons (Supt.)	1		

2. Taluk Head Quarter's Hospitals and Taluk level CHCs and Taluk level Govt. Hospitals

Major Speciality units 2 units each and Minor specialities one unit each. Each unit shall have one consultant one junior consultant.

Surgeon	2 units	Medicine	2 units
Paediatrics	2 units	Obs & Gynaecology	2 units

P.P. Unit 1 paediatrician + 1 Gynaecologist) (Sha11 be attached the respective Gynaecology and paediatric units.

Orthopaedic	1 unit	ENT	1 unit
Ophthalmology	1 unit	Dermatologist	1 unit

District Hospital

Major Speciality units - 3 each and Major specialities 2 unit each. Each unit shall have one senior consultant / consultant and one junior consultant. The super speciality unit shall have one unit each with one specialist.

Casualty Medical Officer + (Trauma Care Unit) 4 doctors

Physician	3 units	Surgeon	3 units
Gynaecologist	3 units	Paediatrician	3 units
Orthopaedic	2 units	ENT	2 units
Ophthalmologist	2 units	Psychiatrist	2 units
Dermatologist	2 units	Anesthesiologist	2 units
Radiologist	1 unit.	Dental Surgeon	2 units
Physical Medicine & Rehabilitation	1 unit	Forensic Medicine	1 unit

Blood bank Medical Officer/Clinical Pathologist 1 unit,

General Hospital

Major Speciality units - 6 units each and Minor Specialities - 2 units each. Each unit shall have one Chief consultant/Senior consultant/ Consultant and one Junior consultant The super speciality unit shall have one unit each with one specialist.

Casualty Medical Officer / Trauma Care Unit - 4Doctors

Physician	6 units		
Surgeon	6 units	Gynaecologist	6 units
Paediatrician	4 units	Orthopaedic	3 units
ENT	3 units	Ophthalmologist	3 units
Psychiatry	3 units	Dermatologists	3 units
Anesthesiologist	3 units	Radiologist	2 units
Physical Medicine & Rehabilitation	1 units	Forensic Medicine	1 Medical Officer

Blood bank Medical Officer - Pathologist - 2 Doctors

Dental Surgeon 2 units of which 1 is a Dental Speciality unit

W&C Hospital

Physician	1 unit	Surgeon	1 unit
Gynaecologist	6 units	Pediatricians	3 units
Anesthesiologist	2 units	Radiologist	1 unit

Blood bank Medical Officer / Clinical Pathologist 1

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20-08-2003**ORDER OF SPECIALITY / ADMINISTRATIVE CADRE****GOVERNMENT OF KERALA**

Health and Family Welfare Department-implementation of Specially Cadre in Major Hospitals, Community Health Centres and Taluk Head Quarters Hospitals (Phase1) - creation of 232 additional post of Junior Specialists. 84 posts of Senior Specialists and 59 posts of Superintendents - sanction accorded-orders issued.-

Health & Family Welfare (P) Department**G.O. (Ms) No. 173/2003/H&FWD Dated : Thiruvananthapuram 20-08-2003**

Read: 1) G.O. No. 325/95 (41/Fin. Dated 07-04-1995)
 2) G.O. (Ms) No. 120/2002/H&FWD dated 28-5-2002.
 3) Letter No. MCI-77854\02\DHS dated 21-12-2002 from the Director of Health Services, Thiruvananthapuram.

ORDER

As per the Government Order as first paper above, Government constituted Speciality Cadre in Health Services Department, It was also ordered in the G.O. that speciality units will be created in hospitals having 100 beds or more by re-designating the posts as per 2nd paper above. Govt. sanctioned speciality posts in 96 hospitals having bed strength above 100 including speciality hospitals. As per the G.O. the present status of speciality posts consists of 500 civil surgeons and 865 Assistant Surgeons which has been re-designated as Senior Specialists and Junior Specialists respectively. Assistant Surgeons / Civil Surgeons who have Post Graduate qualification can opt for speciality Cadre.

As per the letter read as third paper above, the Director of Health Services has proposed that for the implementation of Speciality Cadre in all Major Hospitals with a bed strength of above 100, the following minimum additional posts are required in the 1st phase.

Sl.No.	Name of Post	No.	Scale of Pay	Expenditure annum
1.	Junior Specialist	232	Rs. 7600 - 11400	
2.	Senior Specialist	84	Rs. 10000 - 15150	
3.	Superintendent (To be renamed as Administrator -cum- Public Health Cadre-non Practising so that the Supdt. can spare his full time for administration of Hospitals)	59	Rs. 10000 - 15150	
	Total	375		Rs. 5,04,10,800 (Rs. Five Crore Four Lakhs Ten Thousand and Eight Hundred only).

The need to have speciality services in the hospitals under the Department of Health Services have been under the active consideration of Government for a long time. This need has been reiterated when the following grounds are considered.

The demand for speciality has increased manifold.

The state is faced with re-emergence of communicable disease and

The ageing Kerala with (11% of the populations is young old/middle old/old old) has added a double disease burden on the state.

Having considered the matter in detail, Government has pleased to accord sanction for the creation of 232 additional post of Junior Specialists, 84 posts of Senior Specialists and 59 posts of Superintendents at an approximate total expenditure of Rs. 5.04 crores per annum for implementation of Speciality Cadre in all major hospitals, Community Health Centres and Taluk Head-quarters Hospitals having a minimum bed strength of 100 including speciality Hospitals. Government also order that filling up of critical gaps such as infrastructure, para medical staff etc. will done in a phased manner.

Details of existing Speciality post additional post created cumulative total post in each speciality is given in Annexure.

The expenditure will be made from the Head of account 2210-01-110-50 and 2210-01-110-51 (Plan) during the current year.

By order of the Governor
K. Ramamoorthy, Secretary to Government.

* * * * *

11-4-1996**POSTING IN SPECIALITY UNIT****No.- EA 1 - 37229/96/DHS Directorate of Health Services****TVM dt. 11-4-1996**

From,

The Director of Health Services

To,

The Superintendent,
Dist. Hospitals, Taluk Head Quarters Hospitals/W&C Hospital & Mental Health Centres.

Sir,

Sub : Health Services Department - posting of Medical Officers in speciality units.
 Ref : 1. G. O. (P) 325/95/(41) Fin dt. 70401995
 2. G. O. (MS) 112/95/H&FWD dated 27-4-1995

Recently a few instances of irrational postings of Medical Officers in charge of speciality units have been brought to the notice of the undersigned, as detailed below.

In one Hospital a senior specialist was not given unit according to the seniority on the ground that he has not completed 5 years service after post graduation.

In another case, a senior specialist was not only denied unit, but he was posted to assist a Junior Specialist on the ground that the later was having more points in the matter of admissibility for unit.

In this connection I am to inform you that as per the Government orders cited Government have issued orders introducing speciality cadre in all major hospitals. Medical officers are posted as Senior specialist, Junior specialists etc on the basis of their service seniority. Once a medical officer is posted as senior specialist in a major hospital his eligibility for unit according to seniority is automatic. In such cases the date of acquisition of P.G. qualification is not relevant in deciding his eligibility for unit charge and priority in allotment of unit. The question of point system is also not relevant with the introduction of speciality units.

I am therefore to direct you to arrange posting of medical officers in speciality cadre in charge of units according to their seniority. Any point of doubt may be got cleared from this office before issuing final orders.

Yours faithfully

For Director of Health Services.

* * * * *

JULY 96**FOR SENIOR SPECIALIST ALLOWANCE
GOVERNMENT OF KERALA****No. 28306/A1/H&WD****Thiruvananthapuram****HEALTH AND FAMILY WELFARE (A) DEPARTMENT**

From

The secretary to Government

To

The Director of Health Services

Sir,

Sub: HSD-Estt. Civil Surgeons and Senior specialist - allowance - reg.
 Ref: 1. G.O. (P) NO. 325/95/(41) Fin dt. 7-4-1996
 2. G.O. MS N. 377 (88)/96/Fin dt. 6-5-1996
 3. Your letter No. EB3-52803/96/DHS dated 7-7-1996

I am to invite your attention to the reference cited and to request you to direct the medical officers to approach the accountant general (A&E) Kerala, Thiruvananthapuram of revised pay slip inclusive of senior specialist allowance

Your faithful

N. Sankaran Potty, Under secretary
For secretary to Government.

* * * * *

HIGHER GRADE TO MEDICAL OFFICERS

19- 6-97

GOVERNMENT OF KERALA

ABSTRACT

Health Services Department- Establishment- Higher Grade to Medical Officers- counting of Tutor Service Under Medical Education Department- Sanctioned - orders Issued.

HEALTH AND FAMILY WELFARE (A) DEPARTMENT

G.O. (Rt.) No: 2529/97/H&FWD

Dated: Thiruvananthapuram 19-6-97

Read:- 1. Govt letter No: 19542/A 1/91/H&FWD dated 23-9-91 addressed to Director of Health Services.
2. Letter No: EB4-23858/86/DHS dated 13-3-1996 from the Director of Health Service

ORDER

1. In the letter read as 1 st paper above. Government had informed Director of Health Services that teaching service, whether it is provisional or regular cannot be reckoned or counted for higher grade in the case of non teaching service as there are separate rules and regulation for non cadre promotion.

2. Now a few medical officers working in Health Services-department has requested that they may be granted higher grade reckoning their service as tutor in medical education department along with their service as Asst. Surgeon.

3. Government have examined the matter in detail. Prior to the implementation of UGC scales, the scale of pay and the mode of appointment of Asst. Surgeon in Health Services Department and tutors in medical colleges were the same. In the circumstances Government are pleased to order that the teaching services rendered in medical education department by the Asst. Surgeon will be counted in Health Services department for determining time bound higher grade, as a special case.

By order of the Governor
P.A. Philomina Joint Secretary

* * * * *

15-7-97

HIGHER GRADE TO MEDICAL OFFICERS

Copy of Govt. letter No: 62087/A1/96/H&Fwd dated 15-7-97 from the Secretary to Government. Health and F.W. (A) Dept Thiruvananthapuram addressed to the Accountant General (A&E) Kerala. Thiruvananthapuram. copy to Director of Health Services.

Sub: Sanctioning of 2nd Higher grade to Medical officers-reg.

Ref: Your letter No.GE 20/A/690 dtd 27-11-96 and GE 26/6N 12-2-97 dtd 13-12-96

I am to invite your attention to the letters cited. The Director of Health Services is competent to sanction 10 and 20 years higher grades to Asst Surgeons and Civil Surgeons (NC) as Director of Health Services is the appointing authority of Asst surgeons/civil surgeons (NC). Those Asst. Surgeons who get cadre promotion as civil surgeons can be granted 20 years higher grade only by Government as Government is the appointing authority of civil surgeons.

Sd/- Under secretary, For secretary to Govt.

* * * * *

5-6-2000.

PROMOTION-RELIEVING OF DOCTORS

Copy of D.O. letter No. 31214/A2/2000/H&FWD dated 5-7-2000 from Rajeev Sadanandan, Special Secretary to Govt. Health and Family welfare Department Thiruvananthapuram addressed to the Director Health Services, Trivandrum.

It has been noticed that doctors on promotion do not relinquish the posts held by them. Instead they continue in the same position and wait for a vacancy to arise in the hospital of their choice. This creates a lot of trouble in the management of vacancies. Therefore every superintendent / medical officer in charge of the institution where a promoted officer is working shall be personally responsible to ensure that the promoted doctor is relieved within 15 days from the date of order.

Where the promoted officer is in charge of the institution it shall be the responsibility of the district Medical Officer to ensure that the medical officer is relieved. At the end of 30 days the district medical officer will confirm to the Directorate, that the promoted doctors have been relieved from their original posts.

Sd/-

Rajeev Sadanandan
Special Secretary, Health

* * * * *

HOSPITAL DEVELOPMENT COMMITTEE

29-01-1983.

GOVERNMENT OF KERALA ABSTRACT

**Hospital Development Committee - Rules & Procedures relating to the constitution and working of - ORDERS ISSUED.
HEALTH (M) DEPARTMENT.**

G.O.(MS) 26/83/HD

Dated Trivandrum 29 January 1983.

Read : 1. GO(MS) No. 201/77/HD dated 3-9-1977.

ORDER

The High Power Committee headed by Dr. K.N. Pai recommended that the people's involvement can be achieved only by democratically constituted bodies and have envisaged the concept of Hospital Development Committees in the place of Hospital Welfare and Advisory Committees. The Committees would serve as a body which would keep constant vigil on the working of the institution concerned and would render what ever assistance is necessary by way of voluntary service or financial contribution so as to meet exigencies and to ensure study development of the institutions. On the basis of these recommendations rules were framed by the govt.

In supersession of all the existing orders on this subject, govt. prescribes the rules in the annexure to regulate the constitution and working of the Hospital Development Committees.

By order of the Governor
C. Ramachandran
Secretary to Govt.

* * * * *

ANNEXURE

RULES AND PROCEDURES RELATING TO THE CONSTITUTION AND WORKING OF HOSPITAL DEVELOPMENT COMMITTEES

(A) Introductory : Hospital Advisory committee consisting of members nominated by the Govt. from the public at large and representatives of the staff had been in existence in the state for a long time. But these committees were functionally ineffective and seldom used to meet. No constructive or developmental activities were undertaken by them. Hence the Govt. replace these committees by Hospital Welfare and Advisory Committees. The High Power Committee headed by Dr. K.N. Pai recommended that the people's involvement can be achieved only by democratically constituted bodies and have envisaged the concept of Hospital Development Committees in the place of the Hospital Welfare and Advisory Committees. The recommendations have been accepted by the Govt.

(B) Object : To keep constant Vigil on the working of the institution concerned ; to render what ever assistance is necessary by the way of voluntary service or financial contribution so as to meet exigencies; to ensure steady development of the institution and to take up certain responsibilities for the better functioning and improvement of the institutions.

(C) Constitution : The constitution of the Hospital Development Committees and the authority to constitute the same will be as specified in the schedule.

(D) Rights and Responsibilities of the Committee :

- a) To find out defects if any in the amenities and functioning of the institutions and device ways of remedying them.
- b) To strive to maintain, orderliness and cleanliness in the institutions and their surroundings.

- c) To assess monetary requirements for improvements and organise ways and means to collect funds.
 - d) To exercise proper control and keep up vigilance in preventing malpractices.
 - e) To help organise health education and mass medical campaigns.
 - f) To organise voluntary blood banks and drug banks, public comfort stations and bystander dormitories.
 - g) To run canteens and medical shops to provide supplies at fair prices.
 - h) To initiate welfare and development activities and to mobilize donations from individuals / voluntary organisations.
 - i) To maintain social discipline in hospitals.
 - j) To take up construction and repair works not exceeding Rs. 10 thousand and supply of diets.
- Note : Regarding the details and conditions of construction work and supply of diet separate orders will be issued.

E) Rules and Procedures :

1. Membership : a) Nomination shall be made by the government or the authority empowered by the govt. Nominations made against vacancies arising in the middle of the term should be limited to the period by which term of the other nominated members of the committee expires.

b) If a nominated member absents himself / herself for three consecutive meetings, the member shall be removed from the committee. The Committee may recommend the restoration of the membership of a member so removed on application by the individual concerned, if the committee is satisfied that there were sufficient reason for the absence. The chairman may restore the membership on such recommendation of the committee.

c) In the case on official member when he himself is unable to attend the meeting due to other pre-occupations he may depute one of his subordinate to represent him at the meeting.

d) District Collectors may depute one of the Deputy Collectors to represent them at the meeting when they themselves are unable to attend. They may do so only when such nominations become inevitable.

e) If a member of Legislative Assembly nominated as a non-official member absents himself/herself from the meeting for more than 3 times due to other inevitable pre-occupations it should not be taken as sufficient reasons for his / her removal from the committee on the ground that she / he has absented herself / himself for more than 3 consecutive meetings.

II. Meetings : The committee shall meet atleast once in three months. The proceedings / recommendation of the committee relating to the Medical College Hospital shall be forwarded to the Secretary to the Govt., Health Department for information. The recommendation relating to District Hospitals and special hospitals shall be forward to the Director of Health Services. The proceedings of Taluk level Committees shall be forwarded to the District Medical Officers and The Director of Health Services. And those of the Govt. dispensaries, Govt. Rural Dispensaries, Primary Health Centres and other peripheral Hospitals to the District Medical Officer.

III. Quorum for the meeting : One fourth of the members shall form the quorum of the committee. Subjected to the condition that atleast one of the members present shall be a non-official. The chairman shall normally preside over the meetings of the committee. In the absence of the chairman the members present shall elect a chairman for the particular meeting.

IV. Scope of the Meeting : a) The meeting shall be convened by the Secretary and Treasurer in consultation with chairman. The Committees may discuss topics of public interest and importance connected with the institutions concerned. It shall be open to any member of the committee to forward to the secretary his remarks or suggestions to be placed before the committee for discussions.

b) All suggestions and recommendation for the improvement of the institutions and for the welfare of patients may be brought before the committee for discussion and decision by majority. In case of equality of votes, the chairman shall have a casting vote.

c) The Minutes of the meeting shall be recorded in the minutes book and shall be signed by the chairman or the member who presided over the meeting in the absence of the chairman.

d) At the beginning of each year the Supdt. and Medical Officers in charge of institutions shall place before the committee the budget provisions for the different activities of the institutions for the year and they should also briefly outline the activities that they proposed to organize during the year to enable the non-official members to know the limitations under which the institutions is working so that the discussions can be realistic. when the committee meet once in three months, a review of the activities of the committee since the last meeting may be made and it should chalk out advance programmes for the coming 3 months.

e) It shall be the duty of the Supdt. and Medical Officers in charge of the institution concern to point out the impracticability of any suggestion mooted during the committee's discussion then and there so that there may not be any room for future complaints that the recommendations of the committee were not given due consideration. They will be responsible for the implementation of the recommendation as approved by the committee. If the Supdts. and Medical Officer concerned are not able to implement any of the recommendation they should make a report at the next meeting explaining the reasons thereof. The committee shall have the right to discuss the report and record their findings as the whether they are satisfied with the report or not. If they are not satisfied the fact should be reported to the higher authorities together with the views of the committee on the matter.

V. Institution Visits : a) The individual members of the committee may arrange with the supdt. or medical officer in charge of the institution to visit the institution at any time during the working hours at least once in a month.

b) They shall have access to every section or branch of the institution except operation theatre, labour room and examination room.

c) The members may also pay surprise visits to the hospital.

d) A visitors book shall be opened in each institution for the members to note their remarks.

e) The Supdt. or the Medical Office in charge should forward a copy of the remarks recorded by the visitors especially when it is not complimentary to the District Medical Officers or to the concerned Officers.

f) Identity cards shall be issued to the members by the Supdt. or the Medical Officer in charge concerned.

* * * * *

8-4-1997

GOVERNMENT OF KERALA ABSTRACT

Hospital Development Committee/ Hospital Development Societies - Rules & Procedures relating to the constitution / Reconstitution and working of - REVISED ORDERS ISSUED.

HEALTH & FAMILY WELFARE (E) DEPARTMENT.

G.O.(MS) No.132/97/H&FWD

dated : Tvm, 8-4-97

- Read :
- 1) GO(MS) No. 26/88/HD dated 29-01-88.
 - 2) GO(MS) No. 146/96/H&FWD dated 19-3-96
 - 3) GO(Rt) No. 1534/96/H&FWD dated 24-6-1996
 - 4) GO(MS) No. 329/96/H&FWD dated 30-9-96

ORDER

Govt. are pleased to order the reconstitution of all hospital development committees / hospital development societies in the state with effect from 1-4-97 in accordance with the guidelines now in existence and subject to the following modifications.

(1) District collectors will constitute the Hospital Development Committees / Hospital Development Societies in respect of Medical College Hospitals, District Hospitals (Allopathy, Homeo, Ayurveda), General Hospitals, Speciality Hospitals and Ayurveda College Hospitals and Homeo Medical College hospitals under their chairmanship.

(2) Municipal Chairmen / Block Panchayat President will reconstitute the hospital development committee in respect of Taluk Head Quarters hospitals / Taluk level hospitals / Community health centres and block Primary Health Centres handed over to them as the case may be under their chairmanship.

(iii) Grama Panchayat President will reconstitute the hospital development committees in respect of the Primary Health Centres / Dispensaries within their jurisdiction under their chairmanship.

(iv) The term of the committee will be for a period of 3 years from the date of the orders reconstituting the committee. The committee shall meet once in three months failing which the committee shall stand dissolved.

2. A comprehensive list of officials and non-official members to be included in the various hospital development committees/hospital development societies are appended to this order.

3. Names & addresses to be included as Govt. nominees will be furnished to Govt. by the Concerned District Collector when such committees are to be constituted / reconstituted.

By order of the Governor,
V. Vijayachandran, Secretary to Govt.

APPENDIX

Medical College Hospital**Official Members**

1. District Collector - Chairman
2. Supdt. of Medical College Hospital - Secretary & Treasurer
3. Principal Medical College Hospital or in his absence Vice Principal - Vice Chairman
4. Supdts of other teaching hospitals under the control of the principal of concerned medical colleges.
5. District medical Officer of Health of the District in which the Medical College is situated.
6. Local Executive Engineer, B & R.
7. Local Executive Engineer, Kerala Water Authority
8. Local Executive Engineer, KSEB
9. Asst. Executive Engineer (Electrical Wing) PWD
10. Nursing Supdt. of Medical College Hospital

B) Non-Official Members :

1. Mayor of the Corporation or Chairman of the Municipality or President of the Block Panchayat / Grama Panchayat in which the Medical College Hospital is situated.
2. Local M.L.A. (If the Local MLA happens to be a minister he will be represented by a person nominated by that minister / speaker)
3. Authorised representatives of Major political parties having representationas in the Legislative Assembly. (List Attached)
4. One Recognized representatives from among Rotary / Lions Club and one recognized representative from a known social service organisation.
5. One accredited journalist from among local leading three malayalam newspapers.
6. One representative each from ex-service men and Vyapari vyavasaya Ekopana Samiti who will be nominated by the District Sainik Welfare Board and District Committee of the Vyapari vyavasaya Ekopana Samiti respectively.
7. Two representatives from among the public. (To be nominated by the Govt.)

Note : One recognised representatives of the Tamil linguistic minority will be included in the hospital development society of Thiruvananthapuram Medical College subjected to the condition that none of the non-official members belongs to this catagories.)

II. District Hospitals / General Hospitals / Ayurvedic / Homeo Hospitals :**A. Official Members :**

1. District Collector - Chairman
2. Supdt. of District Hospital/General Hospitals / Ayurvedic / Homeo Hospitals - Secretary & Treasurer
3. Supdt. of W&C Hospital of the District
4. DMO(H) concerned DMO of Aurveda / Homeo Concerned
5. Local Executive Engineer - B & R
6. Local Executive Engineer - Kerala Water Authority
7. Local Executive Engineer - KSEB
8. Nursing Supdt. of each of the above mentioned Hospitals as the case may be.

B) Non-Official Members :

1. Mayor of the Corporation or Chairman of the Municipality or President of the Block Panchayat / Grama Panchayat in which the Ayurveda / Homeo / District Hospital / W&C Hospital is situated.
2. Local M.L.A. (If the Local MLA happens to be a minister he will be represented by a person nominated by that minister / speaker)
3. Authorised representatives of Major political parties having representationas in the Legislative Assembly. (List Attached)
4. One Recognized representatives from among Rotary / Lions Club and one recognized representative from a known social service organisation.
5. One accredited journalist from among local leading three malayalam newspapers.
6. One representative each from ex-service men and Vyapari vyavasaya Ekopana Samiti who will be nominated by the District Sainik Welfare Board and District Committee of the Vyapari vyavasaya Ekopana Samiti respectively.
7. Two representatives from among the public. (To be nominated by the Govt.)

Note : A recognised representatives from the Tamil linguistic minority will be included in the hospital development committees of the General Hospitals, Thiruvananthapuram, District Hospitals of Palakkad and Idukki. One recognized representativees of Kannada Speaking people will be included in the District Hospital Kasargod if none of the official members belongs to this

community and this condition will apply in respect of Tamil linguistic minority also in respect of other district where their population strength is dominant)

V. Speciality Hospitals : (Mental, T.B., Leprosy)

A) Official Members :

1. District Collector - Chairman
2. Supdt. of the Hospital - Secretary & Treasurer
3. Dy. DHS / Asst. DHS of the Concerned Speciality
4. DMO(H) concerned
5. Local Executive Engineer (B & R) in his absence Asst. Executive Engineer.
6. Local Executive Engineer (Kerala Water Authority) in his absence Asst. Engineer (KWA.)
7. Local Executive Engineer - KSEB in his absence Asst. Engineer (KSEB.)
8. Nursing Supdt. of the Hospital.

B) Unofficial members :

1. Mayor of the Corporation or Chairman of the Municipality or President of the block Panchayat / grama Panchayat in which the hospital is situated.
2. Local M.L.A. of the Area.
3. Recognised representatives of Major political parties having representationas in the Legislative Assembly. (List Attached)
4. One Recognized representatives from among Rotary / Lions Club
5. One recognized representative from a known social service organisation.
6. One accredited journalist from among local leading three malayalam newspapers.
7. One representative each from ex-service men and Vyapari vyavasaya Ekopana Samiti.
8. Two representatives from among the public. (To be nominated by the Govt.)

IV. TALUK HOSPITALS

A) Official Members :

1. Supdt./Senior Medical Officer of the Hospital - Secretary & Treasurer
2. Local Tahsildar
3. Local Asst. Executive Engineer - B & R
4. Local Asst. Executive Engineer - KWA
5. Local Asst. Executive Engineer - K S EB
6. Nursing Supdt. or senior most Head nurse of the Hospital.

B. Non-official Members :

- B) Non-Official Members :**
1. Chairman of the Municipality or President of the Block Panchayat / Grama Panchayat in which the Hospital is situated.
 2. Local M.L.A. (If the Local MLA happens to be a minister he will be represented by a person nominated by that minister / speaker)
 3. Authorised representatives of Major political parties having representations in the Legislative Assembly. (List Attached)
 4. One Recognized representatives from among Rotary / Lions Club
 5. One recognized representative from a known social service organisation.
 6. One accredited journalist from among local leading three malayalam newspapers.
 7. One representative each from ex-service men and Vyapari vyavasaya Ekopana Samiti who will be nominated by the District Sainik Welfare Board and District Committee of the Vyapari vyavasaya Ekopana Samiti respectively.
 8. Two representatives (eminent persons) from among the public. (To be nominated by the Govt.)

Note : In respect of the Taluk Hospitals at Peerumed, Udumbanchola, Devikulam, Chittoor and Palakkad one recognised representative of Tamil speaking minority shall be included. In respect Kannada speaking minority language people one recognised representative shall be included in the Kasargod Taluk Hospital Development committee if none of the non official members belong this category.

V. RURAL HOSPITALS / PRIMARY HEALTH CENTRES / COMMUNITY HEALTH CENTRES / DISPENSARIES (INCLUDING ARUVEDA AND HOMEO) :

A) Official Members :

1. Medical Officer in charge - Secretary & Treasurer
2. Block Development Officer
3. Local Asst. Engineer (B & R)
4. Local Asst. Engineer (KWA)
5. Local Asst. Engineer (KSEB)
6. Senior most nurse or ANM of the Institution.

B. Non-Official members :

1. Chairman of the Municipality or president of the block Panchayat / Grama Panchayat in which the institution is situated - Chairman
2. Local M.L.A. of the Area.
3. Recognised representatives of Major political parties having representation in the Legislative Assembly. (List Attached)
4. One Recognized representatives from among Rotary / Lions Club if available.
5. One recognized representative from a known social service organisation.
6. One accredited journalist from among local leading three malayalam newspapers.

List of Major political parties having representation in the Legislative Assembly

- | | | |
|--------------------------|----------------|----------------------------------|
| 1. CPI (M) | 2. CPI | 3. Kerala Congress (J) |
| 4. RSP | 5. Janatha Dal | 6. Indian Congress (Socialist) |
| 7. IUML | 9. JSS | 10. Indian National Congress (I) |
| 9. Kerala Congress (M) | 11. BJP | 12. Kerala Congress (B) |
| 13. Nationalist Congress | 14. RSP (B) | 15. Kerala Congress (Jacob) |

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4-9-1999

കേരള സർക്കാർ

നം: 22694/എം3/99/അ.കു.വ. ആരോഗ്യകുടുംബക്ഷേമ (എം) വകുപ്പ്
തിരുവനന്തപുരം, തീയതി 4-9-1999

സർക്കുലർ

വിഷയം : ആശുപത്രി വികസന സമിതി/സൊസൈറ്റി പ്രവർത്തനം സംബന്ധിച്ച് പൊതു മാനദണ്ഡം - സംബന്ധിച്ച്.

- സൂചന :**
- | | |
|-------------------------------------|--------------------|
| 1. ജി.ഒ.(എം.എസ്.) 26/83/ഹെൽത്ത് | തീയതി : 29-01-1983 |
| 2. സർക്കുലർ നം: 53072/ഇ1/87/ഹെൽത്ത് | തീയതി : 03-05-1988 |
| 3. സർക്കുലർ നം: 12691/ഇ1/92/ഹെൽത്ത് | തീയതി : 04-07-1992 |
| 4. ജി.ഒ. (എം.എസ്.) 132/97/ഹെൽത്ത് | തീയതി : 08-04-1999 |
| 5. ജി.ഒ. (എം.എസ്.) 141/97/ഹെൽത്ത് | തീയതി : 25-04-1997 |
| 6. ജി.ഒ.(എം.എസ്.) 189/97/ഹെൽത്ത് | തീയതി : 30-06-1997 |

മേൽ ഒന്നാം സൂചന പ്രകാരം സംസ്ഥാനത്തെ സർക്കാർ ആശുപത്രികളുടെ സമഗ്രമായ വികസനവും ക്രമപ്രകാരമുള്ള പ്രവർത്തനവും ചിട്ടപ്പെടുത്തുന്നതിനായി രൂപീകരിച്ചിട്ടുള്ളതാണ് ആശുപത്രി വികസന സമിതികൾ. ജില്ലാ കളക്ടർ, ആശുപത്രി സൂപ്രണ്ട് എന്നിവരുടെ ആഭിമുഖ്യത്തിൽ സാമൂഹ്യ-രാഷ്ട്രീയ സാംസ്കാരിക മണ്ഡലങ്ങളിലെ പ്രതിനിധികളെല്ലാം ചേർന്ന് ആശുപത്രി പ്രവർത്തനത്തെ സമാന്തരമായി നിയന്ത്രിക്കുന്ന ഒരു ഘടനയാണ് ഇവയ്ക്കുള്ളത്. ഇതിലൂടെയും സ്ഥിരമായ സ്ഥാനമോ, തസ്തികകളോ നിലവിലില്ല, ഇവയുടെ പ്രവർത്തനമേഖല രണ്ട് മുതൽ ആറ് വരെ സൂചിപ്പിച്ചിട്ടുണ്ട്. സമിതിയുടെ ആഭിമുഖ്യത്തിൽ നടത്തപ്പെടുന്ന സ്ഥാപനങ്ങളിലേക്കും ആശുപത്രിയിൽ ഒഴിവുള്ള തസ്തികകളിലേക്ക് അത്യാവശ്യ ഘട്ടങ്ങളിലും ദിവസക്കൂലി ഇനത്തിൽ ജീവനക്കാരെ നിയമിക്കുകയും സമിതിയുടെ വരുമാനത്തിന്റെ 35% കവിയായാത്തവിധം ഇവരുടെ ശമ്പളം നൽകുകയും ചെയ്യുന്നു. ഇപ്രകാരം നിയമിക്കപ്പെടുന്ന ജീവനക്കാർ യഥാസമയം പിരിഞ്ഞുപോകാൻ വിസമ്മതിക്കുന്നതായും അവർ ഹൈക്കോടതിയെ സമീപിച്ച് താൽക്കാലിക ഉത്തരവുകൾ നേടി വീണ്ടും തുടരുന്നതായി സർക്കാരിന്റെ ശ്രദ്ധയിൽപ്പെടുകയുണ്ടായി.

കാലാകാലങ്ങളായി സംസ്ഥാനത്ത് നിലവിലുള്ള ചട്ടം അനുശാസിക്കുന്നതനുസരിച്ച് താൽക്കാലിക കാഷ്ചൽ ജീവനക്കാരെയോ എംപ്ലോയ്മെന്റ് എക്സ്പെഞ്ചുവഴി കരാർ അടിസ്ഥാനത്തിലോ നിയമിക്കപ്പെടുന്ന ജീവനക്കാരെയോ നിശ്ചിത കാലയളവിനപ്പുറം സർവ്വീസിൽ തുടരുന്നതിന് അനുവദിക്കാൻ വ്യവസ്ഥയില്ല. വികസന സംവിധാനമായി അതിനെ മാറ്റുവാൻ സർക്കാർ ഉദ്ദേശിക്കുന്നില്ല. മേൽ സാഹചര്യത്തിൽ ഹോസ്പിറ്റൽ ഡെവലപ്മെന്റ് സൊസൈറ്റികളുടെ പ്രവർത്തനം, നിയമനം എന്നിവ സംബന്ധിച്ച് നിലവിലുള്ള നിർദ്ദേശങ്ങൾക്കു പുറമെ താഴെപ്പറയുന്ന നിർദ്ദേശങ്ങൾക്കു ഇതിനാൽ പുറപ്പെടുവിക്കുന്നു.

1. ഒന്നാം സൂചനയിലെ ഉത്തരവിൽ സൂചിപ്പിച്ചിരിക്കുന്ന പ്രകാരം ആശുപത്രി വികസന സമിതികളുടെ പ്രവർത്തനം പരിമിതപ്പെടുത്തുക.
2. സമിതിയ്ക്ക് നിയോഗിക്കാവുന്ന ജീവനക്കാരുടെ എണ്ണം അധികരിക്കാതിരിക്കുക.
3. നിശ്ചിതകാലാവധി കഴിയുമ്പോൾ താല്ക്കാലിക ജീവനക്കാരെ പിരിച്ചു വിടുക. സൂചന 5-ലെ ഉത്തരവിൽ പ്രതിപാദിക്കുന്നതനുസരിച്ച് വീണ്ടും നിയമിക്കുന്നതിന് രണ്ടു ദിവസം ഇടവേള എന്നതിനു പകരം ഓരോ മാസവും 29 ദിവസം ജോലി, 2 ദിവസം ഇടവേള തുടർന്ന് 29 ദിവസം ജോലി എന്ന അടിസ്ഥാനത്തിൽ നിയമിക്കുക. (ഫെബ്രുവരിയിൽ 28 ദിവസം) അതേ വ്യക്തികളേത്തന്നെ വീണ്ടും നിയമിക്കുമ്പോൾ വ്യത്യസ്ത ജോലികൾക്ക് വിന്യസിക്കുകയും ടി നിയമനം സ്ഥിരപ്പെടുത്തണമെന്ന ആവശ്യം ഉന്നയിക്കില്ലെന്ന് എഴുതി വാങ്ങിയശേഷം മാത്രം പുനർനിയമനം നൽകുകയും ചെയ്യുക. തസ്തികയുള്ളതും ഇല്ലാത്തതുമായ ഏൽ ജോലിക്കും നിയോഗിക്കപ്പെടുന്നവരേയും മേൽനിബന്ധനപ്രകാരം മാത്രം നിയമിക്കുക. സൂചന 5-ലെ ഉത്തരവിലെ നിബന്ധനകൾ ഇതനുസരിച്ചുള്ള മാറ്റങ്ങൾക്ക് വിധേയമാണ്.
4. സർക്കാർ അപ്പോയ്ന്റ് ചെയ്തവർ നിയമിക്കുന്ന ദിവസക്കൂലി വേതനം ജീവനക്കാർക്ക് നൽകുക.
5. അടങ്കലായി നൽകാൻ കഴിയുന്ന ജോലികൾക്കായി (ഉദാ: അലക്കു, ആശുപത്രി പരിസരം അടിച്ചുവാരൽ) ജോലിക്കാരെ നിയമിക്കുന്നതിനു പകരം സംഘടനകൾക്ക് ലേലം വിളിച്ച് നൽകാൻ കഴിയുമോ എന്ന് പരിശോധിക്കുക.
6. മേൽനിബന്ധനകൾ കൃത്യമായി പാലിക്കപ്പെടുന്നുവെന്ന് മേലധികാരി (ആശുപത്രി സൂപ്രണ്ട്) ഉറപ്പാക്കുക. അപ്രകാരം പ്രവർത്തിക്കാത്ത സമിതികളുടെ പ്രവർത്തനം മരവിപ്പിക്കുക.

വി. വിജയചന്ദ്രൻ
ആരോഗ്യ വകുപ്പ് പ്രിൻസിപ്പൽ സെക്രട്ടറി
ആരോഗ്യവകുപ്പ് ഡയറക്ടർ തിരുവനന്തപുരം

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19-2-2000

**GOVERNMENT OF KERALA
ABSTRACT**

Hospital Development Committees - Constitution of Hospital Development Committee in District Hospitals - Revised Orders issued. G.O.(MS) No. 44/2000/I;I&FWD Dtd.TVM. 19-2-2000

- Read: 1 G.O. (MS) No. 132/97/H&FWD Dtd. 8-4-97
 2. G.O. (MS) No. 281/99/H&FWD Dtd. 12-7-99
 3. G.O. (MS) No 436/99/H&FWD Dtd. 25-10-99
 4. Note dated 7-1-2000 from Sri. Rajeeve Sadanandan, Special Secretary (Health).

In the Government Order read as 1st paper above the rules and procedures relating to constitution / reconstitution and working of Hospital Development Committees / Hospital Development Societies were issued. In the Government Order read as 2nd paper above, the Jilla Panchayat Presidents were ordered to be included as non-official members in the Hospital Development Committees of District Hospitals, Women and Children Hospitals and Specialty Hospitals. The Jilla Panchayath Presidents were ordered to be the Chairman (Non Official Member) of Hospital Development Committees of District Hospitals, while the District Collectors continued as official members, vide Government order read as 3rd paper above. Based on the decisions taken in a meeting held by Minister (Health) with Jilia Panchayath Presidents on 5.1.2000 and as per note read 4th above, Government have examined the question of delegating the powers to constitute Hospital Development committees in District Hospitals to Jilla Panchayath Presidents and to make the Lay Secretary of the Hospital the Treasurer of the Hospital Development Committee.

In the Circumstances Government are pleased to order that the Jilla Panchayath President who is the Chairman of Hospital Development Committee shall constitute Hospital Development Committee in District Hospitals also, the lay secretary of Dist. Hospitals shall be the Treasurer of Hospital Development Committees.

The Government Order read as 1st to 3rd above stands modified to this extent.

By order of the Governor
RAJEEVSADANANDAN (SPECIAL SECRETARY)

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4.2.2000**GOVERNMENT OF KERALA****ABSTRACT****No. 25900/N3/99/H&FWD****Health & Family Welfare (E) Department, Dated, Thiruvananthapuram, 4.2.2000****CIRCULAR.**

Sub: HDC/HDS - Function of Hospital Development Committee/ Hospital Development Society in Government Hospitals –Instructions Issued.

Ref. G.O. (MS) No. 26/83/H&FWD Dtd. 29-1-83

As per the G.O. cited above Hospital Development committees were constituted in Hospitals with a view to ensure steady development of the institution and to keep constant vigil on the working of the hospitals. Instructions have been issued, with a view to systematize the working of Hospital Development Committee.

In the Annual Conference of District Collectors and Head of Departments held on 28th and 29th December 1998, the question of financial powers delegated to Hospital Development Committee came up for discussion. After examining the various aspects, Government are pleased to issue the following instructions also for utilization of HDC funds.

1. No permanent employment shall be made. As far as possible the work should be contracted out to other organizations (E.g. Security to Ex-servicemen's League, Cleaning to SEWA, etc.) And individuals should not be engaged.

2. No purchases of vehicles except with Government sanction shall be made.

3. Funds for revenue expenditure should not be spent if budget provisions are available and have not been exhausted. When they are not available due to treasury restrictions, the expenditure may be met from Hospital Development committee funds and then recouped.

4. TA / DA will not be met from HDC Funds.

RAJEEVSADANANDAN , SPECIAL SECRETARY.

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10-5-2000**GOVERNMENT OF KERALA****Abstract**

Health & Family Welfare Department-Friends of Hospital Committees in all Health Institutions in the State - dissolved - orders issued.

Health & Family Welfare (M) Department

3.0 ()113/2000/H&FWD dated, Thiruvananthapuram 10-5-2000.

Read :1) G.O. (P) 381/95/H&FWD dated 19-7-95

2) G.O.(Rt.) 542/96/H&FWD, dated 26-2-1996

3) Lr. No. DPCell/Civil/C-1064/1440 dt 18-11-98 from the Accountant General (Audit) Kerala Branch Office, Thrissur.

4) Lr. No. Report (Civil)-II/OP-38/99/2000216 dt. 18-5-99 from the Accountant General (Audit) Kerala TVM.

5) Lr. No. MH-4-104897/98Dhs dt 16-2-99, 8-2-99, 20-12-99 and 21-2-2000 from the Director of Health Services, TVM.

Government consider that more than one committee is not necessary for looking after the development activities of a Hospital and hence they order that :

(i) The Friends of Hospital Committee constituted in the state vide Government Order read 1st and 2nd above, will be dissolved and their functions transferred to the Hospital Development Committees/ Hospital Development Societies of the Hospitals/institutions concerned.

(ii) The Hospital Development Committee/Hospital Development Societies are given permission to utilise the amount thus transferred for the purpose as prescribed in the Government order read 1st and 2nd above and submit further utilisation certificate within a time span of 6 months from the date of order.

(iii) The Medical Officers will refund the unutilized amount kept in the Friends of Hospital Committees by transferring to the T.P. Accounts of Hospital at Once.

(iv) The District Medical Officers, Medical College Principals of all systems are entrusted with furnishing the physical verification report on the utilization of the amount transferred on or before 31/12/2000.

(By order of the Governor)

K.N. Gopalakrishnan Nair (Joint Secretary)

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28-8-2001

Hospital Development committee / Hospital Development Society – opening of accounts in nationalised bank sanction orders issued.

G.O. No. (MS) / 227/2001 H & FWD dated 28-8-2001

Hospital Development committee / Hospital Development Society – opening of accounts in nationalised bank sanction orders issued.

- Read
1. Circular No. 53072/E1/87/H&FWD dated 3-5-1998
 2. G.O. (MS) 714/94/ Fin. dated 18-11-1994

In the circular read as 1st paper above Govt. have stipulated that the funds collected by the hospital development committees should be deposited only in the treasury saving bank accounts. In the Govt. order read as 2nd paper above, sanction was accorded to open TP a/c in the nearest treasury in the designation of the secretary and treasurer to deposit the funds collected by the hospital development committee by way of O.P. ticket charges. Hospital Development societies / hospital development committees have been setup to enable hospital administration to deliver appropriate and immediate health care to the needy. In order to make them functionally and financially independent Govt. are pleased to permit hospital development societies / hospital development committees to deposit their collection in Nationalised banks in the joint a/c of chairman and the secretary

These orders are issued in supercession of orders read as 1st and 2nd paper above.

Sd/-, Krishnan Moorthy

Secretary to Govt., Health & Family welfare Dept.

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15-01-99

Copy of Lr. No. 45810/M3/98/H&FWD dated 15-01-99 from the secretary to Govt. Health and Family welfare (M) Department, Tvm. to the DMOH Alappuzha.

Sub : Hospital Development Committee - Inclusion of pharmacist / store keeper as special invitees in the meetings of hospital development Committees.

Ref. Lr. No. 46031/E1/95/H&FWD dated 27-9-95

I am directed to invite your attention to the letter cited and to request you to invite representatives of the pharmacist / store keeper of the concerned hospital / PHC as special invitees if the Supdt. and the Chairman consider their presence relevant.

Yours faithfully

Sd/-

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30-05-2002**GOVERNMENT OF KERALA****Abstract**

Hospital Development Committee / Hospital Development Societies - Reconstitution of Hospital Development Committees/Hospital Development Societies in Govt. Hospitals - Modified orders issued.

Health & Family Welfare (M) Department

G.O. (M.S.) No. 121/2002/H & FWD. dated Thiruvananthapuram, 30-05-2002.

Read: 1. G.O.(Ms) No. 277 / 2001 / H&FWD dated 5-11-2001

ORDERS

Sanction is accorded for the inclusion of a representative each of Indian Medical Association and Kerala Government Medical Officers Association in the Hospital Development Committees of Government Hospitals under health Services Department and for the inclusion of a representative or Kerala Government Medical College Teacher's Association in the Hospital Development Committee/Hospital Development Society of Medical College Hospitals.

Sanction is also accorded for the inclusion of representative of Red Cross Society in the Hospital Development Committee/Hospital Development Society of District Hospital/ Hospital Development Society of Medical College, Trivandrum

The Government Order read above stands modified to this extent.

(By order of the Government)

K.K. Narayanan Namboothiri, Joint Secretary

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13-11-1987**GOVT. OF KERALA****No. 53072/E1/87/ H&FWD, Health & FW (E) Department, Tvm, Dated 13-11-1987****CIRCULAR**

Sub : Hospital Development Committee - Functioning of the committees - Purchase of equipments, vehicles etc. guidelines issued.

- Ref: 1. Circular No. 62607/K3/81/HD dated 28-8-84
 2. Circular No. 13517/K3/85/HD dated 15-3-85
 3. Circular No. 36069/K3/85/K&FW dated 1-1-86
 4. Circular No. 52256/K3/84/H&FWD dtd. 27-2-86
 5. Circular No. 65233/K3/86/H&FWD dtd 3-4-87

In G.O.(MS) 26/83/HD dated 25-1-83, Government have inter alia specified the rights and responsibilities of the Hospital Development committees. It has been brought to the notice of the Government that certain Hospital Development Committees are utilising the funds raised from public for purchase of equipments, vehicles etc. and are resorting to capital constructions without observing rules of purchasing delegation of powers and administrative instructions. This has led public criticism also.

(2) In the circular cited detailed instructions were issued to all purchasing officers under the Health Services Department and the Medical Education Department in regard to purchase of machinery and equipments. District Collectors, Director Medical Education, Director of Health Services, District Medical Officers, Principals of All medical Colleges and suptds. of all hospitals are requested to strictly adhere to the instructions read above while making purchase of equipments, vehicles etc. out of the funds raised by the hospital development committees. The Following guidelines are also issued in the matter.

(i) No purchase exceeding Rs. 10000/- (Rupees Ten Thousand only) shall be made by Hospital Development Committee without specific approval of the head of the Department.

(ii) All purchase made out of the funds of the hospital Development committee shall be only in accordance with the financial delegation and subject to observation of stores purchase Rules.

(iii) The Hospital Development Committee will not undertake any construction works/repairs other than those permitted as per GO.(MS) No. 26-85-HD dated 29-1-83.

(iv) For any construction undertaken by the Hospital development committee, is should be ensured that Government sanction is obtained before the works are started.

3. The Chairman / Secretary and Treasurer of all the Hospital Development Committees will follow the all above guidelines, scrupulously. District Collectors are requested to furnish the full details of the purchases effected the Hospital Development Committee especially in regard to equipments, vehicles etc. to Government within two weeks.

4. Orders on the following points will be issued seperately.

- (i) Deposit and Utilisation of funds collected by the committee.
 (ii) Control of equipments / vehicles. (iii) Appointments to post, if any.

By order of the Governor

V. Krishna Murthy, Secretary to Government.

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4-7-92**GOVT. OF KERALA****HEALTH & FAMILY WELFARE (E) DEPARTMENT****CIRCULAR****No. 12691/E1/92H&FWD****Dated : TVM, 4th July 92**

Sub : Hospital Development Committees - Functions of the Committee- Purchase of Equipments, Vehicles and other items - revised guidelines issued.

- Ref : 1) Circular No. 53072 / E1/87/H&FWD dated 18-11-1987 & 3-5-88
 2) Circular No, 49230/E1/87/H&FWD dated 7-10-1988
 3) Circular No. 21687/E1/89/H&FWD dated 5-5-1989

In the Circular cited Govt. have issued certain guidelines for the functioning of the Hospital Developmemnt Committees and the procedures to be followed for the purchase and maintainance of equipments and other other items purchased with Hospital Development committee funds.

The following further instructions in this regard are issued.

Funds collected by Hospital Development Committee can be utilized for the purchase of medicines, bandages, cotton, suture materials, plaster, disinfectants, suction apparatus, printing of OP tickets, case sheet, essential hospital registers, purchase of utensils like buckets for emergencies, maintenance of buildings, furniture and equipments, cleaning of hospital and premises, purchase of furniture and equipments and construction of addl. infrastructure facilities subject to the terms and conditions specified in the circular cited.

The HDC's shall appoint security staff and staff for collection of funds from the public subject to the condition that expenditure towards the pay an allowances etc. will be met from the HDC's funds. Govt. reiterate that no expenditure outside the items specified above in respect of non-development expenditure should be incurred without prior approval of Govt.

G. Gopalakrishna Pillai
Commissioner & Secretary to Govt

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25-1-1999

GOVT. OF KERALA

Abstract

Hospital Development Society / Hospital Development Committee Delegation of Powers to the HDC - enhancement of monetary limits-sanctioned orders issued.

HEALTH & FAMILY WELFARE (M) DEPARTMENT

GO(MS) No. 30/99/H&FWD

dated Trivandrum 25-1-1999.

- Read 1. GO (MS) No. 26/83/H&FWD dated 29-1-83.
2. Circular No, 53072/E1/187/HD dated 18-11-87
3. Circular No. 12691/E1/92/HD dated 4-7-92
4. GO(MS) No. 92/94 H&FWD dated 26-4-94
5. GO(MS) No. 189/97/H&FWD dated 30-6-1997

ORDER

In the conference of District Collectors held on 28-12-98 it was pointed out that the monetary limit of the hospital development committees was extremely low. Govt. have examined the matter and are pleased to enhance the monetary limit as noted below :

- For all medical colleges and general hospitals of Trivandrum, Eranakulam and Kozhikode : Rs. 10 lakhs (Rupees Ten Lakhs only)
- For District Hospitals and District level W&C's : Rs. 5 lakhs only (Rupees five lakhs only)
- For Taluk Hospitals : Rs. 2.5 lakhs (Rupees two lakh fifty thousand only)
- For all other hospitals : Rs. 1 lakh only (Rupees one lakh only)

The expenditure on monthly establishment charges shall not exceed 35% of the total monthly receipts of the hospital development committee as ordered in the govt. order read as 3rd paper above.

Also as far as possible the amount shall be utilised for the improvements of the infrastructural facilities and other items as stipulated in the circular read as second and third above, without any post creations.

By order of the Governor
B. Leela Kumari, Joint Secretary

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8-6-2000

GOVERNMENT OF KERALA

ABSTRACT

Hospital Development committee / Hospital Development Society – Guidelines for appointment daily wages staff payment of daily wages – Instructions – Orders issued

HEALTH & FAMILY WELFARE (M) DEPT.

G.O (MS) No. 141/2000/H&FWD,

DATED, TVM, 8-6-2000

- Read: 1. G.O. (MS) 26/83/HD. Dated, 29-1-1983
2. G.O. (MS) 141/97/H&FWD. Dated, 25-4-1997
3. G.O. (MS) 189/97/H&FWD. Dated, 30-6-1997
4. G.O. (P) 1078/95/Fin. Dated, 20-12-1995
5. G.O. (P) 1187/99/Fin. Dated, 29-3-1999

6. Govt. Letter No:28562/M3/99/H&FWD. Dated, 20-7-1999
 7. Govt. Circular No: 22694/M3/99/H&FD Dated. 4-9-1999

ORDER

As per Government Order read as 1st paper above, orders were issued to constitute Hospital Development Committees in various hospitals in the State. In order to have a uniform procedure with regard to appointment and continuance of daily wages staff of Hospital Development Committees/ Hospital Development Society, certain guidelines were issued in the Government Order read as 2nd paper above. It was stipulated therein, that the rates fixed by Government in Government Order read as 4th paper above shall apply to Hospital Development Committee staff with regard to daily wages. Consequent on the issuance of Government Order read as 5th paper above, it was further instructed vide letter, read as 6th paper above that the daily wages staff under Hospital Development Committees shall be paid in accordance with the rates fixed therein. Now it has come to the notice of, Government that many OPs have been filed claiming payment of daily wages in accordance with Government Orders. Moreover, Hospital Development Committees are also facing difficulty in raising the wages and limiting the, establishment expenses to 35% stipulated in the Government Order read as 3rd paper above.

Government have examined this matter in detail The Hospital Development Committee/ Hospital Development Society are autonomous in nature. No funds from consolidated Fund is involved. No Government grant or loan is being paid. As such Government cannot impose a rate on the casual labourers engaged by Hospital Development Committees for managing the day to day affairs of the Hospital The wages of Hospital Development Committee staff are met from Hospital Development Committee funds and no posts have been created under Hospital Development Committees. Therefore the directions regarding payment of daily wages issued by Government in the Government Order read as 2nd paper the letter read as 6th paper and the circular read as 7th paper above will apply only to those staff who have been appointed against sanctioned posts on daily wages. In these circumstances, Government order that

(i) Government orders fixing daily wages will be applicable only, to those staff who are appointed against Government sanctioned posts i.e., those posts, lying vacant due to dearth of regular PSC / Employment Exchange hands.

(ii) Wages of daily wages staff under Hospital Development Committees shall be fixed within the financial capacity of each Hospital Development Committee, the maximum limit being the rate fixed for any particular post by Government.

By Order of the Governor

V. VIJAYACHANDRAN (Principal Secretary)

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19-03-1996

ABSTRACT

Health & Family Welfare Department - Hospital Development Committees / Hospital Development Societies - guidelines for payment of honorarium to the departmental staff for attending the works relating to the hospital development committee / hospital development society- orders issued.

HEALTH & FAMILY WELFARE (E) DEPARTMENT

G.O(M.S.) No. 148/96/H&FWD

dated Tvm. 19-03-1996

ORDER

It has come to the notice of the Govt. that certain Govt. employees are attending the works relating to hospital development committees/Hospital development societies in addition to their normal official duties and responsibilities where the hospital development committees have not appointed their own staff on daily wages / contract basis.

2. Government have examined the matter in detail and pleased to order for the payment of honorarium to one clerk and one peon at the rate of Rs. 200 and Rs. 100 per month respectively from the hospital development committee funds who are entrusted with the additional works relating to the hospital development committee/hospital development society and the normal official duties and responsibilities.

By order of the Governor,

K.V. Cherian, Deputy Secretary

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16.8.96

Copy of Govt. letter No. 24974/E1/96 H&FWD dtd. 16.8.96 from the secretary to the Govt. H & FWD (E) Dept. Tvm. addressed to the Secretary and Treasurer HDC, G.H. Pathanamthitta with copy to the District Medical Officer of Health Alappuzha

Sub : Hospital Development Committee - payment of honorarium to Lay Secretary and Treasurer and Pharmacist store keeper / store Supdt.- request rejected.

Ref. your Lr. No. A3/508/96 dated 3-5-96.

I am directed to invite reference to the letter cited wherein you have requested orders for the payment of honorarium to the Lay secretary and Treasurer and pharmacist store keeper / store Supdt. at the rate of Rs. 300 and Rs. 200/- per month respectively for the additional work pertaining to the hospital development committee. I am to inform you that govt. have examined the proposal and rejected the request for payment of honorarium to regular staff like Lay secretary and Treasurer and pharmacist store keeper / store Supdt. on the grounds that the service rendered by the hospital development committee as a voluntary service and for helping them by Govt. official for the betterment of the hospital, no additional remuneration as honorarium need be given.

Sd/-
Secretary to Govt.

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22-4-2000.**GOVERNMENT OF KERALA****No. 9678/M3/2000/H&FWD.****Health & Family welfare (M) dept. Thiruvananthapuram, dtd. 22-4-2000****CIRCULAR**

Sub : Hospital Development Society / Hospital Development Committee - Establishment Charges exceeding the limits stipulated by Govt. Regularisation - Instructions - issued.

It has come to the notice of Government that in many of the Internal Audits on the accounts of the Hospital Development Committee/Hospital Development Society by the director of Health Services & Director of Medical education and conducted by the Accountant General, whenever regularisation of establishment expenditure incurred beyond the limits prescribed by the Government is called for, the District Medical officers would levy them as the personal liability of the Superintendents of the hospital who held the post, in the dual role of Secretary & Treasurer of the Hospital development Committee/Hospital Development Society. The decision to incur the expenditure is always taken by the committee and the superintendent only executes. The practise of counting the excess expenditure incurred by the Hospital Development committee against the person liability of the superintendent, who has neither misappropriated the money, nor had committed any dereliction of duty, without initiating any disciplinary action is highly irregular and it is an action of victimisation of innocent Government officials.

Government, therefore, instruct that incurring of establishment charges exceeding the limits prescribed by Government should not be treated as personal liability of the Superintendent of the Hospital who is also the Secretary & Treasurer of the Hospital Development Committee/Hospital Development Society. Moreover financial liability should not be levied on a personnel, without fixing responsibility by competent authority. On the other hand Superintendents has to ensure that the 35% limit is not exceeded without Government sanction. When such decisions are taken, the matter should be referred to Government for orders.

Rajeev Sadanandan
(Special Secretary)

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08-9-2002**CIRCULAR**

Copy of Circular No. 38019/H3/02/H&FWD dated 08/9/02 from Secretary to Govt. Health and Family Welfare Department, Tvm. to the DMOH, Alappuzha.

Sub : H & FWD-Opening of Telephone Booths, canteens, Milma Booths etc. in the premises of Hospitals - revised instructions issued reg.-

Ref : GO(Rt) No. 4660/94/H&FWD dated 21-12-94

Circular No. 39363/F2/95/H&FWD dated 16-09-1995

In the circular read above govt. have directed that the applications to start booths in the premises of Medical Colleges hospitals and district hospitals with the unanimous recommendation of the

Hospital Development committee need only be forwarded to the Govt. for consideration.

In the case of application received up to the level of Taluk Hospitals the authority to take the decision to sanction booths was vested with a committee of officers including District Collector, District Medical officer and the concerned Hospital Supdts.

Govt. hereby direct that the power to sanction booths, canteen etc. at the premises of Govt. Hospitals shall be vested with the Chairman of the concerned HDC/HDS (with the unanimous recommendation of the HDC/Hospital Development Society.

Sd/-

K. Ramamoorthy, Secretary to Govt.

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6-2-1979

HOSPITAL STOPPAGE

G. O. on Hospital stoppages dues to be collected by Revenue recovery procedures Copy of G. O. (MS) NO. 49176/HD Health (G) Department, Trivandrum, dt. 6-2-1979

Levy of charges in Government Medical institutions-proof of income acceptance of incomes as recorded in ration card-orders issued.

Read: I. G.O. (P) No 3/76/HD dated, 2-1-1976.

It has been brought to the notice of Government that the delay in obtaining identity and income certificates are causing difficulties to patients in getting admission in Government Hospital and dispensaries. The following instructions are there fore issued.

1. For the time being, family income as recorded in the ration card of the patients/guardian will be accepted as proof of income unless the patients/guardian produces separate income and identity certificate. The card number, full address etc. will be noted In O.P Ticket/case sheet and random verification of the income will be made through the revenue Authorities.
2. The income will be recorded by the person who issues the ticket, and the Medical Officer who treats/ admits the patient will satisfy himself regarding the recording of the income.
3. In case of emergency when the patient is too ill or unconscious or its otherwise unable to produce the certificate or ration card, the Medical Officer will treat the patients and request the bystander if any to produce identity and income certificate or ration card of the patient and to deposit necessary charges.
4. The case of patients who abscond or otherwise leave without remitting charges will be so recorded in the case sheet by the Medical Officer and steps will be initiated for realisation of the dues through Revenue Recovery procedures. and if efforts are futile, it should be so recorded in the case sheet and will be considered sufficient for audit purposes.
5. The responsibility for collection of charges from the patients will be with the Medical officer attending on the patient.
6. In Medico-legal cases also the charges prescribed will be levied.
7. Centralised collection system may be arranged for the collection of charges from the patients as far as possible.
8. Every efforts should be made to get the ration card or any other certificate to show the income, but inability to produce it should not be taken as ground for denying treatment for anyone who is otherwise eligible for it. In such cases the correct address should be ascertained and the income got verified later through the Revenue Authorities.

(By order of the Governor)

I. Gopalan, Deputy Secretary to Government.

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10-7-80

HOSPITAL STOPPAGE

PA.C. Order: M.Os. Should pay the dues if patients do not do it.

Copy of circular No. AB 5-69669179/DHS dt, 10-7-80 from the Director of Health Services, Trivandrum to All Dist. Medical Officers (H).

Sub : Public accounts committee-1972- 73 Xth Reports Recommendation -implementation -reg. Ref : This officer Endt. of even No. Dt. 20-6-1980.

Please refer to this office endt, of even No. dt. 20-6-80. Govt. in their letter No. 5801/79/HD dt. 7-6-80 have intimated that the committee on Public Account committee 1972-73 in its Xth report has ordered in respect of dues on account of Hospital stoppages that the amount should

be recovered from the Medical Officer responsible. Government have also ordered to issue strict instructions to the officers concerned for the prompt collection of dues towards the Hospital stoppages. If there are lapses on the part of the Medical Officers the amount should be recovered from the Medical Officer responsible.

Hence the officer in the despatch entry are requested to issue strict instructions to the subordinate officers for the prompt collection of dues towards hospital stoppages without fail.
Sd/ Director of Health Services.

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8-2-1994

**GOVERNMENT OF KERALA
ABSTRACT**

Recommendations of the Resource Commission -Revision of rate. of various hospital charges -accepted - Orders issued.

HEALTH AND FAMILY WELFARE (G) DEPARTMENT

G.O.(P) 27/94/H&FWD.

Dated, Thiruvananthapuram, 8-2-1994

Read- :- Report of the Resources Commission published in February, 1993.

ORDER

1. The Resources Commission in its report read above has pointed out that the quality of services in the field of health has been fast going down. It has become almost impossible to keep up the supply of medicines and even ordinary hospital materials. The system of charging hospital services based on income declaration has not worked. The Resources Commission has recommended that it is necessary to define the responsibilities that Government can discharge at its cost and those for which people will have to bear the cost.

2. The Resources Commission has also recommended that charge should be levied/ increased on a variety of hospital services, in order to make a fair Stlm of money available for the hospitals. The Resources Commission has also recommended that the fees so collected may be allowed to be retained in the hospitals, instead of forming part of the general revenue. This is to assure the public that the fees collected will be used then and there for improving the hospital services. It will be the responsibility of the Hospital Development Committee to see that the funds collected, as well as those received through charity or donation are used for maintaining the hospital premises, repair of equipment and aids, supply of costly medicines to genuinely, poor patients, making up for shortfall in supply of hospital materials etc.

3. Government, have carefully considered the recommendations of the Resources Commission and , are pleased to accept the recommendations, and revise the rates/fees for various services in Medical . College Hospitals and all other Government hospitals w.e.J. 1-4-1994 as shown in the annexure to this order.

4. All such funds realised would be credited to the Hospital Development Committee fund. Government also further order that

(i) Where any hospital/dispensary at present is charging fees at rates higher than that notified in the annexure, that rate would continue to be applied.

(ii) Charges for treatment in all Primary Health Centres T.B., Sanatorium, Leprosy hospitals and Mental Health Centres would continue to be free to all members of the public.

(iii) all hospital charges in connection with Family Planning operation/treatment would continue to be free.

5. Government are also pleased to order that genuinely poor patients upto a maximum of 30% of all the patients visiting the Government medical institution would be entitled to free treatment. Detailed guidelines on the manner of identifying such genuinely poor patients would be issued by Government seperately.

6. Government also note that the medical college hospitals are in fact there, on account of the medical colleges. The facilities of the medical college, both staff and equipment and laboratories are used by the medical. college hospital and are the main stay and justification for the existance of the medical college Hospital itself. With this in view, Government are also pleased to order that 30% of the additional income due to the levy of charges by the medical

college hospitals as indicated in the Annexure would go towards the development of the respective medical colleges for improvement of the college laboratory facilities (which are used by the public) repair of equipments, purchase of library books etc.,

7. The Principal of the Medical College will submit necessary proposal from time to time to the hospital development committee for release of funds for the above purpose.

8. The Hospital Development Committee will keep proper accounts for the receipt and expenditure of the charges realised.

9. Government also order that full rates of charges as indicated in the Annexure would be levied from all occupants of payward and these would also be credited to the Hospital Development Committee Fund.

By Order of the Governor.
GOPAI KRISHNA PILLAI, Secretary to Government.

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01-8-1996

**GOVERNMENT OF KERALA
ABSTRACT**

**HEALTH AND FAMILY WELFARE DEPARTMENT- HEALTH CARE- FEE FOR O.P. TICKETS IN
HOSPITALS- COLLECTION DISCONTINUED- ORDERS ISSUED
HEALTH AND FAMILY WELFARE(G) DEPARTMENT**

G.O.(MS) No. 288/96/ H&FWD Dated Thiruvananthapuram 01-8-1996

Read 1) G.O. (M.S) No. 56/92 H&FWD dated 21-4-92
2) G.O.(MS) No. 124/92/H&FWD Daed 12-11-92

ORDER

Government order that the Fee being collected from patients while issuing O.P. Tickets in Allopathic, Ayurveda and Homeopathic Hospitals in the state is dispensed with immediate effect

By order of the Governor
V.VIJAYACHANDRAN,
Secretary to Government

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9-10-2001

**GOVERNMENT OF KERALA
ABSTRACT**

**Health & Family Welfare Department - Mobilisation of Non Tax Revenue - Revision of
rates of various Hospital Charges and Fees - Revised Orders issued.**

HEALTH & FAMILY WELFARE (M) DEPARTMENT

GO(P) No. 251/2001H&FWD Thiruvananthapuram Dated 9-10-2001

Read:- 1. GO(P) No. 27/941H&FWD dated 8-2-1994.
2. GO(P) No. 668/97/Fin. Dated 6-8-1997.

ORDER

1. The Expert Committee constituted as per the Government Order read as second paper above have recommended interalia to enhance the various fees, rates etc. charged by the Departments, Hospitals and other institutions coming under the Health & Family Welfare Dcpt.

2. Government have examined the recommendations in detail 'and are pleased to revise the rates, fees and other charges under the Health & Family Welfare Department as shown in the annexure to this order.

(By Order of the Governor)
N. Chandrasekharan Nair
Principal Secretary to Government.

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12-6-2002**Copy of Letter No. MH8. 1246/02/HS dated 12-6-2002 from the Director of Health Services, TVM, to the District Medical Officer of Health, Alappuzha.**

Sir,

Sub : Modification of Hospital Charges and Fees further clarification - reg.

Ref : G.O.(P) No. 115/02/H&FWD dtd. 22-5-02.

Following Clear directions are issued for the collection of Hospital Charges.

1. The revised rate of Hospital Charges and fees issued as per G.O.(P). 251/01/H&FWD, dated 9.10.01 was with-drawn by Government as per GO(P) 115/02/H&FWD dt. 22-5-02. Hence the G.O.(P). No. 27/94/H&FWD dtd. 8-2-94 stands good.
2. The guidelines for indentifying poor patients procedure is same as stated in the G.O.(P) No. 27/94/H&FWD and subsequent G.O.(P) 83/94/H&FWD dtd. 11-4-94, the income limit for availing free services was enhanced to Rs. 1,500/-. Subsequently as per the G.O.(P) 56/02/H&FWD, has issued guidelines regarding indicates to identify BPL patients.
3. The Head of all subordinate institutions here by directed to collect the various hospital charges. As per G.O.(P) 27/94/H&FWD. dt. 8-2-94 with immediate effect.

Yours faithfully,

For Director of Health Services.

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No. D1-1107/02**District Medical Officer (Health)
Alappuzha, Dt. 19-1-2002.**

From

The District Medical Officer of Health

To

The Superintendent / Medical Officer i/c
Govt. Hospital / PH Centre

Sir,

Sub : Senior Officers Conference - Minutes - HDC Fund Utilization - reg:

Ref : O & M4 113465 / 01/DHS. Dtd. 11-1-2002.

The Extract of the para 30 of the minutes of the senior officers conference held on 29-12-01 at Govt. guest house, Thiruvananthapuram is forward herewith for necessary action.

The Hospital Development Committee Fund can be utilized for the benefit of the hospital by providing infrastructure development, providing extra service personnels, and for the welfare measures of patients and bystanders such as providing stool, bench, fan, connecting passage for different wards etc.

The action may be taken and reports send his section positively.

Yours faithfully,
District Medical Officer. (Health)

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11-3-2002.**GOVERNMENT OF KERALA****Abstract****Health & Family Welfare Department - Mobilisation of Non Tax Revenue - Revision of Rates of various hospital charges and fees further orders issued.****HEALTH & FAMILY WELFARE (M) DEPARTMENT****G.O.(P) No. 56/2002/H&FWD dated Tvm 11-3-2002.**

Read : G.O. (P) No. 251/2001/ H&FWD dated 9.10.2001

ORDER

As per G.O.(P) 27/94 H&FWD dated 8.2.94 the concessions were given to poor patient and it was ordered that the patients having monthly family income less than Rs. 500/- would be entitled to free services in all Govt. Medical Institutions.

2. In the G.O.(P) 27/94 H&FWD the guidelines were issued to identify poor patient - production of income certificate from Revenue Authorities, Persons who are in receipt of Social security benefits of the state govt. if produces relevant document, all members of SC/ST who produce documents and declaration regarding income, freedom fighters - in cases of doubts "Assessor" will assess the income status.

3. Subsequently in G.O.(P) 83/94 H&FWD dated 11.4.94 the income limit for availing free services was enhanced to Rs. 1500/- per month. The identifying poor patient procedure was same as stated in G.O.(P) No. 27/94 H&FWD.

4. Govt. have issued revision of Rates of various hospital charges and fees as per govt. order read above. The following further orders are issued in the matter.

"Below poverty line" will be used as an indicator to identify poor patient. user charge and fees will not be collected from "Below poverty line" (BPL) families.

To prove "Below poverty line" status the patient will have to produce his ration card having "BPL" stamped on the ration card or certificate from panchayat or revenue authority.

In case of medical emergencies those admitted will be given 3 days time to produce ration card / certificate for claiming concession.

In case of doubt the patient concerned will be referred to the committee in the hospital to decide "BPL" status and extending concessions.

In all the hospitals a committee shall be constituted consisting of hospital Supdt./Dy. Supdt./ RMO/ARMO and lay Secretary / Supdt. for the above purpose.

By order of the Governor, Sd/-

N. Chandrasekharan Nair, Additional Chief Secretary.

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22.5.2002.

കേരള സർക്കാർ

സംഗ്രഹം

ആരോഗ്യ കുടുംബക്ഷേമ വകുപ്പ് - നികുതിയിതര വരുമാന സമാഹരണം ചികിത്സാ ഫീസിനത്തിൽ ആശുപത്രികളിലെ വിവിധ നിരക്കുകൾ പരിഷ്കരിച്ചത് പിൻവലിച്ചുകൊണ്ട് ഉത്തരവ് പുറപ്പെടുവിക്കുന്നു.

ആരോഗ്യ കുടുംബക്ഷേമ (എം) വകുപ്പ്

സർക്കാർ ഉത്തരവ് (പി) നം. 115/2002 ആ.കു.വ. തിരുവനന്തപുരം, തീയതി 22.5.2002.

വായിക്കുക 9.10.2001ലെ സ.ഉ.(പി) നം. 251/2001 ആ.കു.വ.

ഉത്തരവ്

മേൽവായിച്ച ഉത്തരവ് പ്രകാരം പ്രഖ്യാപിച്ച ആശുപത്രി ചികിത്സാഫീസ് നിരക്ക് വർദ്ധനവ് ഇതിനാൽ പിൻവലിച്ചുകൊണ്ട് ഉത്തരവ് പുറപ്പെടുവിക്കുന്നു.

ഗവർണ്ണറുടെ ഉത്തരവിൻപ്രകാരം,

കെ. രാമമൂർത്തി, സെക്രട്ടറി

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16-3-1994

HEALTH CODE COMMITTEE

GOVERNMENT OF KERALA

ABSTRACT

Health Services Department - Constituting of A Health code committee -Sanctioned - Orders issued.

HEALTH AND FAMILY WELFARE (A) DEPARTMENT

G. O. Rt. No. 860/94/H&FWD

dated Thiruvananthapuram, 16-3-1994

Read: Minutes of The meeting held at 3 P.M. on 6-1-1994 in the chamber of secretary (Health)

ORDER

At the meeting held in the chamber of secretary (Health) on 6-1-1994 with the representatives of the Kerala Government Medical Officers Association, it was agreed to constitute a Health Code committee which would evaluate an up dated Health Code Defining the all activities, functions of Hospital. duties and responsibilities of the medical officers atvarious levels.

2. In the circumstances government are pleased to constitute a committee to prepare Health Code with following members.

1. Director of Health Services (M&PH) -Chairman
 2. Additional Director of Health Services - Member
 3. Additional Director of Health Services (Planning) - Member
 4. Representative of Kerala Government Medical Officers Association- Member
 5. Senior Administrative officer - Member
3. The committee will submit the draft Health code to Government within six months.

(By order of the Government)

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OTHER DUTY POSTINGS

10-4-1993

No. EA3 -29974/921DHS Directorate of Health Services Thiruvananthapuram, dt. 10-4-93
CIRCULAR

Sub : Posting of Medical officers for Festivals, Cycle Rallies Kootta Ottam, School festivals etc. instructions issued. .

Kerala Government Medical Officers Association has represented that when doctors are posted for special duties like festivals, Cycle Rallies. Koota Ottam etc. it should be only with their willingness and they have to be always remunerated.

The following general guide lines are therefore Issued for the information of all concerned.

1. District Medical Officers of Health are the authorities to Decide when the Services of Government doctors are to be utilised in public interest. In rural areas covered by P.H.Cs in general. the District Medical Officer of Health will settle the problems in consultation with Medical Officers of the P.H.C concerned.

In Urban, Municipal and city areas, the District Medical Officers of Health will again in general, use their discretion in this matter.

2. While posting doctor for such duties the District Medical officers of Health would lay stress on the following points, in general.

a. The organisations which require the services of Government doctors have to intimate the doctors, superintendents of hospitals and District Medical Officers of Health well in advance say one month.

b. In Government activities, the attitude of the doctors has to be one of co operation and participation and not reluctance.

c. It will not be possible to obtain willingness in all occasions.

3. The problem of remuneration in deserving individual instances can be considered after discussion with the Government.

Director of Health Services.

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6-5-1994

GOVERNMENT OF KERALA ABSTRACT

Demand of Kerala Government Medical Officers Association - Remuneration for other duties - Guidelines issued. HEALTH AND FAMILY WELFARE (A) DEPARTMENT

G.O. Rt. No. 1332194/li&FWD

Dated Thiruvananthapuram 6-5-1994

O R D E R

The Kerala Government medical Officers Association has represented to Government that very often medical officers in the Health Services Department are called for special duties. sports, Medical Checkup camps sponsored by quasi Government / Private agencies etc. In such cases the medical officers are not usually allowed any special remuneration. Hence the association has requested Government to sanction remuneration for such duties.

2. Government have examined the issued in detail and are pleased to issue following guidelines in this regard.

(1) Normally medical officers in the Health Services Department will be deputed for VVIP duties. Medical camps etc. organised by Government alone.

(2) As far as possible, Medical Officers in the Health Services Department will not be deputed for medical camps, tournaments and such other functions arranged by private organisations.

(3) If the Medical Officers have to be deputed for Such duties which are organised by private institutions/individuals on specific orders of competent authority they are entitled to get a remuneration of Rs. 100/ (Rupees Hundred only) per day payable by the private agencies sponsoring the medical camps and such other agencies sponsoring the medical camps and such other activities, which require presence of medical officers.

(By order of the Governor)

K.F. Thressiamma Joint Secretary

* * * * *

9-12-1998

GOVERNMENT OF KERALA

NO. 12471/A2/98 H & FWD

Health & Family Welfare (A) Dept. Thiruvananthapuram 9-12-1998

CIRCULAR

SUB:- Posting of Medical Officers in the Health Services Department on other duties and VIP duties - Instructions issued.

It has come to the notice of Government that necessary facilities are, not being provided to the Medical Officers of Health Services Department while they are posted on other duties and VIP duties. The Medical Officers are therefore experiencing lot of difficulties to discharge their duties. In the circumstances, Government issue the following instructions regarding the other duties and VIP duties by Medical Officers of Health Services Department.

1. Proper accommodation and 'food are to be provided to the Medical Officers and their team.
2. Protocol Department is to clearly 'specify where and to whom the Medical Officers should report, at least five days in advance.
3. Sufficient early notice is to be given to the Medical team.
4. Medical-Officers are to be exempted from other duties like Festival, Melas, Marathon Koottayotom etc. as far as possible and the organizers should make their own arrangement for Medical support. In exigencies they are to be deputed subject to the following conditions:-
 - (i) The willingness of the Medical officers are to be obtained by the organizers.
 - (ii) Remuneration of Rs. 200 is to be paid for the extra duty per day.
 - (iii) Proper accommodation, transportation, food etc., are to be provided by the organizers.

The District Medical Officers/District Collectors/Heads of Departments are directed to follow the above instructions strictly.

V. VIJAYACHANDRAN,
SECRETARY TO GOVERNMENT

* * * * *

27-9-1985

CODE OF MEDICAL ETHICS

From.

The registrar
Medical Council Red Cross Road, Trivandrum

To

The Secretary
Kerala Government Medical Officers Association

No: F/1591/84

27th September 1985

Sir.

Sub : Code of Medical ethics Violation of
Ref : Nil

As Directed by the medical council am Forwarding herewith an extract of para 3 (Advertisement) of the code of medical ethics for favour your information and necessary action. I request that the contents of the para may be brought to the notice of the members of your organisation.

Yours faithfully
Sd/ Registrar.

EXTRACT OF PARA 3 OF THE CODE OF MEDICAL ETHICS.

“Solicitation of patients directly or indirectly by a physician by group of physicians or by institutions or organisation is unethical. A physician shall not make use of or aid or permit others to make use of him or (his name) as subject of any form or manner of advertising or publicity through lay channels either alone or in conjunction with others which shall be of such a character as to invite attention to him or to his professional position, skill qualification, achievements, attainment, specialities. appointments. association. affiliations or honours and or of such character as would ordinarily result in his self aggrandisement nor shall he give to any person who soever. whether for compensation or otherwise. any approval, recommendations, endorsement, certificate report or statements with respect to any drug, medicine, posters, remedy, surgical or therapeutic article, apparatus, or appliance or any commercial product or article with respect of any proper quality or use thereof on any test. demonstration of trail thereof, for use in connection with his name, signature or photograph in any form or manner of advertisement through lay channels nor shall be boast of cases, operations, cures or remedies or permit the publication of report thereof through lay channels. A medical practitioner is permitted for formal announcement in press regarding the following.

- 1. On starting practice.
- 2. On change of type of practice.
- 3. On changing address.
- 4. On temporary absence from duty.
- 5. On resumption of practice.
- 6. On succeeding to another practice.

Sd/-Registrar

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MEDICAL OFFICERS AND PRIVATE PRACTICE

29-6-1971

KERALA GOVERNMENT SERVANT’S CONDUCT RULES, 1960

Substituted by G.O. (P) 167/71 PO dt 9-6-1971 in KG NO. 25 at 29-6-1971

A Medical Officers employed under Government shall not maintain or have any interest in private nursing home. hospitals, medical store, or shop or a similar establishment. He is also prohibited from examining or treating patients at private nursing Homes, Hospitals or dispensaries even in an honorary capacity. He may however, examine or treat patients out side duty hours.at his residence or at the residence of the patients but shall not accommodate them as in patients at his residence (and shall not also conduct any operation on the Patients at his or her residence). Medical.officers shall not be allowed to have a private practice during their hours of duty. However for attending emergency cases he may with the written permissions of the Medical officer in charge of the hospitals where he is employed and subject to the condition that alternative arrangements are made by her/ him in the hospital during his absence, leave the hospital.

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സ്വകാര്യ പ്രാക്ടീസ്

ഏപ്രിൽ 1996

ടി. എൻ ജയചന്ദ്രൻ കമ്മീഷൻ റിപ്പോർട്ട്

സർക്കാർ സർവ്വീസിലുള്ള ഡോക്ടർമാരുടെ സ്വകാര്യ പ്രാക്ടീസിനെ സംബന്ധിച്ച് അന്വേഷിക്കുന്നതിനുള്ള ഏകാംഗ കമ്മീഷൻ റിപ്പോർട്ട്

1995 ആഗസ്റ്റ് 14 ാം തീയതിയാണു കമ്മീഷൻ നിയമിതമായത്. 1996 മാർച്ച് 1 വരെയായിരുന്നു കാലാവധി. ശ്രീ. ടി. എൻ. ജയചന്ദ്രൻ ആയിരുന്നു ഏകാംഗ കമ്മീഷൻ.

- 1. സർക്കാർ സർവ്വീസിലുള്ള ഡോക്ടർമാരുടെ സ്വകാര്യ പ്രാക്ടീസ് നിരോധിക്കണമോ വേണ്ട യോ, വേണമെങ്കിൽ ഏതു രീതിയിൽ, ബന്ധപ്പെട്ടു സ്വീകരിക്കേണ്ട നടപടികൾ എന്തെല്ലാം എന്നതായിരുന്നു കമ്മീഷന്റെ പഠന വിഷയം.
- 2. അഭിപ്രായങ്ങളാരാഞ്ഞുകൊണ്ട് കമ്മീഷൻ പത്രങ്ങളിലൂടെ നടത്തിയ അഭ്യർത്ഥനയുടെ ഫലമായി ലഭിച്ച നിവേദനങ്ങൾ ജില്ലാ ആസ്ഥാനങ്ങളിൽ നടത്തിയ പൊതു തെളിവെടുപ്പ്, പ്രസ്സ്

ക്ലബ്ബുകളിൽ നടത്തിയ ചർച്ചകൾ, മെഡിക്കൽ കോളേജുകൾ സന്ദർശിച്ചു നടത്തിയ ചർച്ചകൾ എന്നിവ ആധാരമാക്കിയാണ് കമ്മീഷൻ റിപ്പോർട്ട് തയ്യാറാക്കിയത്. കമ്മീഷൻ 431 കത്തുകൾ ലഭിച്ചു. ഒറ്റയ്ക്കും കൂട്ടായും 493 പേരുമായി കമ്മീഷൻ ചർച്ച നടത്തുകയും ചെയ്തു.

3. സർക്കാർ ഡോക്ടർമാരുടെ ആശുപത്രി ഡ്യൂട്ടി ഒഴിച്ചുള്ള സമയത്ത് ആശുപത്രിയുമായി ബന്ധമില്ലാത്ത രോഗികളുടെ, പ്രതിഫലം പറ്റിക്കൊണ്ടുള്ള ചികിത്സ എന്ന് പ്രൈവറ്റ് പ്രാക്ടീസിനെ നിർവ്വചിക്കാം. 1960 ലെ സർക്കാർ ഉദ്യോഗസ്ഥന്മാരുടെ പെരുമാറ്റ ചട്ടങ്ങളിലെ 50 ാം ചട്ടമനുസരിച്ച് ചില വ്യവസ്ഥകൾക്കു വിധേയമായി സ്വകാര്യ പ്രാക്ടീസിന് അനുവാദം നൽകപ്പെട്ടിട്ടുണ്ട്.
4. 1994 ലെ കണക്കുകളനുസരിച്ച് സർക്കാരിന്റെ ആഭിമുഖ്യത്തിൽ 1249 ആധുനിക വൈദ്യ ചികിത്സ കേന്ദ്രങ്ങൾ (2309 കിടക്കകൾ), 405 ഹോമിയോ കേന്ദ്രങ്ങൾ (905 കിടക്കകൾ) എന്നിവ ഉണ്ടായിരുന്നു. 1995-ൽ സ്വകാര്യ മേഖലയിൽ ചികിത്സാ കേന്ദ്രങ്ങളുടെ എണ്ണം 12618 ആയിരുന്നു (70924 കിടക്കകൾ).
5. എല്ലാ ചികിത്സാ സമ്പ്രദായങ്ങളിലും കൂടി 43412 ചികിത്സകർ നമുക്കുണ്ട്.- അലോപതി 22469, ആയുർവേദം 12966, ഹോമിയോപ്പതി 6563, സിദ്ധവൈദ്യ 1255, യുനാനി 59.
6. കേരള സർക്കാർ രൂപീകരിച്ച കേരള ഹെൽത്ത് റിസർച്ച് ആന്റ് വെൽഫെയർ സൊസൈറ്റി 94 കേന്ദ്രങ്ങളിൽ ആശുപത്രികളോടനുബന്ധിച്ച് പേപ്പർഡുകൾ പണിതിട്ടുണ്ട്. മൊത്തം, 2398 കിടക്കകൾ.
7. സർക്കാർ സർവ്വീസിലുള്ള ഡോക്ടർമാർ പൊതുവെ സ്വകാര്യ പ്രാക്ടീസ് തുടരണം എന്ന അഭിപ്രായക്കാരാണ്. മെഡിക്കൽ കോളേജുകളിലെ ക്ലിനിക്കൽ വിഭാഗത്തിൽപ്പെട്ട ഡോക്ടർമാരും (1154) പൊതുവെ ഇതേ അഭിപ്രായമുള്ളവരാണ്. (നോൺ ക്ലിനിക്കൽ വിഭാഗം ഇപ്പോൾ സ്വകാര്യ പ്രാക്ടീസിന് അനുവാദമില്ല) (642) പൊതുവെ സ്വകാര്യ പ്രാക്ടീസിനെതിരാണ്.
8. മെഡിക്കൽ വിദ്യാർത്ഥികൾ പൊതുവെ സ്വകാര്യ പ്രാക്ടീസിനെതിരെ ശക്തമായ നിലപാടാണ് സ്വീകരിച്ചു കണ്ടത്. തങ്ങളുടെ അധ്യായനത്തേയും കോളേജ് ആശുപത്രികളുടെ ചികിത്സയേയും അതു പ്രതികൂലമായി ബാധിക്കുന്നു എന്നവർ ചൂണ്ടിക്കാണിക്കുന്നു.
9. കമ്മീഷനു മുമ്പാകെ തെളിവ് നൽകിയവരിൽ ഭൂരിപക്ഷവും സ്വകാര്യ പ്രാക്ടീസിനെ അനുകൂലിക്കുന്നവരാണ്. (അല്പം ഭേദപ്പെട്ട സാമ്പത്തിക ശേഷിയും, വിദ്യാഭ്യാസവും സാമൂഹ്യ സ്ഥിതിയുമുള്ളവരാണിവരിലേറിയ കുറും). അതേ സമയം തങ്ങളുടെ തിക്താനുഭവങ്ങളുടെ വെളിച്ചത്തിൽ പലരും സ്വകാര്യ പ്രാക്ടീസിനെ എതിർത്തിട്ടുണ്ട്. പ്രമുഖ വ്യക്തികളും പത്രപ്രവർത്തകളും ഇക്കാര്യത്തിൽ ഭിന്നാഭിപ്രായക്കാരാണ്.
10. നിലവിലുള്ള ചികിത്സാ സൗകര്യങ്ങൾ അപര്യപ്തങ്ങളാണെന്നും അവ മെച്ചപ്പെടുത്താണെന്നുമുള്ള അഭിപ്രായമാണെല്ലാവർക്കുമുള്ളത്. സർക്കാർ ആശുപത്രികളിലെ മാൽപ്രാക്ടീസ് നിരോധിക്കേണ്ടതാണെന്ന കാര്യത്തിലും എല്ലാവരും യോജിക്കുന്നു. സർക്കാർ ആശുപത്രിയിലെ ചികിത്സാ സൗകര്യങ്ങൾ ഉപയോഗപ്പെടുത്തുന്ന രോഗികളിൽ നിന്നും ഡോക്ടർമാർ പ്രതിഫലം പറ്റുന്നതാണു മാൽപ്രാക്ടീസ്. സ്വകാര്യ പ്രാക്ടീസ് വലിയൊരളവിൽ മാൽപ്രാക്ടീസ് ആയി മാറിയിട്ടുണ്ട്.
11. മെഡിക്കൽ കോളേജുകളിൽ അധ്യാപനത്തിന്റെ നിലവാരം തൃപ്തികരമല്ല. കാര്യമായി ഗവേഷണം നടക്കുന്നില്ല, അധ്യാപകരും വിദ്യാർത്ഥികളും തമ്മിലുള്ള പരസ്പര സമ്പർക്കവും ആശയവിനിമയവും വേണ്ടത്രയില്ല.
12. ആദ്യമായി മെഡിക്കൽ കോളേജ് ഉൾപ്പെടെയുള്ള ആശുപത്രികളിൽ ഡോക്ടർമാർ നിശ്ചിത സമയത്ത് ഹാജരാകണമെന്ന് നിഷ്കർഷിക്കണം. ആശുപത്രിയിൽ വരുന്ന രോഗികളേയും സ്വകാര്യ ചികിത്സയ്ക്കു വരുന്നവരേയും വേർതിരിച്ചു കാണണം. ആദ്യ വിഭാഗം രോഗികളിൽ നിന്നും യാതൊരു പ്രതിഫലവും സ്വീകരിക്കാൻ പാടില്ല. ഇതു രണ്ടും കർശനമായി നടപ്പിലാക്കണം.
13. സ്വകാര്യ പ്രാക്ടീസ് നിരോധിക്കുന്നതുവരെ സ്വകാര്യ ചികിത്സയ്ക്ക് ഫീസ് നിശ്ചയിക്കണം. രശ്മിതി നൽകാനും വ്യവസ്ഥയുണ്ടാക്കണം.
14. കേരളത്തിലൊട്ടാകെ കുടുംബ ഡോക്ടർ സമ്പ്രദായം നടപ്പിലാക്കണം. ഓരോ പ്രദേശത്തുമുള്ള ഏതെങ്കിലുമൊരു നിർദ്ദിഷ്ട ഡോക്ടറുടെയടുക്കൽ രജിസ്റ്റർ ചെയ്യാൻ ഓരോ കുടുംബത്തിനും അവകാശമുണ്ടായിരിക്കും. അത്തരം ഡോക്ടർമാർക്ക് അവരുടെയടുക്കൽ രജിസ്റ്റർ ചെയ്യുന്ന കുടുംബങ്ങളുടെ എണ്ണമനുസരിച്ച് സർക്കാർ സഹായധനം നൽകണം. രജിസ്റ്റർ ചെയ്യുന്നവരാകട്ടെ ഓരോ കൺസൾട്ടേഷനും സർക്കാർ നിശ്ചയിച്ചിരിക്കുന്ന നിരക്കിലുള്ള ഫീസ്

ഡോക്ടർമാർക്ക് നൽകണം. കുടുംബ ഡോക്ടറെ ആവശ്യമില്ലാത്തവർക്ക് സർക്കാർ ആശുപത്രികളിലെ ചികിത്സ സ്വീകരിക്കാവുന്നതാണ്.

- 15. കേരളാ ഹെൽത്ത് റിസർച്ച് വെൽഫെയർ സൊസൈറ്റിയുടെ ആഭിമുഖ്യത്തിൽ 94 പേ വാർഡുകൾ ഘട്ടംഘട്ടമായി ആശുപത്രികളായി ഉയർത്തണം. പ്രത്യേക ഡോക്ടർമാരും ലബോറട്ടറികളും മറ്റുപകരണങ്ങളുമുള്ള സൊസൈറ്റി ആശുപത്രികൾ. ഗവൺമെന്റ് ഡോക്ടർമാരുടെ സേവനം കൂടി അധികവേതനം നൽകി ഈ ആശുപത്രികളിൽ ഉപയോഗപ്പെടുത്താം.
- 16. സർക്കാർ സർവീസിലുള്ള ഡോക്ടർമാരുടെ സ്വകാര്യ പ്രാക്ടീസ് നിർത്തലാക്കണം. നിരോധനം ഘട്ടംഘട്ടമായി, പടിപടിയായി നടപ്പിലാക്കണം. ആദ്യം മെഡിക്കൽ കോളേജ് ആശുപത്രികളിൽ, അടുത്തതായി ജില്ലാ ആശുപത്രികളിൽ, പിന്നീട് താലൂക്ക് ആശുപത്രികളിൽ, അവസാനം പ്രാഥമിക തലത്തിൽ.
- 17. മെഡിക്കൽ കോളേജ് ആശുപത്രികളും ജില്ലാ താലൂക്ക് ആശുപത്രികളും പൂർണ്ണമായും റഫറൽ ആക്കണം. അതതു സ്ഥാപനങ്ങളിലെ ഡോക്ടർമാർക്ക് അവിടേക്കു തന്നെ റഫർ ചെയ്യാൻ അവകാശമുണ്ടായിരിക്കട്ടെ.
- 18. മെഡിക്കൽ കോളേജ് അധ്യാപകരുടെ സേവന വേതന വ്യവസ്ഥകൾ റീജണൽ ഇന്നനുവദിച്ചിട്ടുള്ള സ്വകാര്യ പ്രാക്ടീസ് ഉടനടി നിർത്തലാക്കണം. അധ്യാപകരുടെ പ്രാക്ടീസിംഗ്- നോൺ പ്രാക്ടീസിംഗ് വിഭജനം നിർത്തലാക്കി രണ്ടു വിഭാഗം ഡോക്ടർമാർക്കും സൊസൈറ്റി ആശുപത്രികളിൽ പ്രാക്ടീസ് ചെയ്യാൻ അനുവാദം നൽകണം. ആവശ്യമുള്ള എല്ലാ അധ്യാപകർക്കും താമസസൗകര്യം ഏർപ്പെടുത്തുകയും ഗവേഷണത്തിനും പ്രത്യേക സൗകര്യങ്ങൾ നൽകുകയും വേണം.
- 19. ഹെൽത്ത് സർവീസിലുള്ള ഡോക്ടർമാരുടേയും നാട്ടുചികിത്സാ, ഹോമിയോപ്പതി വകുപ്പുകളിലുള്ളവരുടേയും വേതന നിരക്കുകൾ പരിഷ്കരിക്കണം. കേന്ദ്ര ഗവൺമെന്റിന്റെ സേവന വേതന നിരക്കുകളായിരിക്കും അഭികാമ്യം.
- 20. സേവന വേതന വ്യവസ്ഥകളുടെ പരിഷ്കരണം നടപ്പിൽ വരുത്തിയിതിന് ശേഷം ജില്ലാ ആശുപത്രികളിലേയും താലൂക്ക് ആശുപത്രികളിലേയും ഡോക്ടർമാരുടെ സ്വകാര്യ ചികിത്സ നിർത്തലാക്കാവുന്നതാണ്.
- 21. കുടുംബ ഡോക്ടർ സമ്പ്രദായവും ശമ്പള പരിഷ്കരണവും നടപ്പിലാക്കി കഴിഞ്ഞാൽ ഗ്രാമതലത്തിലെ സർക്കാർ ഡോക്ടർമാരുടെ സ്വകാര്യ പ്രാക്ടീസ് അവസാനിപ്പിക്കാം.
- 22. ഇപ്പോഴത്തെ പ്രവർത്തി സമയം കാലത്ത് 8 മണി മുതൽ ഉച്ചതിരിഞ്ഞ് 1 വരെ.
- 23. സർക്കാർ ആശുപത്രിയിൽ പാവപ്പെട്ടവർക്ക് സൗജന്യ ചികിത്സാ യന്ത്രശേഷിയുള്ളവർക്ക് ഫീസ് ഈടാക്കിയുള്ള ചികിത്സ എന്നതായിരിക്കണം സർക്കാരിന്റെ നയം.
- 24. സേവന വേതന നിരക്കുകൾ പരിഷ്കരിക്കുകയും കമ്മീഷന്റെ മറ്റു നിർദ്ദേശങ്ങൾ നടപ്പിലാക്കുകയും ചെയ്തതിന് ശേഷമേ സ്വകാര്യ പ്രാക്ടീസ് നിർത്തലാക്കാവൂ.

ടി.എൻ. ജയചന്ദ്രൻ.

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25-7-95

ആരോഗ്യ സേവനം- മാർഗ്ഗ നിർദ്ദേശങ്ങൾ

ഒ.ആന്റ് എം. 1-54357/95 ഡി.എച്ച്.എസ് ആരോഗ്യ വകുപ്പ് ഡയറക്ടറാഫീസ് തിരുവനന്തപുരം 25-7-95

സർക്കുലർ

വിഷയം : ആരോഗ്യ വകുപ്പ് ആശുപത്രി സേവനം മെച്ചപ്പെടുത്തുന്നതു സംബന്ധിച്ച് നിർദ്ദേശം.

സംസ്ഥാന സർക്കാർ ആശുപത്രികൾ, മറ്റ് പ്രാഥമിക ആരോഗ്യ കേന്ദ്രങ്ങൾ എന്നിവയിലെ ആരോഗ്യ സേവന- പ്രവർത്തനങ്ങൾ പൊതുജനങ്ങൾക്കു നൽകുന്നതിൽ ഇന്ന് പല പരാതികളും പോരായ്മകളും നിലനിൽക്കുന്നു. മാത്രമല്ല ഈ സ്ഥാപനങ്ങളിൽ നിന്നും നൽകുന്ന സേവനങ്ങൾക്ക് ജീവനക്കാർ അന്യായമായി പ്രതിഫലം വാങ്ങുന്നതായും പൊതുവെ പരാതിയുണ്ട്. ഈ സാഹചര്യം മാറ്റി പൊതുജനങ്ങൾക്ക് മെച്ചപ്പെട്ട സേവനം ലഭ്യമാക്കാനായി വേണ്ട നിർദ്ദേശങ്ങൾക്കും അവ നടപ്പിലാക്കുന്നതിനുള്ള സഹകരണം അഭ്യർത്ഥിച്ചുകൊണ്ടും വിവിധ സംഘടനാ പ്രതിനിധി

കളുടെ ഒരു യോഗം ആരോഗ്യ വകുപ്പ് ഡയറക്ടർ സംഘടിപ്പിക്കുകയുണ്ടായി. യോഗ തീരുമാന പ്രകാരം താഴെ പറയുന്ന നിർദ്ദേശങ്ങൾ നൽകുന്നു.

1. ആശുപത്രി സമയങ്ങളിൽ ഡോക്ടർമാർ അവരുടെ താമസ്ഥലങ്ങളിൽ രോഗികളെ സ്വീകരിക്കുകയോ, പരിശോധിക്കുകയോ ചെയ്യാൻ പാടില്ല.
2. ആശുപത്രി ചികിത്സയിൽ കഴിയുന്ന രോഗികളോ, അവരുടെ ബന്ധുക്കളോ ഡോക്ടർമാരുടെ താമസ്ഥലങ്ങളിൽ രോഗിയുടെ കാര്യവുമായി ബന്ധപ്പെട്ട് സമീപിക്കുവാൻ പാടില്ല. എല്ലാ കാര്യങ്ങളും ആശുപത്രിയിൽ വച്ചുതന്നെ സംസാരിക്കേണ്ടതാണ്.
3. ഡോക്ടർമാർ ആരോഗ്യസ്ഥാപനങ്ങൾക്കു സമീപം മുറികൾ വാടകയ്ക്ക് എടുത്ത് പകൽ സമയങ്ങളിൽ മാത്രം താമസിച്ച് രോഗികളെ അനുവദനീയ സമയങ്ങളിൽ ആണെങ്കിൽപോലും പരിശോധിക്കാൻ പാടില്ല. ഇങ്ങനെയുള്ള താൽക്കാലിക താവളങ്ങൾ താമസസ്ഥലങ്ങളായി കണക്കാക്കപ്പെടുകയില്ല.
4. ജീവനക്കാർ അവരുടെ ഔദ്യോഗിക കാര്യങ്ങളുമായി ബന്ധപ്പെട്ട മേലുദ്യോഗസ്ഥരുടെ വസതികളിൽ പോകാൻ പാടില്ല. ആഫീസു കാര്യങ്ങൾ ആഫീസിൽ വച്ചുതന്നെ സംസാരിക്കേണ്ടതാണ്.
5. ഡോക്ടർമാരെ കൂടാതെ മറ്റുള്ള ജീവനക്കാരും യാതൊരു കാരണവശാലും അന്യായമായി പ്രതിഫലം പറ്റുകയോ അതിന്റെ പേരിൽ പരാതിക്ക് ഇടനൽകുകയോ ചെയ്യാൻ പാടില്ല. മേലധികാരികളുടെ മിന്നൽ പരിശോധനയിൽ കുറ്റക്കാരായി കണ്ടു പിടിക്കപ്പെട്ടവർക്ക് കർശനമായി അനന്തര നടപടികൾ നേരിടേണ്ടിവരുന്നതാണ്.

ഡോ. പി.എസ്. രാമകൃഷ്ണൻ
 ആരോഗ്യ വകുപ്പ് ഡയറക്ടർ
 അംഗീകാരത്തോടെ (ഒപ്പ്), സുപ്രണ്ട്

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11.1.2001

**GOVERNMENT OF KERALA
 ABSTRACT**

**Health Services Department - Establishment - Private Practice by Government Doctors -
 Guidelines issued.**

Health and Family welfare (A) Department

G.O. (Rt.) No. 98/2001/H & FWD Dated,

Thiruvananthapuram, 11.1.2001

ORDER

Doctors in Government Service are allowed to examine or treat patients outside duty hours at their residence or at the residence of the patients vide rule 50 of the Government Servant Conduct Rules, 1960. Request have been received from the government Doctors that proper guidelines should be issued to govern their private practice. Government constituted a Committee to submit recommendations regarding guidelines for private practice by doctors in government service. The Committee has submitted their recommendations. Government, after examining the recommendations, are pleased to issue the following guidelines in conformity with the provisions under the Government Servants Conduct rules, 1960, asunder:-

1. Private Practice" means the service for payment, rendered by a doctor in Government service outside his duty hours, to a person who is not an inpatient in the government Hospital where the Doctors is employed; but does not include the services rendered in a Private Hospital.
2. Payment should not be accepted by such doctor for services rendered / proposed to be rendered by him / her in Government Hospitals. However, consultation prior to admission to the hospital will not count as service rendered in the hospital even though the advice of the consulted doctors if for hospitalization. Similarly, if a patient, after discharge, consults a doctor, it shall not be construed as a service rendered in a hospital.
3. No inpatient shall be treated as part of private practice. No person who is undergoing a procedure for treatment in the Government Hospital where the doctor is employed, shall be treated, even for other ailments, as part of private practice, till the procedure is complete.
4. Private practice is not allowed during duty hours and in private hospitals. Government doctors are also not allowed to operate clinics to provide services other than basic diagnostic and therapeutic services. The list of basic diagnostic service shall be published by government. If a doctor desires to carry out private practice in a non-commercial venue other than his place of residence, he shall report the fact to his immediate superior and obtain prior permission in writing.
5. A Board shall be exhibited in all Government Hospitals informing the public that no payment need be made for any service rendered in the hospital and that they are not expected to visit the doctors

at their residence and that demanding and offering money for services in a government hospital are offences. The contact address and telephone number of the Committee mentioned in para 6 shall also exhibited to be contacted in the event of there being any complaint against a doctor.

6. A committee to be constituted by the Government in Medical College, District. Women and Children, Taluk and General Hospitals, shall ascertain facts regarding complaints against the doctors of these hospitals. The Committee shall be chaired by the District Collector in the case of Medical Colleges, General Hospitals and District Hospitals and R.D.O. In the case of Women and Children and Taluk Hospitals. The committees of the General and District Hospitals shall have the District Medical Officer as Convener. Deputy District Medical Officer, nominated by District Medical Officer shall convene the committees in Women and Children and Taluk Hospitals while the Principal shall be the Convener of the Committee for Medical College Hospitals. Other members shall be a senior doctor and an eminent social worker to be nominated by the District Collector after consulting with the Principal/District Medical Officer.

7. The committee shall ascertain facts regarding all allegations of malpractice and corruption against doctors. They may hear witnesses and may also avail the services of any expert in the relevant field. They may, depending on the severity of the offence proved prima-facia, recommend further action as per rules by the appropriate authority.

8. Government shall inform the public about the right of doctors to receive fees for certificates at rates fixed by Government by means of a press release and by setting up an announcement board.

This GO is issued in supersession of all previous guidelines on private practice.

By Order of the Governor

Rajeev Sadanandan, Special Secretary to Govt.

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15-1-2001

GOVERNMENT OF KERALA

Copy of the G.O. (R.t.) No. 127/2001/H&FWD dated 15-1-2001 from the special secretary to Govt. of Kerala, Health & Family Welfare Department, Tvm. to DMO, Idukki.

ABSTRACT

Health Services Department - Private Practises by Govt. Doctors - guidlines- kept in abeyance- orders issued.

Read G.O.(Rt) 98/2001/H&FWD

dated 11-01-2001.

ORDER

In G.O. (Rt.) 98/2001/H&FWD dated 11-01-2001 guidelines were prescribed for private practise by govt. Doctors in Govt. Service. Govt. now order that operation of clause 2 & 4 of the above govt. order will be kept in abeyance until further orders.

sd/-

Special Secretary to Govt.

* * * * *

3-1-1990

CODE OF CONDUCT

Copy of Circular No. EC1. 178817/DHS dt. 3-1-1990 of Direct of of Health Services, Trivandrum, addressed to the DMOH Tvm., Quilon, Alleppey etc.

Sub: H.S. Department - complaint against Medical Officers - Instruction regarding.

All the District Medical Officers of Health are directed to draw the attention of all Medical Officers under their control to Rule 50 of the Kerala Government Servants conduct Rules and to appraise them that are they not permitted to do private practice during duty hours and that absence from hospitals/ dispensaries without proper reason will be viewed seriously. It may also be brought to the notice of all concerned that they are permitted to attend home calls only in very emergent that too with written permission of the officers in charge of the hospital dispensary and after making alternate arrangements. It has also come to the notice that para medical and other staff of many hospital / dispensaries not attending to their duties punctually and regularly. Government view this state of affairs very seriously. So para Medical staff and other staff of all hospitals/ dispensary/PHCs are to be strictly instructed to attend to their duties punctually and regularly.

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POST MORTEM

11-7-85

POST MORTEM ALLOWNACE

GOVERNMENT OF KERALA

ABSTRACT

Police Department - Payment of honorarium - method of Drawl - clarirication - issued HOME (H) DEPARTMENT

G.O. Rt. 2027/85/Home

Dated,Trivandrum, 11-7-85

Read: 1 . G. O. (Rt) 133/84/Home dated 27-9-84
2. Letter No. C3/18378/84/DME dated 22-3-1985 from the Djrector of medical Education.

ORDER

In the G.O. read above an allowance of Rs. 100/- was sanctioned as an incentive for one post mortem to be shared among the staff doing the post-mortem. In the letter read above the Director of Medical Education has forwarded proposals to minimise the procedure for the drawal of the allowance so as to avoid hardship to the officers attending to the post mortem work.

Government having examined the proposals of Director of Medical Education. are pleased to issue the following orders.

- i. The allowance sanctioned in the G.O. read above will be treated as honorarium under Rule 12(150) of Part I Kerala Service Rules.
- ii. The honorarium sanctioned in the G. O. read above will be paid on the basis of departmental proceedings issued monthly based on certificate of attendance of the staff for the post-mortem concerned issued by the Director and Professor of Forensic Medicine/Prof. of Forensic Medicine/ District Medical Officer concerned. and without authorisation by accountant general for such payments in the case of police surgeons concerned.
- iii. The expenditure on this account will be debited to the head of account form which the pay and allowance of the employees concerned are debited.

By order of the Governor

A.K. Achuthan. Deputy Secretary to Government

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18-10-1986

POST MORTEM TIME

GOVERNMENT OF KERALA

LETTER NO. AB5/13740 / DHS dated 10-3-1987.

R/W GOVT. LR. NO. 44994 / SPL. 2 / 86 / H&FWD

dated 18-10-1986

EXTRACT

The Director and Professor of Forensic Medicine state that no postmortem should be conducted after 4.p.m. since a thorough postmortem took about 1-1½ hours and since it has to be done only in natural day light. cases cannot be accepted after 4 p.m. limit. this is the practice followed in all medical colleges and throughout the world.

by the order of the governor

Secretary to Government

This is applicable to all Govt. hospitals in Kerala

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QUERIES & ANSWERS - FORENSIC MEDICINE

FROM STATE MEDICO-LEGAL INSTITUTE TO KGMOA

STATE MEDIO-LEGAL INSTITUTE DEPARTMENT OF FORENSIC MEDICINE

MEDICAL COLLEGE, THIRUVANANTHAPURAM.695 011

To

Dr. K. N. Prasad (State President) KGMOA

Sir,

Sub:- Opinion on certain Medico legal queries-regarding.

I am to offer my opinion on certain issues expressed in your letter for your information as given below.

AUTOPSY

1. When a dead body is brought to the hospital for autopsy examination, with a specific request from the investigating officer, can the medical officer deny the same on any ground?

The medical officer in Government service cannot deny any request for postmortem examination made by an investigating officer as he is legally bound to do so under section 14(3) and 174 of criminal procedure code.

2. Can the medical officer refer a body to a Forensic Expert (to a higher institution) on the ground that it is a complicated issue (a decomposed body for example) and that he may not be able to arrive at a definite opinion or it is a sensitive case and he may run in to trouble?

No, he cannot refer. A Forensic Medicine Expert can take up only those cases brought to him with a requisition addressed to him by a police official or Magistrate who decided whether expert attention is required or not. A Medical officer in Government service is deemed fully competent to perform medicolegal autopsies.

3. If it is not possible to refer the case, can the MO request for the presence of a forensic specialist at the autopsy venue itself in such cases? Can such requests be made before starting the procedure midway or at the end?

Only the investigating officer can request the presence of Forensic Medicine Expert at sight or any other venue. The medical officer cannot therefore make such request officially.

4. Who decides as to where to have the autopsy done by whom? Investigating Officer? Hospital Superintendent? Medical officer? Departmental officials? Elected representatives? Public?

The investigating officer is the person to decide where an autopsy is to be conducted. He has the responsibility to ensure that an early and proper autopsy is conducted without any inordinate delay and resultant loss of evidence. The requisition is addressed to the administrative head of the hospital who can personally undertake or delegate this duty to his subordinates.

5. Will there be charges dereliction of duty, inefficiency, or negligence in case the nonspecialist duty medical officer is unable to arrive at a definite opinion as to the cause of death after autopsy examination.?

Charges of dereliction of duty, inefficiency or negligence (in case the nonspecialist duty medical officer attends a case) will be made on a finding of lack of reasonable skill and care. It is not always possible even for an expert to offer a definite opinion as to cause of death in all cases.

6. Is there any fixed time for autopsy examination? (Eg. 10 a.m.- 4 p.m.)?

In Medical Colleges, autopsies are conducted between 9am and 4pm on working days and 10 a.m. to 4 p.m. on holidays. Requisition received up to 4 p.m. will be entertained and autopsies can be done between 7am and 5pm as per govt. circular.

BROUGHT DEAD

1. Can the medical officer release the body if he thinks that there is no foul play? (Submission of illness, related records etc)

The M.O. can release the body if he can definitely certify that the death was solely due to natural disease, (trauma/poisoning, not playing any part). If certification is not possible the police official is to be intimated who can make further enquiries and release the body if no foul play is suspected.

2. Can the M.O. release the body if higher-ups (officials, peoples' representatives) direct that the body be released without intimating the police? (Written, verbal or telephonic)

Such bodies can be released only after getting proper authorisation from the concerned investigating officer. Premature release could invite action for destruction of evidence.

3. Once the intimation is given to the police is there any further responsibilities on the part of the M.O. as to the custody of the body? (Should the police physically receive the body?)

The administrators of the hospital will be officially in charge of the dead body. If the police come for inquest, the police should physically receive the body. Release of such bodies is also mediated through the police upon a proper request from the concerned investigating officer.

MISCELLANEOUS

1. Is it necessary that drunkenness certificate be issued then and there?

Since certification of drunkenness warrants physical examination of body and examination of blood, the issuance of final certificate depends upon whether chemical examination of blood is contemplated or not. Even if blood examination is carried out, the preliminary report is better issued then and there, and final report issued after the report of chemical analysis.

2. Is it necessary that blood should be collected for all cases of drunkenness, if requested by the police?

YES, it is to be done unless the subject dissents to collection of blood.

3. Often requests for MLC Examinations are sent by police officers below the rank of Sub Inspector and that too without proper request, numbering and without office seal. Should such requests be entertained?

Genuine written requests made by station house officer like Head Constable, Assistant Sub Inspector or Sub Inspector have to be complied with.

4. Is it mandatory for medical officers to attend and issue medico legal certificates after their routine hospital working hours in institutions and where there are no turn duty medical officers round the clock?

YES, it is mandatory. As medical officers are of gazette rank, they are expected to attend official duties round the clock if requested by the officials.

GENERAL

1. Is Forensic medicine a medical speciality? If yes, is it not justifiable to refer autopsy cases to such specialists in selected situations by non- specialist doctors, as in other medical and surgical cases?

Forensic medicine is regarded as a medical subject, which can be practiced by a registered medical practitioner having basic Qualifications. So any qualified registered medical practitioner can perform medico legal duties including autopsy.

2. What are the duties and responsibilities of forensic specialists in Health Service Department?

3. The answer to this question is beyond the purview of the undersigned. However they are entitled to perform the duties of police surgeons once they are nominated as outlined in G.O.M.S No.123/66 Home dates 26-3-1966, G.O. Rt. No. 1985/84/HD daed dated 19-6-1984 from the Health (A) Department, Trivandrum and G.O.(Rt) No.2694/84/HD dated 17-8-84 of Home(A) Department. They can deliver medical care just like any other medical officer and offer expert consultant service on medico legal matters to their colleagues.

Yours truly

Dr. G. Sujathan

Professor and Head of the Department,
State Medico-Legal Institute, Kerala

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OPEN ETHER ANAESTHESIA

10-7-1987

Lt. No. L. Dis M5-75275/87/DHS dt. 10-7-1987 of Director of Health Services.

Sub: Clarification - MBBS Doctor to give open ether anaesthesia in emergency cases
- Reg.

Ref : Your D.O Letter No. A 734/87/Dt 3-6-1987.

With reference to the above I am to inform you that the MBBS doctor are also trained in anaesthesiology during their course and also during house surgency. Hence in case of emergencies their services can be utilised until a postgraduate is made available.

Sd/-

Director of Health Services.

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MEDICAL AID TO GOVERNMENT SERVANTS

8-2-1995

Copy of circular No. 54990/C2/94/H&WD, dated Thiruvananthapuram 8th February 1995 from the Health and Family Welfare (G) Department, TVM., addressed to all Head of Department Officers

Sub : Kerala Government servants Medical Attendance Rule 1960 consultation with specialsts - Reference by Authorised Medical Attendant - Instructions issued.

ABSTRACT

It has come to the notice of Government that the patients are being referred to by the Authorised Medical Attendants to certain hospitals outside state / Private Hospitals for specialised treatment. Rule 6 of the Kerala Government servants Medical Attendance Rules. 1960 (as contained in G.O. (P) 546/631 HLD/dated. 16-7-83) enjoins that if the authorised Medical Attendant considers it necessary to consult a specialist they can requisite the services of the nearest specialist in government service including Honorary Medical Officers. Instances have been noticed that the pftrients are referred to private hospitals outside the state even in cases where the Medical colleges of this state are capable of giving similar treatment.

In the circumstances government wish to instruct all Authorised Medical attendance in Government service not to directly refer cases to private hospitals in the state where the required facilities are available. unless it is such an extreme emergency case. where due to time factor there is urgent need to refer the case to Institutions outside the state.

(Note: The last part of the circular is not very clear. But the original contains the same wording. - Editor)
(sd/-)

Gopalakrishnan Pillai, Secretary (Health)

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MEDICAL REIMBURSEMENT CLAIMS

12-10-1993

ABSTRACT

Kerala Govt. Servants Medical attendance Rules, 1960 - Medical Recommendation of the Vth Pay commission - Implementation of - Medical to the Rules - Order Issued.

GOVERNMENT OF KERALA

HEALTH AND FAMILY WELFARE (G) DEPARTMENT

G.O. (P) 105/93/H&FWD dated, Thiruvananthapuram 12th October 93

Read: 1. G. O. MS. 193/88/H&FWD dated 24-1-1988
2. G.O. (P) 480/89/Fin. dated 1-11-1989

ORDER

The Vth pay Commission has made certain recommendations after reviewing the existing provisions of the Kerala Government Servants Medical attendance Rules, 1960. After considering the recommendation, Government are pleased to issue the following order by way of implementing the recommendation.

Reimbursement of the cost of admissible medicine should be sanctioned by the controlling officer or immediate superior in the case of Gazetted officers on the strength of the certificate of the authorised medical attendant. Bills should be presented in duplicate and one copy should be kept in the office. In the case of non Gazetted officers, Drawing and disbursing officer may draw and disburse the admissible amount on verifying the certificate of the authorised medical attendant.

This order will take effect from 1-12-89 as stipulated in para 24 (C) of the pay Revision orders issued in government order read as second paper above.

The procedure stipulated in the Government order read as first paper above will be followed for scrutiny of Medical reimbursement claims.

By order of the Governor

Gopala Krishna Pillai, secretary to Government.

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MEDICAL REIMBURSEMENT**10-04-1995****ABSTRACT**

Kerala Government servants Medical Attendance Rules 1960 procedure for recommendation medical reimbursement salaries maintenance of register by sanctioning authorities - orders issued.

HEALTH & FAMILY (G) DEPARTMENT**G.O. (P) No. 87/95/H&FWD****Dated, Trivandrum 10-4-1995**

Read: 1. Letter No. 401 0/C2I88/Vig. dt. 25.10.1991 from the commissioner & Secretary to Government, Vigilance Dept.

2. Letter No.M50-124792/91/DHS, dt. 1-2-92 from the Director of Health Services.

3. Letter No. C1 5692/93 dt 7-7-93 from the Director of Treasuries.

4. G.O. (P) No.105/93/H&FWD dt. 12-10-1993.

5. Letter No. Co ord.II/10-179/Vol.IX/77/451/dt. 22-6-94 from the accountant General (A&E) Kerala.

ORDER

It has been brought to the notice of the Government that during certain vigilance investigations etc. certain bogus claims and duplicate claims of medical reimbursement have been detected. During enquiry it was not possible to obtain the original purchase bills from the Accountant General's office. The Vigilance department therefore suggested to introduce a proforma showing the details of the bills and other particulars.

Government have examined the matter in consultation with the Director of Health Services, Director of Treasuries and the Accountant General. In order to enable a check on the possible malpractice and to avoid a second claim. Government are pleased to order that a register in the format appended will be maintained in the office of the sanctioning authority drawing and disbursing a claim for medical reimbursement. The sanctioning authority will authenticate the entries in the register before sanctioning each claim for medical reimbursement.

These orders will come into force with immediate effect.

By order of the Governor

S. Srinivasan, Joint secretary.

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10-08-95**MEDICAL REIMBURSEMENT CLAIMS****GOVERNMENT OF KERALA****ABSTRACT**

Kerala Government Servants medical Attendance -Rules 1969 - sanctioning of Medical reimbursement claims - duplicate copies of documents not to be insisted on - clarification - orders issued.

HEALTH & FAMILY WELFARE (G) DEPARTMENT**G.O.(P) 418195/H&FWD****Date, Thiruvananthapuram, 10-8-1995**

In the Government order read as first paper above, it was ordered, interline, that bills for reimbursement of medical expenses should be presented in duplicate and one copy kept in the office.

It has now been brought to the notice of government that the above orders have been wrongly interpreted by sanctioning authorities and they insist on duplicate copies of all documents such as essentially certificate. cash bills, declaration, application etc. with result Government servants are put to much difficulties. The wording of the Government orders is clear that duplicate copies of bills (i.e. form T. R. 46) are to be presented by Gazetted officers only.

In order to overcome difficulties government are pleased to order that duplicate copies of any documents including bill need not be insisted on in view of that fact that a register containing all the relevant details in respect of Medical reimbursement claims are being maintained, as prescribed by the Government order read as 2nd paper above. The register should be maintained by all sanctioning authorities.

By order of the Governor

S. Sreenivasan, Joint Secretary to Govt.

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19-2-1996

**GOVERNMENT OF KERALA
ABSTRACT**

**Kerala Government Servants Medical Attendance Rules, 1960 - Verification
and sanction of Reimbursement claims- ceiling limit enhanced orders issued.**

HEALTH AND FAMILY WELFARE (G) DEPARTMENT

G.O. (MS) No. 72196/H&FWD dated : Thiruvananthapuram 19-2-1996

- Aead: 1. G.O. (MS) No. 193/88/H&FWD dated 24-10-1988
2. G.O. (P) NO. 271/95/Fin 29-3-1995
3. Lr. NO. Cl12645/95 dt. 16-10-1995 Ironn the Director of Treasuries.

ORDER

In ttle Govt. order read as second paper above the District Medical Officers were delegated with powers to sanction requests for medical reimbursement claims upto Rs. 10,000/- verified by the District Medical Officers concerned, in the absence of specific orders issued under the Kerala Government Servants Medical Attendance Rules, 1960. He has requested for clarification in this behalf. The Govt. order read as first paper above, issued under the Kerala Government Servant Medical Attendance rules, stipulates the ceiling for scrutinyl sanction of medical reimbursement claims by various levels of officers. Government are pleased to enhance this ceiling limit further as follows.

1. Verification and sanction by the department concerned. Up to Rs. 1000/ (Rs. One thousand only)
2. Prior verification by the D.M.O. concerned and sanction by the department. Between Rs. 1001/- and RAs. 10,000/-
3. Prior Verification by the Director of Health Services/ Director of Indian System of Medical and sanction by the Department Above Rs.10,000/-

By order of the Governor

S. Srinivasan, Joint secretary to Government.

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7-12-95

**GOVERNMENT OF KERALA
HEALTH & FAMILY WELFARE (G) DEPT.**

No. 41651/G2/94/H&FWD

Thiruvananthapuram, dt. 7-12-95.

CIRCULAR

Sub: Medical reimbursement claims - time limit clarification issued.

Ref: Circular No. 6545/G2/821HD dated 31-5-85

Rule8(4) of the Kerala Govt. Servant Medical attendance rules 1960, as amended provides that the medical reimbursement claims of Govt. Servants should be preferred with in 3 months from the last date of treatment. In the circular cited it was certified that piece - meal application for reimbursement could be entertained in case of continued prolonged treatment provided that authorised medical attendant certifies that the treatment is continuing. In such case application for medical reimbursement should be submitted with in three months of the last date of purchase of the medicine. (i.e.. the last date of the cash bills).

It has been brought the notice of the govt. that in some cases treatment started years ago are still being continued and piecemeal applications for the medical reimbursement were being entertained on the strength of the instructions issued in the circular dated 31-5-85.

Government are pleased to issue the following further clarifications in this behalf.

1) Claims of reimbursement of the medicine purchased should be made only after the medicines purchased have been used up.

2) Such claims preferred with in three months will be admissible for reimbursement.

3) The period of treatment with one OP ticket should be restricted to one year since OP nos are renewed every year. O. P. ticket No. should be noted in the essentially certificate relating to continous treatment accordingly.

S. Sivaraman, Joint Secretary to Government

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30-4-1983

**GOVERNMENT OF KERALA
ABSTRACT**

Kerala Government servant medical Attendance Rule 1960-Inclusion of Artificial Appliance and device in the list of Admissible items of medicine- sanctioned. order issued.

HEALTH (G) DEPARTMENT

G.O. (P) No. 88/83/HD**Dated, Trivandrum, 30-4-1983**

- Read : 1. G.O. (P) No. 287/80/HD, dated 1-11-1980
 2. Letter No.M2-55/58/80/DHS., dated 26-1-1981 from the Director of Health Services.
 3. Letter NO. ZLFC/104/82, dated 2-7-1982 from the professor, Zonal limb fitting and rehabilitation centre, Trivandrum.

ORDER

In the circumstances explained by the Director of Health Services in her letter read as second paper Government are pleased to include the artificial appliances and devices the names of which are appended, in the list of Admissible items in Appendix -.1 of the G.O. Read as first paper above.

The claims should not exceed the cost (Approximate) of each item.

By order of the Governor

K.P. Krishnan Nair, Deputy Secretary.

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18-6-99.

**GOVERNMENT OF KERALA
Abstract**

Kerala Government Servents Medical Attendance Rules, 1960-verification and sanction of Reimbursement claims-Ceiling limit on hanced - Orders Issued.

HEALTH AND FAMILY WELFARE (D) DEPARTMENT

G.O.(MS) No. 232/99/H & EWD**Dated: Thiruvananthapuram, 18-6-99.**

- Read: 1. G.O. (Ms) No. 72/96/H&EWB dated, 19.2.1996.
 2. Representation dated, 2.1.99 from the General secretary Secretariat Staff Association Thiruvananthapuram.
 3. Letter No. MH4/30506/99/DHS dated, 3.3.99 from the Director of Health Services:

ORDER

Government are pleased to order that the ceiling for scrutiny/sanction of Medical reimbursement claims under Kerala Government Servants Medical Attendance Rules fixed as per the G.O. read as 1st Paper above be changed as follows

- | | | |
|---|---|--------------------------------------|
| 1. Verification and sanction by the Head of Office/
Department concerned | : | UP to Rs. 5000/- |
| 2. Prior verification by the District Medical Officer
concerned and sanction by the Department | : | From Rs. 5000/-
up to Rs. 25,000/ |
| 3. Prior verification by the Director of Health Services/
Director of Indian system of Medicine and sanction
by the Department. | : | Above Rs. 25,000/- |

By Order of the Governor

B. LEELAKUMARY Joint Secretary to Government.

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13-7-2001**GOVT OF KERALA
ABSTRACT****Kerala Govt. Servants Medical Attendance Rules 1960 Modification to the Rules - orders issued.
Health and Family Welfare (G) Department****GO(P) No. 192/2001/H&FWD****TVM. 13-7-2001**Read : 1. GO(P) 45/97 H&FWD dated 18-02-97
2. GO(P) 285/00/H&FWD dated 2-11-00**ORDER**

Govt. in Para 1 (IV) of the GO read as first paper above has ordered that utilisation certificate / claim for reimbursement should be furnished to the loan disbursing authority within 3 months of receipt of the loan. It was also ordered there in that the amount of interest free loan granted will be adjusted in the final/part medical reimbursement claim within 36 months from the date of drawl. The time limit of 36 months has been reduced to 6 months as per the GO Read as IInd paper above.

Govt. are pleased to order that the unsettled cases or interest free loan sanctioned as per conditions in para 1 (IV) of the GO dated 18-02-1997 will also be brought under the purview of the GO dated 2-11-2000.

sd/-

Sosamma Varghese, Joint Secretary to Govt.

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20-11-2001**GOVT OF KERALA
ABSTRACT****Kerala Govt. Servants Medical Attendance Rules 1960 Modification to the Rules - orders issued.
Health and Family Welfare (G) Department****GO(P) No. 293/201/H&FWD****dated TVM 20-11-2001**Read : 1. GO(P) 45/97 H&FWD dated 18-02-97
2. GO(P) 285/00/H&FWD dated 2-11-00**ORDER**

Interest free loan for medical treatment is being sanctioned as per the conditions specified in the GO read as first paper above. One of the conditions for the interest free loan is that the loanee should produce the utilisation certificate within three months from the date of drawl and the claim should be settled within 36 months from the date of drawl.

2. The above time limit of 36 months for the settlement of the loan has been reduced to 6 months as per the GO read as IInd paper above. Another 6 months time has also been given for the settlement of those cases wherein surgery / treatment has not taken place at the scheduled time.,

3. In spite of the above provisions it has been brought to the notice of the Govt. that interest free loans sanctioned for treatment purpose years back remains unsettled. Instances were also noted wherein the loanee willfully default/misuse the amount sanctioned for the treatment purpose.

4. In order to enable a check on the possible default / misuse and to avoid delay Govt. are pleased to issue the following further orders.

1. The present time limit of 3 months for furnishing utilisation certificate and six months for adjustment of the loan in the medical reimbursement claim will be continued.

2. after the prescribed time limit 12% interest per annum for the outstanding amount will be charged and the balance amount with interest will be recovered from the salary of the govt. servant in installments from the next month onwards.

3. In case of misuse of interest free loan by the loanee or non-adherence to the relevant condition, the loan disbursing authority will order and effect lumpsum recovery of the interest free loan. Besides disciplinary actions also will taken against the loanee for irregularity.

All pending cases will be disposed as instructed above.

By order of the Governor.

K. Ramamoorthy.

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MEDICAL CERTIFICATES

31.01.1967

**GOVERNMENT OF KERALA
ABSTRACT
HEALTH AND LABOUR DEPARTMENT**

G.O. (MS) 33/67/HLD.

Dated, Trivandrum, 3 st January. 1967

Read: 1. G.O.Rt.1127/63/HLD.dated26-3-.1963
2. G.O. (P)440/64/HLD., dated 24-6-1964
3. Memorandum dated 16-10-1966 submitted to Governor by the Kerala Government Medical Officers Association.

According to Rule II (C) of the Kerala Government Medical Institutions admission and levy of fees Rules. revised and realised for the Medical Certificates and for certificate of physical fitness are to be credited to the Government and the balance alone is to be retained by the Medical Officers. In the G.O. read as first paper above, the rules was extended to the medical examination of Central Government Officers also. The Kerala Government Medical Officers Association in their memorandum cited has pleaded that they should be allowed to retain the full fee while issuing medical certificates and wound certificates etc. as a part of their consultation practices.. Accordingly the question of exempting the Medical Officers from the necessity of crediting part of the fee collected by them for consultation and issue of medical certificates was examined.

2. Government have now decided that Medical officers need not credit to Government 50% of the fees realised for the consultation practice and they order accordingly.

3. The G.O. read as 1st paper stands cancelled and the G.O. read as 2nd paper stands modified to this extent. The Director of Health Service will forward necessary draft notification for incorporation the Kerala Government Medical Institutions Admission and Levy of Fee Rules, accordingly.

By order of the Governor
C.K. Kochukosy, Secretary.

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8-11-81

CERTIFICATES

Copy of G. O.M.S. 68/81 dt. Trivandrum 8-11-81 personal & Administration report

A. Certificates issued free of charge.

- | | |
|--|---|
| 1. Admission and discharge certificates | 2. Certificate for old age pension. |
| 3. Wound certificate | 4. Discharge Certificate (Medico legal) |
| 5. Age Certificate (Medico legal) | 6. Postmortum Certificate |
| 7. Certificate For T.B. Assistance. | 8. Birth Certificate |
| 9. Death Certificate | 10. Certificate for Agricultural Farm Workers |
| 11. Essentiality Certificate (Medical reimbursement) | |

For Copies of Post Mortum Certificate and wound Certificate Rs. 10/- is levied by the Govt. For birth & death certificates, if the application is made after 6 months, Rs. 5/- is levied. Copies of the above mentioned medico-legal certificates can be issued only after getting a clearance from the Police Officer concerned.

Medico legal age Certificate can be issued only by the superintendent and Medical Officer in charge on Dist. Taluk & Women and Children Hospital.

B. Fee can be levied by the doctor for the following certificates.

- | | |
|---|---|
| 1. Certificate of Physical Fitness | 2. Certificate for leave & rejoin duty. |
| 3. Certificate of commutation of pension. | |
| 4. Accident disability (if the income of the patient exceed Rs. 500/- per mensem. | |

The Rate are fixed as Follows:

Assistant Surgeon	Rs. 10.00	Civil Surgeon'Gr.11	Rs. 16.00
Civil Surgeon Gr. I	Rs. 25.00		

A register has to be maintained by the Doctor and it will be better if office copies of the certificate are kept. Part of the fees need not be surrendered to the Govt, but the income from this source is taxable.

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4-8-1986**ABSTRACT****Medical Examination of Physically Handicapped person - issue of Medical Certificates to physically handicapped and Levy of fee Classification issued.****HEALTH & FAMILY WELFARE (G) DEPARTMENT****G.O. (MS) No. 152166/H&FWD****Dated, Trivandrum 4th August 86**

- Read:
1. G.O. (MS) No. 121/79/HD dt.30-6-79
 - 2.. G.O. (Rt) No. 2074/80/HD dt. 26-7-80
 3. G.O. (MS) No. 81/81/HD/Dt. 5-3-81
 4. G.O. (At) No. 1883/81/HD dt. 26-6-81
 5. G.O. (Rt) No. 485/84/HD dt. 10-2-84
 6. G.O. (MS) No. 218/84/HD dt. 7.8084
 7. Lr. No. M6-1980T/85/DH dt. 38-3-85 from the D.H.S.
 8. Lr. No. C2-13803/85/DM. dt. 23-8-85 from the Director of Medical Education.
 9. G.O.. (MS) No, 1 09/H&FWD dt. 6-6-86

ORDER

At present there are a number of schemes to rehabilitate the physically handicapped. The physically handicapped should produce Medical Certificates in support of their disability, so as to avail themselves of these benefits. Govt. have issued various orders prescribing the guidelines for issuing the Medical Certificates, the rate of fee to be levied etc. However, certain doubts have been raised on the application of those Govt. orders to specific cases. In order to answer possible doubts or remove any ambiguity in those orders, Govt. are pleased to issue the following clarifications.

The physically handicapped should obtain medical certificates from the Medical Boards in Medical Colleges, Dist. Hospitals etc.as constituted in G.O (Rt) No. 207/80/HD dt. 29-7-80 for availing the benefits of conveyance allowance are granted in G.O. (P) No: 364/80/Fin. dated 11-7-80. The Certificate can be obtained without payment of fee for Kerala State Road Transport Corporation, Scholarships, Admission to colleges / Professional college, Registration in the Emplo-ment exchanges and for all other purposes, the certificate can be obtained from the concerned specialist in the T.H.Q. Hospital with the Counter signature of the Superintendent of the respective Hospital. In case, the specialist in the concerned discipline is not available in the T.H.Q. Hospitals, the certificate should be obtained from concerned specialist in the Dist. Hospital / Medical College Hospital/ General Hospitals, duly counter signed by the supt. of the respective hospitals, For certificate to be obtained from the specialists in T.H.Q. Hospitals, Dist. Hospitals General Hospital and. Medical college Hospitals, fee at the rate noted below will have to be paid, if the applicants income or the income of his / her parents / guardian is above Rs. 300/- p.m. but no fee is payable if the income is Rs. 300/- p.m. and below.

Civil Surgeon Gr.1 or medical officer of equivalent and Rs. 25/- (Rs. Twenty five only) Civil Surgeon Gr. II or medical officer of equivalent rank Rs. 16/- (Rs. sixteen only) and Assit.surgeon or medical officer of equivalent rank Rs. 10/- Rs. Ten only)

2. The Medical Officer concerned need not remit any part of this fee to Government account.

3. The Director of Health Services will propose amendment to the rule I rules of the Kerala Gov. Medical Institution- Admission and Levy of fee Rules issued in G.o. (P) 440/64/HLD dt. 24-6-1964 as amended from time to time.

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10-10-1990

Copy of Letter No. LD is (M2) 114125/89/DHS dated 10-10-1990 from the Director of Health Services, Thiruvananthapuram to the District Medical Officer of Health Ernakulam.

Sub: Issue of Medical certificate to handicapped person-collection of charges -reg.

Ref: Letter No. C3-39874/89 dated 28-9-90 from DMOH Ernakulam.

I am to inform you that as per G.O. 152186/H&FWD dated:14-8-96 it has been clarified that the disability certificate for Government employees for claiming conveyance allowance need only be placed in the medical boards constituted as.perG.O, 2074/80 dated 26-7-80.

The certificate issued for this purpose is not chargeable also, while other certificates can be issued by the Specialist concerned and they are chargeable also were the income of the person is above 300 per month. If it is below 300/- per month it is not chargeable.

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24-8-93

**GOVERNMENT OF KERALA
ABSTRACT**

**Medical Boards-levy and Disbursement of Fees to the Board- Rules - Amended orders issued.
HEALTH AND FAMILY WELFARE (G) DEPARTMENT.**

G.O.MS.85/93/H&FWD Dated. Thiruvananthapuram, 24th August 1993.

Read: 1. G.O.(P) 378/61/H&IDdated24-3-1961
2. G.O.(P) 92175/HD dated 2-5-1975
3. G.O. MS. 81/81/Hd. dated 5-3-1981
4. Lr. No. M1/128412189/DHS dated 10-9-1991 from the Director of Health Services, TVM

ORDER

In suppression of the order issued on the subject. Government as pleased to revise the schedule of fees for the medical certificates / certificates for physical fitness to be levied from the parties and disbursed to the Medical Board members as follows, with immediate effect.

a) Single Medical Officer.

1. Fee for Assistant Surgeon will be revised from Rs. 10/- to Rs. 20/- (Rs. Twenty only)
2. Fee for civil Surgeon Grade II revised from Rs. 16/- to Rs. 25/ (Rs. Twenty Five only)
3. Fee for Civil Surgeon Grade I. revised from Rs. 25/ to Rs. 30/ (Rs. Thirty only)

b) Medical Boards consisting of 3 members.

The fee for Medical Examination by the Medical Board consisting of three members will be enhanced from Rs. 25/ to Rs.100 (Rs. Hundred only) subject to the condition that 25% of the fee will be credited to the consolidated fund of the State.

By order of the Governor
Gopalakrishna Pillai, Secretary, to Government.

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30-6-1998

Government of Kerala

Abstract

**Medical Boards - levy and disbursement of Fees to the Board - Enhancement of the Fees -
Sanctioned - orders issued.**

Health & Family Welfare (G) Department

G.O.(M.S.) 171/98/H&FWD dated, Tvm. 30.6.1998

Read : 1. G.O.(M.S.) No. 85/93/H&FWD dated 20.4.1993
2. Lr. No. ESI 2086./97 DHS dated 20.11.1997 from the Director of Health Services
3. Lr. No. 30/98/KGOMA 3.4.1998 from the General Secretary KGMOA.

ORDER

Government are pleased to revise the schedule of fees for the medical certificate / certificates for physical fitness to be levied from the parties and disbursed to the medical board members as follows with immediate effect.

1. Fees per medical certificate :

Asst. surgeon	Rs. 40.00
Civil Surgeon	Rs. 60.00
Dy. DHS	Rs. 75.00

II. Fees for convening of Medical Boards

(a) Single Medical Officer (Single Member Board)

1. Fee for Asst. Surgeon Rs. 40.00 (Rs. Forty only)
2. Fee for Civil Surgeon Rs. 60.00 (Rs. Sixty only)
3. Fee for Dy. DHS/DMO Rs. 75.00 (Rs. Seventy Five only)

(b) Medical Board Consisting of three members :

The Fees for Medical Examination by the medical Board is constiting of three members is enhanced from Rs. 100/- to Rs. 200/- (Two hundred only) subject to the condition that 25% of the fees will be credited to the consolidated found of the state.

By order of the Governor
V. Vijaya Chandran, Secretary to Govt.

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AUTHORITIES TO GIVE DISABILITY CERTIFICATE

1. A Disability certificate shall be issued by a Medical board duly constituted by the Central and the State Government.
2. The State Govt. may constitute a medical Board consisting of at least three members out of which at least one shall be a specialist in the particular field for assessing locomotor/visual including low vision/hearing and speech disability, mental retardation and leprosy cured, as the case may be.
3. The Medical Board shall after due examination, give a permanent disability certificate in cases of such permanent disabilities where there are no chances of variation in the degree of disability.
4. The Medical Board shall indicate the period of validity in the certificate, in cases where there is any chance of variation in the degree of disability.
5. No refusal of disability certificate shall be made unless opportunity is given to the applicant of being heard.
6. On representation by the applicant, the medical Board may review its decision having regard to all the facts and circumstances of the case and pass such order in the matter as it thinks fit.
7. The Certificate issued by the Medical Board shall make a person eligible to apply for facilities, concessions and benefits admissible under schemes of the gov't. or Non. Government organizations, subject to such conditions as the central or the State Govt. may impose.

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26-11-1993

GOVERNMENT OF KERALA ABSTRACT

Medical Boards - Levy and disbursement of fees to the Board-exemption of Physically handicapped Persons - orders issued.

HEALTH AND FAMILY WELFARE (G) DEPARTMENT

G.O.(AT) No. 3125/93/H&FWD Dated, Thiruvananthapuram 26-11-1993

Read.: 1. G.O.(MS) (AT) No. 2074/80HD. dt. 2.6-7-80
2. G.O. (MS) NO. 85/931 dt. 24-8-1993

ORDER

Government are pleased to order that the physically handicapped persons are exempted from the purview of the G:O. read as 2nd paper above.' .

By order of the Governor,
K. Haridas, Joint' Secretary.

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17-5-99

GOVERNMENT OF KERALA ABSTRACT

Medical Examination of Physically handicapped persons-issue of Medical Certificate for travel concession from the Indian Airlines to those suffering from the locomotor disability-order issued.

HEALTH AND FAMILY WELFARE (G) DEPARTMENT

G.O.(Rt) No. 14161991H&FWD, Dated, Trivandrum, 17-5-99

Read.: 1. G.O. (P) 161/97/H & FWD Dated: 15-5-97
2. D.O. Letter No. Nil Dt. 12.3.99 from Smt. J. lalithambika Principal Secretary, Social Welfare Department.

ORDER

In the G.O. referred as 1st paper above, Government have constituted standing disability assessment boards in all Medical College Hospitals and in District/General Hospital in the district where there is no Medical College and at Taluk Head quarters Hospital Idukki for assessment of disability and issue of Medical certificate.

2. The Hon'ble Supreme Court has directed the Indian Airlines that those suffering from locomotor disability to the extent of 50% and above would be entitled to the concession from, the Indian Airlines for traveling by air within the country at the same rate as has been given to those suffering from blindness on their furnishing the necessary certificate from the Chief Dist. Medical Officer to the effect that the person concerned is suffering from the disability to the extent of 80%.

It is further stated in the judgment that such medical officer wherein the disabled ordinarily reside will constitute a Board with a specialist in orthopedic and one other specialist whom he thinks suitable for the purpose and examine the person and would grant necessary certificate for the purpose.

3. In the circumstances, the standing disability assessment boards functioning in all Districts are authorized to issue disability certificates to those who are suffering from Locomotor disability to the extent of 80% and above who score to avail of the air fare concession from the Indian airlines.

By ORDER OF THE GOVERNOR
RAJEEV SADANANDAN (Special Secretary to Govt.)

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15-5-97

GOVERNMENT OF KERALA ABSTRACT

**Medical Examination of Physically handicapped persons issue of Medical Certificate to
 Physically handicapped persons-Guidelines issued.**

HEALTH & FAMILYWELFARE(G) DEPARTMENT

G.O.(P) No. 161197/H&FWD

Dated Thiruvananthapuram 15-5-1997

- Read:-
1. G.O. (At) 12074/801 Dated: 26-7-80
 2. G.O.(P) 152/86/G&FWD Dt. 4-8-96
 3. Circular No. M2-54433/95/DHS Dt. 24-6-95
 4. Lr.No.M2-39007/94/DHS 01. 12-7-94 from the OHS.

ORDER

Government are pleased to issue the following revised orders/guidelines, for issuing Medical Certificate for the Physically handicapped. in supresession of all the existing orders in the matter.

- 1) Standing disability Assessment boards will be constituted in all the .Medical College Hospital and in District/General Hospitals in the Districts where there is no Medical College and at Taluk Headquarters Hospital. Idukki for assessment of disability and issue of Medical certificates.
- 2) Constitution of the boards will be as follows.
 1. Superintendent of the concerned hospital - Chairman
 2. Specialist in Physical Medicine - Member
 3. Specialist in Ophthalmology - Member
 5. Specialist in Psychiatry - Member
 3. Specialist in Orthopedic - Member
 4. Specialists in ENT - Member
- 3) When a particular specialist is not available in the Hospital where such Board is functioning, the Director of Health services will depute a Doctor of that Specialty from another hospital in the same District or another Dist. to attend the Board meeting.
- 4) The Board will meet once in a week or as often as required. Application for the issuance of the Medical Certificate should be addressed to the chairman of the Board.
- 5) The Purview of the Standing Disability assessment Board will be as follows:
 - a. To Examine and issue disability certificates for claiming special conveyance allowance for the state / Central Government employees, employees of Public Sector Undertaking etc.
 - b. For the purpose of Registration in the Employment Exchanges for joining new appointment. applying for jobs. admission for courses etc.
 - c. To examine and issue disability certificates in cases where a disability certificate already issued by an individual Doctor requires reassessment. For this application from the disabled patient/employer etc. is to be obtained along with an attested copy of the initial disability certificate.
 - d. For any other purposes ordered by Govt. in the Health & Family Welfare Department.
- 6) Appeals against the assessment of the standing Disability Assessment Boards in the Districts will be submitted to the standing state Disability Assessment Board to be newly constituted.
- 7) The Standing state Disability Board will be constituted as follows.
 1. Addl. Director of Health Services (Medical) - Chairman
 2. Asst. Director of Health Services (PM&R) - Member
 3. Asst. Director of Health Services (Ophthalmology) - Member.
 4. Senior Specialist in ortho - Member.

5. Senior Specialist in ENT - Member.
6. Senior Specialist in Psychiatry - Member

This Board may co-opt other specialist Doctors as members whenever necessary.

8) Except in cases which do not fall within the purview of the Board as mentioned in paragraph 5, alone disability certificates can be issued by the respective specialists in Medical College Hospital, District / General and Taluk Hospitals i.e., Physical Medicine or Orthopedics in cases of locomotor disabilities, Eye specialist in the case of visual problems, ENT Specialist in the case of Speech and Hearing problems/retardation. The certificates are to be countersigned by the Superintendent of the hospital when financial benefits/ concessions are to be claimed from state Govt.

9) Disability certificates to be produced before Motor Accident Claims Tribunal. Workman's compensation court, individual compensation claims in other courts etc. will be issued by a Specialist Doctor (Govt. or Private) with not less than 10 years standing in the speciality, who has not treated the patient in the acute stage after the accident. This is to ensure unbiased and accurate assessment of the permanent disability. Perusal of the relevant documents regarding the injuries sustained and treatment instituted etc. should be made and certificate of disability issued only after careful and thorough evaluation.

10) Appeals/ Second opinion in the case of such certificates will be referred to State Disability Assessment Board. The State Disability Assessment Board will be the final appellate authority in these cases also.

By Order of the Governor)
RAJEEV SADANANDAN, ADDITIONAL SECRETARY

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PROBATION

1-1-1979

DECLARATION OF PROBATION

Circular No. EAS 662179/DHS. Directorate of Health Service, Trivandrum, Dated 1-1-1979

Sub:- Establishment - Health Service Department - declaration of probation of Assistant Surgeon - instructions issued.

Order declaring satisfactory completion of probation of Assistant Surgeon are issued in this office on representations received from the Assistant Surgeons direct and in certain cases on the representations forwarded by the Dist. Medical Officers of Health / Heads of institutions. Though Dist. Medical Officers of Health are expected to furnish certificates on the work and conduct of Assistant Surgeons while forwarding such representations this is not being done in recent times. It is highly essential to evaluate the work and conduct of Assistant Surgeons before declaring satisfactory completion of their probation.

Hereafter, Assistant Surgeons will forward representations for declaration of probation through the Dist. Medical Officers of Health of the respective districts. Requests received, direct, will not be entertained. The Dist. Medical Officers of Health will forward such representations to this officer with specific recommendations also furnishing certificate regarding the work and conduct of the Assistant Surgeons, after verifying their confidential records. Original certificates for passing accountability test for executive officers or attested extracts of Gazette notifications in respect of result published during the period when certificate were not being issued should be forwarded. Date commencement of regular service should also be reported in all cases.

As regards the Assistant Surgeons working under the E.S.I. scheme the Administrative Medical Officer, E.S.I. Scheme should furnish the certificate regarding work and conduct while forwarding representations for declaration of probation.

This instruction may be brought to the notice of all Assistant Surgeons whose probation have yet to be declared.

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SUBMISSION OF CONFIDENTIAL REPORT OF MEDICAL OFFICERS-GUIDELINES

സർക്കുലർ

വിഷയം: ആരോഗ്യവകുപ്പ് ഡിപ്പാർട്ട്മെന്റൽ പ്രൊമോഷൻ കമ്മിറ്റി കോൺഫിഡൻഷ്യൽ റിപ്പോർട്ടുകൾ തയ്യാറാക്കുന്നതും അയക്കുന്നതും സംബന്ധിച്ച്:

ആരോഗ്യവകുപ്പിൽ കഴിഞ്ഞ കുറെ കാലമായി ഗസറ്റഡ് തസ്തികകളിലേക്ക് പ്രൊമോഷനുകൾ നൽകാനാവാത്ത അവസ്ഥ നിലനിൽക്കുകയാണ്. സർവ്വീസ് നീനീയോറിറ്റി മാത്രം പരിഗണിച്ച് പ്രൊമോഷൻ പ്രൊമോഷൻ നൽകാനാവാത്ത സാഹചര്യത്തിൽ എല്ലാ പ്രൊമോഷൻ തസ്തികകളിലേയ്ക്കും അടിയന്തിരമായി ഡിപ്പാർട്ട്മെന്റൽ പ്രൊമോഷൻ കമ്മിറ്റികൾ കൂടാനുള്ള നടപടികൾ ഡിപ്പാർട്ട്മെന്റ് സ്വീകരിച്ചിട്ടുണ്ട്. എന്നാൽ ഡി. പി. സി കൾക്ക് മുൻപാകെ സമർപ്പിക്കേണ്ട ഉദ്യോഗസ്ഥരുടെ കോൺഫിഡൻഷ്യൽ റിപ്പോർട്ടുകൾ യഥാസമയം ഹെഡ്ക്വാട്ടേഴ്സിൽ ലഭിക്കാത്തതും ആയവ നിശ്ചിത സമയത്തിനുള്ളിൽ തയ്യാറാക്കി അയക്കുന്നതിന് ബന്ധപ്പെട്ട മേലധികാരികൾ ശ്രദ്ധിക്കാത്തതും, ജി. പി. സികൾ കൂടുന്നതിന് അനാവശ്യമായ കാലതാമസം സൃഷ്ടിക്കുന്നു. ഈ പ്രതിസന്ധി പരിഹരിക്കുന്നതിനു വേണ്ടി ബന്ധപ്പെട്ട എല്ലാവരും കർശനമായി പാലിക്കുവാൻ താഴെ പറയുന്ന നിർദ്ദേശങ്ങൾ പുറപ്പെടുവിക്കുന്നു.

01. ഗസറ്റഡ് തസ്തികയിലും, ഏറ്റവും ഉയർന്ന നോൺ ഗസറ്റഡ് തസ്തികയിലും ഉള്ള എല്ലാ ഉദ്യോഗസ്ഥരുടെയും കോൺഫിഡൻഷ്യൽ റിപ്പോർട്ടുകൾ എല്ലാ വർഷവും ആരോഗ്യവകുപ്പ് ഡയറക്ട്രേറ്റിലേക്ക് അയക്കേണ്ടതാണ്.
02. കോൺഫിഡൻഷ്യൽ റിപ്പോർട്ട് ഒരു കലണ്ടർ വർഷത്തിലേയ്ക്കാണ് തയ്യാറാക്കേണ്ടത്. അതാത് 2002 - വർഷത്തെ കോൺഫിഡൻഷ്യൽ റിപ്പോർട്ട്, 01-01-2002 - മുതൽ 31-12-2002 വരെയുള്ള കാലയളവിലെ പ്രവർത്തനത്തെ സൂചിപ്പിക്കുന്നതായിരിക്കണം.
03. ഒരു ഉദ്യോഗസ്ഥന്റെ കോൺഫിഡൻഷ്യൽ റിപ്പോർട്ട് തൊട്ടടുത്ത മേലധികാരി തയ്യാറാക്കേണ്ടതും, അധികാരപ്പെട്ട മേലുദ്യോഗസ്ഥൻ റിവ്യൂ ചെയ്യേണ്ടതുമാണ്. ഉദാഹരണമായി. ഒരു അസിസ്റ്റൻ്റ് സർജന്റെ കോൺഫിഡൻഷ്യൽ റിപ്പോർട്ട് ആശുപത്രി സൂപ്രണ്ടോ, അല്ലെങ്കിൽ ഡപ്യൂട്ടി ജില്ലാമെഡിക്കൽ ഓഫീസറോ റിപ്പോർട്ട് ചെയ്ത ശേഷം. ജില്ലാമെഡിക്കൽ ഓഫീസർ റിവ്യൂ ചെയ്ത് അയക്കേണ്ടതാണ്. **റിവ്യൂ ചെയ്യാതെ അയയ്ക്കുന്ന കോൺഫിഡൻഷ്യൽ റിപ്പോർട്ടുകൾ മക്കി അയക്കുന്നതായിരിക്കും.** എല്ലാ കോൺഫിഡൻഷ്യൽ റിപ്പോർട്ടുകളും ജില്ലാമെഡിക്കൽ ഓഫീസറുടെ കാര്യലയെ വഴി മാത്രമേ ഡയറക്ട്രേറ്റിലേക്ക് അയയ്ക്കുവാൻ പാടുള്ളൂ.
04. കോൺഫിഡൻഷ്യൽ റിപ്പോർട്ടിനോടൊപ്പം ഫുൾസ്കേപ്പ് പേപ്പറിൽ പ്രത്യേകം എഴുതി തയ്യാറാക്കിയ സെൽഫ് അപ്പറൈസൽ ഉണ്ടായിരിക്കണം. ഒരു പ്രവൃത്തി വർഷത്തെ, പ്രവർത്തനങ്ങളുടെ സംക്ഷിപ്ത വിവരണത്തെയാണ് സെൽഫ് അപ്പറൈസൽ എന്ന് വിവക്ഷിക്കുന്നത്. ഓരോ വർഷവും പ്രത്യേകം, പ്രത്യേകം തയ്യാറാക്കിയ കുറിപ്പ് സമർപ്പിക്കേണ്ടതാണ്. മുൻവർഷങ്ങളിലെ പ്രവർത്തന കുറിപ്പിന്റെ ഫോട്ടോകോപ്പികൾ സ്വീകാര്യമല്ല.
05. സെൽഫ് അപ്പറൈസൽ നൽകാത്ത ഉദ്യോഗസ്ഥരുടെ കോൺഫിഡൻഷ്യൽ റിപ്പോർട്ടുകൾ മേലുദ്യോഗസ്ഥന്മാരുടെ റിവ്യൂ ചെയ്യുവാൻ പാടുള്ളതല്ല.
06. കോൺഫിഡൻഷ്യൽ റിപ്പോർട്ടിനൊപ്പം ഇപ്പോൾ പ്രവൃത്തിയെടുക്കുന്ന തസ്തികയിൽ, പ്രബേഷൻ ഡിക്ലെയർ ചെയ്ത ഉത്തരവ് ഇല്ലാത്ത കോൺഫിഡൻഷ്യൽ പ്രൊമോഷൻ കമ്മിറ്റിക്ക് മുൻപാകെ, പ്രൊമോഷൻ പരിഗണനയ്ക്കായി സമർപ്പിക്കുന്നതല്ല.
07. നോൺ ഗസറ്റഡ് തസ്തികയിലുള്ള ഉദ്യോഗസ്ഥന്റെ കോൺഫിഡൻഷ്യൽ റിപ്പോർട്ട് പെർഫോമൻസ് അപ്പറൈസൽ ഫോം 2 (എ)യിലും ഗസറ്റഡ് തസ്തികയിലുള്ള ഉദ്യോഗസ്ഥരുടെ കോൺഫിഡൻഷ്യൽ റിപ്പോർട്ട് പെർഫോമൻസ് അപ്പറൈസൽ ഫോം 2 (ബി)യിലുമാണ് തയ്യാറാക്കേണ്ടത്. ആവശ്യം വേണ്ടതായ എല്ലാവിവരങ്ങളും രേഖപ്പെടുത്തി എല്ലാ കോളങ്ങളും പൂരിപ്പിക്കേണ്ടതാണ്. ഒരു ഉദ്യോഗസ്ഥന്റെ പേരിൽ അച്ചടക്കനടപടി നിലനിൽക്കുന്നുണ്ടെങ്കിലോ, ശിക്ഷകൾ നൽകിയിട്ടുണ്ടെങ്കിലോ അതിന്റെ പൂർണ്ണ വിവരങ്ങൾ കോൺഫിഡൻഷ്യൽ റിപ്പോർട്ടിന്റെ നിർദ്ദിഷ്ട സ്ഥലത്ത് രേഖപ്പെടുത്തണം. ശൂന്യ

- വേതന അവധിയിൽ പ്രവേശിച്ചിട്ടുള്ള ഓഫീസർമാരുടെ കോൺഫിഡൻഷ്യൽ റിപ്പോർട്ട് അയക്കുമ്പോൾ ആ വിവരം പ്രത്യേകം രേഖപ്പെടുത്തേണ്ടതാണ്.
08. റിപ്പോർട്ട് ചെയ്യുന്ന അല്ലെങ്കിൽ റിവ്യൂ ചെയ്യുന്ന മേലുദ്യോഗസ്ഥന്റെ പേരും ഡസിഗ്നേഷനും വ്യക്തമായി രേഖപ്പെടുത്തിയിരിക്കണം. അതോടൊപ്പം ഡസിഗ്നേഷൻ സീലും ഓഫീസ് സീലും പതിപ്പിക്കേണ്ടതാണ്.
 09. കോൺഫിഡൻഷ്യൽ റിപ്പോർട്ടിന്റെ ആദ്യപേജ് പുരിപ്പിച്ച് കിട്ടുന്നില്ലെന്ന കാരണത്താൽ സി.ആർ. അയക്കുവാൻ കഴിയുന്നില്ലെന്ന് പറഞ്ഞ് റിപ്പോർട്ടിംഗ് ഓഫീസർക്ക് ഉത്തരവാദിത്വത്തിൽ നിന്നും ഒഴിയാനാവില്ല. സി.ആർ തയ്യാറാക്കുന്ന കാര്യത്തിൽ ആദ്യ പേജ് പുരിപ്പിച്ച് വാങ്ങുന്നതിനുള്ള ബാധ്യത പൂർണ്ണമായും റിപ്പോർട്ടിംഗ് ഓഫീസർക്ക് തന്നെയാണ്.
 10. കോൺഫിഡൻഷ്യൽ റിപ്പോർട്ട് തയ്യാറാക്കേണ്ട വിഭാഗവ്ൽപ്പെട്ട ഏതെങ്കിലും ഉദ്യോഗസ്ഥന്റെ സി.ആർ തയ്യാറാക്കപ്പെടാതിരുന്നിട്ടുണ്ടെങ്കിൽ അതിന്റെ കാരണം വിശദമായി അറിയിക്കേണ്ടതാണ്.
 11. ഏതെങ്കിലും പ്രത്യേക കാറ്റഗറികളുടെ, ഡിപ്പാർട്ടുമെന്റൽ പ്രൊമോഷൻ കമ്മിറ്റി കൂടാതിരുന്ന സാഹചര്യത്തിൽ മുൻവർഷങ്ങളിലെ കോൺഫിഡൻഷ്യൽ റിപ്പോർട്ടുകൾ, ഡയറക്ട്രേറ്റിൽ നിന്നും ലഭിക്കുന്ന നിർദ്ദേശങ്ങൾ അനുസരിച്ച് സമയബന്ധിതമായി അയച്ചുകൊടുക്കുവാൻ ശ്രദ്ധിക്കേണ്ടതാണ്.
 12. കോൺഫിഡൻഷ്യൽ റിപ്പോർട്ടുകൾ തയ്യാറാക്കുമ്പോൾ പ്രധാനമായി ശ്രദ്ധിക്കേണ്ട കാര്യങ്ങൾ. കോൺഫിഡൻഷ്യൽ റിപ്പോർട്ട് ഫോമുകളുടെ അവസാന പേജിൽ നൽകിയിരിക്കുന്നത് ബന്ധപ്പെട്ട എല്ലാവരുടേയും ശ്രദ്ധയിൽ കൊണ്ടുവരേണ്ടതാണ്.
 13. ഈ സർക്കുലർ ജില്ലാ മെഡിക്കൽ ഓഫീസറുടെ പരിധിയിൽ വരുന്ന എല്ലാ സ്ഥാപനങ്ങളിലേയും ജീവനക്കാരുടെ അറിവിലേക്കായി സർക്കുലേറ്റ് ചെയ്യേണ്ടതാണ്.

ഡോ. വി. കെ. രാജൻ
ഡയറക്ടർ ഓഫ് ഹെൽത്ത് സർവീസസ്

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17-07-2002

CIRCULAR

Sub:- Estt-HSD-Declaration of Probation in the cadre of Asst. Surgeon / Civil Surgeon / Dy.DHS futher instructions regarding.

Ref : Letter No. EA4/49645/DHS dated 15-07-02. & 20-03-2003.

The period of probation is prescribed for

1. Asst. Surgeons : 2 years actual duty within a period of three years.
2. Civil Surgeon & Dy.DHS : 1 year actual duty within a continuous period of 2 years.

Most of the medical Officers are not seen submitting the proposal for declaration of probation after completing the prescribed period. Hence the following decisions were taken by the DHS Tvm.

1. Here in after time bond Higher Grade to Asst. Surgeons / Civil surgeons will be sanctioned only to the proposals having details of declaration of probation.
2. Action will be taken to terminate the probation of those who are not submitted the proposal for declaration of probation after completion the prescribed period.

In case of Asst. Surgeons the following documents need be forwarded to the declaration of probations.

1. Statement (Details of GPF, SLI, GIS etc. need to be noted in the statement)
2. Account Test Certificate in original.
3. Copy of Order of regularisation of Appointment.
4. Confidential report with self assessment. (Calender year wise) during the period of probation.

In case of Civil Surgeon / Deputy DHS

1. Statement
2. Copy of the order of promotion.
3. Confidential report with self assessment (calender year wise) during the period of probation.

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CONDEMNATION / DISPOSAL

29-10-1993

LIFE PERIOD OF CONSUMABLE ARTICLES GOVERNMENT OF KERALA

ABSTRACT

**Health & Family Welfare Department - consumable articles supplied in
Government Hospital life period fixed orders issued.**

HEALTH & FAMILY WELFARE (M) DEPARTMENT

G.O.MS.121/H&FWD

Thiruvananthapuram . dt. 29-10-1993.

Read: 1. Minutes of the Conference of the District Medical Officers held at Ernakulam on 3-10-1993.

2. Letter No. G1-5258/93/GMS dated 21-10-1993 from the Director of Health Services, Thiruvananthapuram.

ORDER

Government have noticed that large quantities of unserviceable articles are accumulated in Government Hospital/ Dispensaries throughout the state adversely affecting the hygienic condition in the hospitals. A lot of valuable space is also occupied by these articles. This is mainly due to the reason that condemnation of unserviceable items are not being done promptly. One of the main reason for delay in this work is the non availability of the book value of the items issued years ago. To surmount this problem, Government deem it fit to fix a life period for such perishable articles. The situation has been discussed at the District Medical Officer meeting held on 8-10-1993 and it was decided to prescribe a life period for consumable items and to declare that the expiry of the prescribed life the book value of the consumable items would be zero.

Accordingly, in consultation with the director of Health services. Thiruvananthapuram Government are pleased to fix the life period of the following consumable articles as indicated below.

<i>Name of article</i>	<i>Life Period.</i>	<i>Name of article</i>	<i>Life Period.</i>
1. Blanket (Woolen)	15 years.	2. Pillow Rubber	10 years.
3. Mattress Rubber (large)	8 years.	4. Mattress Rubberised cover	8 years.
5. Pillow Foam	8 years.	6. Mattress foam	6 years.
7. Calico Unbleached	5 years.	8. Jamukalam	5 years
9. Surgeons' cap	5 years.	10. Apron Operation plastic	4 years.
11. Green cloth	4 years.	12. Mattress cover	3 years.
13. Bed sheet	3 years.	14. Pillow Cover	3 years.
15. Towel Ordinary	3 years.	16. Towel Patna Type	3 years.
17. Canvas Structure	3 years.	18. Dusters	3 years.
19. Mundos	3 years.	20. Face Mask	3 years.
21. Mattress over small	3 years.	22. Hot Water Bag	1 year
23. Ice Bag	1 year	24. Mackintosh	1 year
25. Catheter Rubber	1 year	26. Tube - Rubber	1 year
27. Plastic Sheet	1 year	28. Gloves	3 months.

Government also order that (i) after the expiry of the life period, the book value of the above articles will be treated as zero.

(ii) A Condemnation committee in each district with the district Medical Officers as Chairman and the Superintendent of the Hospital / Medical Officer in charge, one medical Officers and one staff Nurse / Para medical staff as members of the committee will be constituted.

(iii) The committee will have full powers to dispose off all consumable items which are life expired after they are surveyed and approved as fit for condemnation. without orders from higher authorities.

By order of the Governor.

Gopalakrishna Pillai, Secretary of Government.

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28-1-1994**DISPOSAL OF EMPTY BOTTLES**

Copy of G.O. MS. 20/94/H&FWD dt. 28-1-1994 from Health & FW (M) Dept. Health & Family Welfare Department - Disposal of Empty bottles in Public Health Institutions - disposal - orders issued.

Read: Minutes of the conference of District Medical Officers Held at Ernakulam on 8-10-1995.

Government have noticed that a large number of empty bottles packing cases are accumulated in Governmente hospital, Dispensaries through out the state affecting the hygiene condition in the hospital and occupying much space, Government are therefore, pleased to order that the empty bottles / packing cases accumulated in Public Health institutions should be disposed off immediately in public auction, after giving wide publicity by the Superintendent / Medical officers in charge of the Institutions. If no bidder turns up for the empties even after auction notices are issued twice, the superintendent / Medical Officer in charge of the public Health Institutions will constitute a condemnation committee with superintendent / Medical Officers in charge of the Hospital as chairman and one staff Nurse / Para Medical Staff / Stores Superintendents as members and the committee will dispose off the empties from the premises of public Health Institution.

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4-6-94

**FOR CONDEMNATION - LIFE PERIOD OF HOSPITAL EQUIPMENT'S
GOVERNMENT OF KERALA**

ABSTRACT

Health & Family Welfare Department - Hospital equipment's and Instruments - life period fixed - orders issued.

Health & Family Welfare (M) Department

G.O. (MS) 118/94/H&FWD/

Trivandrum, dt. 4-6-94

Read:

1. G.O. MS. 121/93/H&FWD. dated 29-10-1993
2. Lr. No. C1/953/94/DHS dt. 2-5-1994 of the Director of Health Service, Thiruvananthapuram.

ORDER

In continuation of the Government order first read above, Government are pleased to fix the life period of the following Hospital equipment's and instruments as indicated bellow.

1. Cabinet Instrument **20 years.**
- 15 Years**
1. Examination Table
2. Iron cot
3. Bed - side locker
4. Chair-self propelling.
5. Stand drum to hold three drums
6. Stand instrument Mayo
7. Stand revolving.
8. Table post mortem.
9. Table Maternity.
10. Cureite.
11. Champ & clip of all types
12. Table operation (Minor & Hydraulic)
13. Trolley all types and General Instruments such as : a. Bistouny, b. Bougies, c. Cephalo tribe.

LIFE PERIOD 5 YEARS

1. Diagnosticset.
2. Dilator
3. Forceps and Scissors of all Types
4. Retractor
5. Speculum..
6. Sound uterine.
7. Cradle
8. Dressing Drum.
9. Screen
10. Stand - Irrigation.
11. Stand Oxygen.
12. B.P. Apparatus
13. Autoclave
14. Weighing Machine
15. Paddock
16. Steel items.
17. Mug
18. Cup
19. Jug
20. Besin Bowl
21. Bath tap
22. Bucket
23. Basin
24. Bowl
24. Pressure cooker (steam drum)
25. Scale counter type and disposing.

LIFE PERIOD 3 YEARS

1. Bedpan
2. Jug
3. Sauce Pan
4. Kettle
5. Steel Bed pan

Government also order that-

- i. After expiry of the life period indicated above, the book value of the above articles be treated as zero.
- ii. The condemnation committees in each district constituted vide G.O. first read above will verify and confirm that the equipment's and instruments are irreparable and are not fit for use.
- iii. The superintendent of the concerned hospital will then place the list of articles approved for condemnation by the condemnation committee before the Hospital Development Committee for their information and review, if necessary.

There after, the item concerned will be disposed off in public action.

By order of the Governor,
Gopal Krishna Pillai, Secretary to Government.

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19-8-1994

GOVERNMENT OF KERALA ABSTRACT

Health & Family Welfare (M) Department

G.O. MS. NO. 196/94/H&FWD.

Thiruvananthapuram dt.19-8-1994.

Read: 1. G.O.MS.121/93/H&FWD dated 29-10-93

2. G.O. MS 118/94/H&FWD dated 4-6-94

3. Letter No. A6/15209/93 dated 8-4-94 from District Medical Officers (Health) Kanhangad.

4. Letter No. G 1-2358/94/GMS dated 24-6-94 from Director of Health Service.

ORDER

In continuation of the Government orders first and second read above, Government are pleased to fix the life period of the following Hospital equipment and instruments as indicated below:

List of Articles

1. Apron (Operation Theatre)	3 years	2. Leggings (Stockings)	3 years
3. Cotton Mattress	3 years	4. Bath Towel	3 years
5. Abdominal Binder	3 years	6. Surgeons overcoat	3 years
7. Operation gown	3 years	8. Mosquito net	5 years
9. Flannel Blanket	10 years		

Government also order that

- i) After expiry of the life period indicated above, the book value of the above articles be treated as zero.
- ii) The condemnation committees in each district constituted vide G.O. First read above will verify and confirm that the equipment's / materials / instruments are irreparable and are not fit for use.
- iii) The superintendent of the concerned hospital will then place the list of articles approved for condemnation by the condemnation committee before the Hospital Development committee for their information and review, if necessary.

There after, the items concerned will be disposed off in public auction.

It is emphasised that life indicated is only indicative and that the committee will verify the condition and serviceability of each item before a decision is taken to condemn it.

By order of the Governor
Gopal Krishna Pillai, Secretary of Government.

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STORES MANAGEMENT & STOCK ACCOUNTING

The term "Stores" means all articles and materials (other than cash and documents), which come into the possession of a Govt. servant for use in Public Service. This term does not, however, include items like dietary articles of the animals in zoos, sundry articles like fuel, charcoal, dietary product etc.

The store Room should have adequate space to keep various categories of drugs, instruments, equipments, lines, bedding and clothing and combustible items like spirit, Glycerine. etc. Racks and cupboards should be provided to keep drugs in alphabetic order classifying injections, tablets and other items. Potency of drugs will deteriorate in abnormal variation in storage temperature and in wet and moisture. The storeroom should be kept neat and tidy as in the case of pharmacy. Inj. Insulin,

Tetnus Toxoid and Vaccines should not be indented or procured unless there is Refrigerator or ILR in working condition in the institution.

ANNUAL INDENT:

Annual indents should be prepared realistically taking into consideration of average consumption of each and every items for the last 3 years plus 5 to 10%. The custodians will only be responsible for unwanted materials indented.

STOCK REGISTER:-

1. A stock Register will be an official Stock Register if it is serially page numbered and certified in the first page.
2. Index of the items entered in stock register should be written in 2nd and 3rd pages, And annual physical verification certification in the last pages.
3. All items carried over to the new Volume of stock register from old one should be in a particular date especially on 1st April of every year noting the corresponding page numbers in both Registers ie, Carried over to Page no. of Vol.2 and, Brought forwarded from- Page no. of Vol.1. A certificate to that effect has to be recorded in 1st page of the respective volumes.

RECEIPTS

1. All receipts should be noted in red ink and all issues in ordinary ink duly initialed by the custodian on the remarks column.
2. Quantities received, unit, unit price, Total quantity (Opening balance + quantity received) Batch No. D/M, D/E, Name of firm should be noted in appropriate columns.
3. Supply of medicines and other items from DMS, FW, UIP etc are made under an Issue Note in duplicate, No items should be taken to stock from any source unless under an Issue Note.
4. The custodian after satisfying himself to the correctness and condition of the items received, should return the original copy of the Issue Note immediately duly acknowledged and office seal affixed. He should not make any correction, overwriting or checks- marking in the original copy of the issue notes. If any discrepancy or defect in the condition of any item received is noticed, he should report the fact to the Issuing Officer immediately.
5. The duplicate copy of the Issue notes, after taking all the items into stock with batch No., date of expiry, price per unit, Page No. and Vol. of the stock Register in red ink against each item in the Issue Note should be signed and Seal affixed and filed in the Issue Note file chronologically year wise.
6. The custodian before signing in the duplicate copy of the Issue Note should satisfy that these requirements have been fulfilled.
7. The custodian should ensure that drugs or any other articles, which are not indented, are not received. If supplied such items by Issuing Officer, the receiving officer (Custodian) shall refuse to accept such articles or articles supplied over and above the quantity actually indented for.

REGISTER OF ISSUE NOTES

A Register of Issue Notes has to be maintained in the store in the following Performa:

Sl. No.	Issue Note No. & Date	Date of Actual receipt	No. of Sheet	Total Amount	Date of Return of the orgl. copy	Initial of the custodian

8. Every article received from any source (Instruments, equipments including X-Ray films, Lab chemicals etc.) should be taken to stock in the respective main stock Register of the Institution and then it could be issued to the concerned sections on proper indent, The custodian of the main stock should ensure that all such items issued to sub stock custodians are entered in their respective sub stock registers with unit price and got their acknowledgement in the respective page of the item in the main stock Register.

REGISTER OF LOCAL PURCHASE

A Register of local purchase has to be maintained in every store of the institution where local purchases are made.

1. The custodian should ensure that the cost of each items purchased are in conformity with CPC price list in the case of bulk purchase or with in the maximum Retail Price in the case piece

meal purchase and the ST claimed limited to 4%. He should also ensure that the items purchased are as per NAC issued by store Supdt. DMS concerned and also as per purchase order placed by the head of the institution concerned duly recommended by the HMO in the case of Major Hospitals. The custodians should not issue NAC for the items, which are in stock. He may point out any discrepancy noticed in this regard in writing to the Head of the institution and get his specific orders before such items are taken to stock and stock entry certified.

2. Date, Bill No. & Date, unit price, quantity, total cost, D/E etc. has to be noted 'in the concerned columns in stock entry with initials.

3. When instruments and equipments are locally purchased, stock entry should be made simultaneously in the main stock book of instruments and equipments and the stock Book. page No. should be noted against the stock entry in the register of local purchases.

REGISTER OF UNIFORM CLOTH:-

This register has to be maintained like acquittance register. The Receipt, Issue and balance of each item should be authenticated by the custodian.

INDENT BOOK:-

Indent Book should be maintained in the following Form:-

Sl. No. 1	Name of Drug 2	Balance on hand 3	Quantity indented 4	Quantity issued 5

Indents should be signed by the indenting officer (Pharmacist/Staff Nurse/J.P.H.N/LHI/H.I etc) and countersigned by the M.O. in charge. Quantity issued should be noted in red ink under the initial of the Pharmacist/Pharmacist store Keeper/Stores Superintendent (Issued 'X' items). And at the time of issue, receipt of the articles should be acknowledged by the indenting officer (Received 'X' items correctly).

Separate indent books should be maintained for each section.

ISSUE SYSTEM:-

1. Medicines:- Weekly issue with weekly stock entry is the most advisable issue system, Drugs required for more than one week should not be indented for, or issued from the store.

2. Instruments & Equipments:-

(a) Instruments can be issued as in the case of medicines, but two additional columns should be provided, after the column for the initial of the issuing authority. One for noting the page No. of the Sub stock Register of instruments of the Ward/Section in which the article is taken to stock and the other for obtaining signature of the recipient with name and designation.

(b) A sub stock register of instruments and equipments has to be maintained in each Ward/Section in the format of the main stock book with appropriate changes needed for the purpose. It should contain details such as date of receipt, from whom received, number received, previous balance, total price per unit and initial of the Officer in charge of the sub stock register concerned.

REGISTER OF UNSERVICEABLE ARTICLES

A Register of unserviceable articles has to be maintained in each ward/section in the following Form:-

Sl. No. 1	Name of article 2	No. of qty. 3	date of receipt 4	price per unit 5	Ground on which the article became unserviceable 6	Initial of the officer incharge 7

1. When the articles become unserviceable, ward/section wise list should be prepared by the sub stock custodians and furnished to the store. Consolidation of such lists can be made in the

store level in KFC Form 21(Survey Report) for condemnation and write off. And on receipt of sanction from competent authority such items can be deducted from the stock Register of unserviceable articles kept in each ward/section concerned.

Register of Condemned Articles:-

A Register of condemned articles is to be maintained in each Ward/Section to carry a summary of each sanction order for condemnation. Entries in this Register should be attested by the M.O in charge/store superintendent. And after this the,original sanction order Should be kept in the store in a separate file.

Slow moving/stagnant Drugs:-

Whenever a drug becomes slow moving or stagnant the custodian pharmacist / pharmacist store keeper/store superintendent should report the matter to the head of the institution concerned at once and the head of the institution should report the matter to the DMOH concerned at least 6 months before its, date of expiry. At the same time he shall arrange to transfer the drug to any neighbouring needy institutions. When the matter thus reported to DMOH concerned, the fact (letter No. and date of the .custodian and the Head of the institution) may be noted on the stock book page of the drug concerned. The correspondence file in this regard should be kept safely for future reference as a permanent record and should be handed over whenever custodians are transferred. The slow moving communication by DMOH concerned Should be kept in the file. All these correspondence, letter numbers with dates will enable the custodian to fill up the column No.7 of KFC Form 21,whenever Survey reports are prepared for condemnation of the date expired drugs.

Drugs Transferred IN and Transferred OUT: -

1. Any item transferred out to other institution being slow moving / stagnant/loan basis etc. should be with issue Notes in duplicate duly signed by the Issuing officer. Receipts should be obtained for the items thus transferred out. from the recipient officer. The items thus transferred out should be deducted from the stock showing to which institution thus transferred.

2. Proper receipt should be issued for the items transferred in from other institution (Original & duplicate). The duplicate copy of such receipts and the duplicate copy of the Issue Note and original receipts described in Para 1 above should be kept in Issue Note file after noting the page No. and stock Register Volume in Red ink against each item. .

Sub Standard Drugs:-

Whenever a drug is declared as substandard or when a drug is found to be of substandard quality such as colour change or decomposed in the case of Tablets or sediments or precipitate formed in the case of Injections, I.V. .fluids or' liquid preparations the useage of that drug should be stopped immediately and the matter should be reported to the DMOH and stores superintendent, Dist. Medical stores concerned with necessary details.

Dead stock Register:-

A dead stock register has to be maintained in the store in the following proforma.

Sl. No.	Name of Drug	Qty.	Price Per Unit	Date of receipt	D/E	Ground on which the drug date expired	Action taken to utilise it	Action taken to dispose it	Initial of the custodian
1	2	3	4	5	6	7	8	9	10

(a) When a drug is found date expired or a drug is declared as substandard the stock of the same should be transferred to the dead stock Register with cross reference' of page No. both registers.

(b) Date of expiry of a drug will usually be printed on its container packets. In case it is noted 1n date, month and year it can be used only upto the last day of the preceeding date, month and year as the case may be; according to chemical stability of ingredients and wide letter No.G3-19382/91/GM5 dated 4-12-1991 of the DH5, Trivandrum.

(c) The rule that those medicines having no expiry date pri-nted on its packing/ cartons should not be used after 60 months of its manufacturing date. This rule came into effect in March1987 vide Govt. Notification No.5227/A/87/H7FWD dated 28-2-87 of Health & Family Welfare(F) Department published in the Kerala Gazette No.13 dated 31-3-87.

(d) In the case of date expired drugs a Survey Report in K.F.C Form 21 should be prepared in Quadruplicate. This Form is applicable in all Departments of Kerala for condemnation of articles. Hence Batch No. and date of expiry has to be noted in the Form for each date expired drugs.

(e) Financial Powers of Heads of Institutions in Health Services Department specifies in Annexure-1I for condemnation of date expired drugs and unserviceable articles.

FW, U.I.P, COSTAL HEALTH, LEPROSY CONTROL ETC

1. Separate stock Register, sub stock Register and Indent Books should be maintained for FW, U. I .P etc of medicines and other articles. F.W medicines are indented exclusively for FW purpose. It should not be issued in normal situation to the patients from General side. But, in the case of drugs nearing date of expiry, stock of such drugs shall be transferred to the general stock 3 months before the date of expiry. In the eventuality of drugs if any item of drug in general stock has completely exhausted and at the same time if the same item is available in FW stock sufficiently; the urgent requirement may be met by transferring the item from FW stock to General stock as loan basis. .

This item should be retransferred to FW 'Stock as and when fresh stock received in general side.

3. Stock and stock accounts of FW./U.I.P/ Coastal Health, Leprosy, T.B. etc should be handed by the pharmacist/pharmacist store keeper/store superintendent as the case may be. It should not be entrusted to any other incumbents as per drugs & Cosmetic Rules 1945.

RESPONSIBILITY

Responsibility for up keep of stores and discrepancies occurring in stock accounts will be as follows:-

1. Pharmacist. : Primary Responsibility - where there is no post of pharmacist store keeper.
- 2) Medical Officer : Joint responsibility for lac of supervision – where there is no post of pharmacist store keeper
- 3) pharmacist store keeper : Primary responsibility -where there is no post of stores superintendent.
- 4) RMO : Joint responsibility as per provision in para 9 of G.O (RT) No.2708/93/H & FWD dated 14-10-92/ and letter No. 0 & M 39525/92/DHS.dt.16-5-94.
- 5.) Stores supdt. : Primary responsibility and joint responsibility to R.M.O as stated above and to pharmacist store keeper as per Article 303 B(iii) of KFC Vol. I

SUB STOCK ACCOUNTS

1. Sub stock Registers has to be maintained in Pharmacy, Wards and other sections for the following categories of items received from the store as per indent.

- (a) Costly Drugs & Non costly Drugs. (b) Habit forming drugs such as Inj.Pethidine HCL, Inj.Morphine Sulphate, Inj.Diazepam, Tab.Diazepam, Tab.Phenobarbitone etc
- (c) Vaccines by LHI. (d) Serums & Chemicals for Blood Banks. (e) Laboratory items.
- (f) X-Ray films & chemicals., (g) Instruments & equipments in Wards, P.P.Units and LHI, main Centre Jr.P.H.N/Staff Nurse.

2. The stock register should be basically in the format of the main stock Book.

3. All items as per Issue Notes for FW & UIP Schemes should be taken to concerned Main stock Account and then issued to Lady Health Inspector and Health Inspector as per Indent duly sanctioned by the Medical officer.

As per G.O.(p) 225/83/HD. Health (p) Department dated 18-8-93 vide item No.3-11 the Lady Health Inspectors and Health Inspectors have to maintain sub stock Registers for the items they received as per indent and supply the items to J.P.H.Ns and J.H.Is respectively for their field operations.

4. In respect of transactions between a main store and the sub stores it' is essential that there should be complete reconciliation of the issues from the Main store and the receipts in the sub stores to which issues are effected from the Main Store. Acknowledgement of the custodians of sub stocks should be obtained in the Indent in the case of medicines. In the case of linen, Instruments and equipments the acknowledgement of the custodian of sub stock should get in the Main stock Register in which the items entered in that register..

5. Date of receipt and quantity received from the Main Store should be noted legibly in red ink in sub stock Register.

6. Daily transactions has to be entered patient wise in the case of costly drugs and total quantity issued daily. In the case of non costly drugs and all entries should be attested by the sub stock custodians concerned.

7. Name of drug 'and date of transaction (date, month and year) should be noted on each page of the Register.

9. When a Volume is closed, a new volume is opened. The old' volume should be kept ,safely noting the name of sections, Volume No. and' the period from to, on the cover page. Name pf custodian should also be noted on the fly-leaf' of each volume and change of custodian with date.

10. INSTITUTIONAL RESPONSIBILITY

In order to ensure that sub stock is carefully handled and sub stock registers are properly maintained, the Medical officer/R M O/A R M O as the case may be periodically verify the sub stock as per sub stock registers and indents and fact noted in the registers concerned. No item should be transferred from one section to other section without the consent of the Medical Officer//R.M.O/ A.R.M.O.

11. RESPONSIBILITY

1. Pharmacy	:	Pharmacist
2. Ward	:	Staff Nurse
3. Laboratory	:	Lab. Technician
4. Blood Banks	:	Blood Bank Technician
5. X-Ray	:	Radiographer
6. Ophthalmology	:	Ophthalmic Asst. / Orthopist
7. FW & UIP	:	Lady Health Inspector
8. PP Unit	:	Lady Health Inspector
9. Contraceptives	:	Health Inspector
10 .OP & Injection in PHCs	:	Jr. PHN / Staff Nurse main centre
11. Furniture Office	:	Clerk

CONDEMNATION

Condemnation of unserviceable article.-

Stores which are found to have become unserviceable in the ordinary course or by fair wear and tear, may be condemned by competent authority. Full reason for condemning such unserviceable stores be recorded in the survey report as follows:-

1. Certified that the items become unserviceable in the ordinary course through proper useage or by fair wear and tear.
2. Certified that the unserviceable items cannot be made serviceable by repair at a reasonable cost.
3. Certified that I have personally satisfied myself that the items are fit for condemnation.
4. Certified that the condemned items which cannot be reused.

CERTIFICATE IN THE PROCEEDINGS :

Certified that the undersigned had inspected all these article onand found that they become unserviceable in the ordinary course due to constant use or by thorough wear and tear.. Sanction is therefore accorded for condemnation and write- off cost of book value of Rs.3000/- (maximum) (Rupees three thousand only) from the stock account and disposed in auction. The items may be deducted from stock.

Sd /-
MO

Copy to:- 1. A.G. 2. DHS, 3. DMOH 4. Condemnation file.

2. Condemnation of date expired Medicines:-

1. Certified that timely action has been taken to utilise the items within the potency period.
2. Certified that Calendar of actions has been taken to dispose the items to needy institutions within -the potency period.
3. Certified that the items 'lost potency not due laxity on the part of the custodian.
4. Certified that the condemned items which are quite worth-less and fetch no value if auctioned.

CERTIFICATE IN THE PROCEEDINGS

Certified 'that I have personally satisfied myself that each item written off in these proceedings has become unserviceable in the ordinary course and not due to the laxity on the part of the custodian. .

. Therefore sanction is hereby accorded for the condemnation and write off the cost of Rs (Rupees.....) from the stock account of medicines. The items may be deducted from stock.

Sd/-M.O

Copy to:-1. A.G 2. DHS 3. DMOH, 4. Condemnation file

HANDING OVER CHARGE:-

Whenever an officer who is entrusted with the custody of stores in an institution is transferred the relieving officer should verify the stock of stores with the stock Accounts, Certify on the Stock Account as to the correctness of the stock taken over and report the result of verification to his immediate superior.

ANNEXURES

1. Financial Powers
2. Registers to be maintained
3. List of costly drugs

ANNEXURES II**REGISTERS TO BE MAINTAINED****1. Stock Register of Medicines**

- | | | | | |
|------------|-------|--------|------------------|------------------|
| 1. General | 2. FW | 3. UIP | 4. Costal Health | 5. Tribal Health |
| | | | | General |

2. Stock Register of Costly medicine :**3. Stock Register of Habit forming drugs :****4. Stock Register of Instruments & equipments**

- | | | |
|------------|------------|-------------------|
| 1. General | 2. FW & UI | 2. Coastal health |
|------------|------------|-------------------|

7. Stock Register of Bedding & clothing -**8. Stock Register of Vaccines, serums****9. Stock Register of Uniform cloth****10. Stock Register of X-Ray & Lab items****11 Stock Register of Local purchase****12. Stock Register of Donated Items****13. Stock Register of Cylinders & gas****14. Stock Register of Furniture****15. Stock Register of Dead Stock Register****16. Stock Register of Condemnation Register****17. Stock Register of Empties.****ANNEXURE -III****COSTLY DRUGS**

Drugs coming under the following price level should be drugs treated as costly

- | | | |
|----------------------|---|--------------------------------------|
| 1. INJECTION | : | Rs.5/- and above per normal Inj.Unit |
| 2. TRANSFUSION FLUID | : | Rs. 30/- and above per bottle |
| 3. CAPSULE | : | Re. 1 / - and above per Cap. |
| 4. TABLET | : | Re. 0.75 and above per tablet. |
| 5. SYRUP/SUSPENSION | : | Rs. 10/- and above per bottle |
| 6. EYE/EAR DROP | : | Rs. 10/- and above per bottle |
| 7. OINTMENT | : | Rs.10/- and above per tube. |

* * * * *

ACCOUNTABLE DRUGS**20-10-1993****CIRCULAR**

Sub : Costly Drug - changing of the term to Accountable Drugs revised list - req.

Ref. : 1. Circular No. G2-13/92/GMS dated 12-3-92.

2. Draft proposal of Sri. M.v. Sathyan, Asst. Director (Medical Supplies) dt. 20-1 0-93.

As per the Circular cited above the drugs grouped under appendix V. and VI in the 'Report of the High Power Committee on Health Service' (dt 9-8-79) were declared as costly drugs. But it has given room for complaint that it contains several non costly drugs. So, in order to rationalise the list, the term 'Costly Drugs' is changed to 'accountable drugs' comprising the following categories of drugs.

1. Costly drugs in terms of price of the drug.
2. Habit - forming drugs in terms of action of the drug.

Costly Drugs

Drugs coming under the following price level should be treated as costly drugs.

- | | |
|----------------------|---------------------------------------|
| 1. Inject | Rs. 5/ and above per normal inj. Unit |
| 2. Transfusion fluid | Rs. 30/ and above per bottlB |
| 3. Capsule | Rs. 1/-and above per cap. |
| 4. Tablet | Rs. 0.75 and above per tablet |

5. Syrup/Suspension	Rs. 10/-» per bottle.
6. Eye/Eardrop	Rs. 10/-» per vial
7. Ointment	Rs. 10/-» per tube

Habit forming Drugs

Drugs acting on the central nervous system, such as inj. Pethidine, Morphine, Diazepam, Tab. Phenobarbitone Diazepam etc. are to be treated as habit -forming drugs.

The price level of the drugs coming under the category of 'Costly drugs' will be subject to review every three year and revision if found necessary.

Proper account should be maintained in respect of that 'accountable drugs' detailed above.
Director of Health Services

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PRIVILEGES FOR ORGANIZATION ACTIVITIES

21-7-1967

Appendix.v GOVERNMENT OF KERALA ABSTRACT

**Association - recognized service association - Office Bearers Privileges.
for Organization Activities - Orders issued.
Public (Services-D) Department**

G.O. (MS) No. 230/PD

Dated, Trivandrum, 21 st July 1967

Read: Letter from the General Secretary, Kerala Non gazetted Officers Union, Tvm letter dated 14-3-1967.

ORDER

Government have examined the question of granting privileges to Office Bearers of Recognized service Associations for their organization activities, and are pleased to order as follows:

- i. Complete immunity from transfer shall be given to the President and secretary of a recognized service association except in cases where specific orders of Government have been taken for such transfer. Such immunity from transfer will be granted to the President and Secretary of the Central Association only, as distinct from the President and Secretary of the District or Taluk or other branches of an Association.
- ii. The office bearers of recognized service associations will be permitted to avail eligible leave far reasons of organization activities.

K.B. Warriar. Secretary.

EXTRACT OF G.O. (MS) 378/PD DATED 18-12-1968

- i. The intention is that the president or Secretary of recognized Associations must have facilities to work for the Association at the headquarters of the Association,
- ii. Immunity will be available in the case of transfers from the headquarters of the Association or Union only,
- iii. Request from President / Secretary of a recognised service Association / Union for transfer to the headquarters of the Association/ Union are to be considered favorably. If such transfers cannot be given, the reason for refusal should be reported to Government far orders.

C.P. Ramakrishna Pillai, Joint Secretary.

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POSTING IN RURAL AREAS

12-12-94

GOVERNMENT OF KERALA

Abstract Establishment - Health Service Department - Posting of Medical officers in Rural Areas - orders issued. Health and family Welfare (A) Department

G.O. (Rt) No. 4543/H&FWD.

dated,Thiruvananthapuram, 12-12-1994

ORDER

It has came to the notice of Government that there is an actuate shortage of Doctors especially in the District of Kasaragod Wynad, Idukki and Palakkad (Attapadi) area

Government are pleased to order that the first posting of all Doctors who are advised by the Public Service commission would be to vacancies in the above four Districts. All Medical officers will have to serve in these Districts for a minimum period of two years

It is only if there are no vacancies in these four districts, would the Public Service Commission appointees be posted to other districts in the state. Public Service Commission appointees who are posted to other Districts for want of vacancies in these four Districts at the time of initial posting, will be posted to these districts in vacancies that may subsequently arise, so that every newly recruited doctor serves for atleast 2 years in these four districts

Director of Health Services will be held responsible to ensure that this is done. The Medical Officers so posted and who have worked in these four districts for atleast 2 years will be given priority for posting to districts of their choice.

By order of the Governor Gopal Krishna Pillai, Secretary to Government

* * * * *

CASES AGAINST MEDICAL OFFICERS

18-9-1986

Government circular Memorandum No. 58077/SSA 2/84 Home, dated 18-9-1986 from home (SSA) Department addressed to All Superintendents of Police and All Commissioners of Police and copy to the Director of Health Services, Trivandrum.

Sub : Cases Against Government Medical Officers - investigation thereof - instruction issued.

In circular memorandum No. 49882/SSA 2/841 Home., dated 20-8-1984 Government have issued guidelines to police Officers in regard to investigation of complaints against Doctors in Government Service for acts of Commission or omission in the medical care of a patient in Government Hospitals and Dispensaries. Government now issue the following further Instructions in the matter.

1. After registration of any case against a doctor for criminal negligence, the investigating Deputy Superintendent of Police will place the case before the superintendent of police and District Medical Officers. He will continue further investigation in the light to decision jointly taken by the superintendent of police and the District Medical Officer on further action the case.

2. In the case the views of superintendent of police are different from those of the District Medical Officer, the Superintendent of Police and district Medical Officers will refer the issue for the option of the appropriate specialist Doctor and further action will be on the basis of advice such specialist.

Sd/-

For Director of Health Services.

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22-9-1993

Copy of Circular Memorandum No. 73231/58/SS.54/921Home, dt. 22-9-1993 From Home (SS-B) Department, Thiruvananthapuram.

Read : Cases against Govt. Medical Officers - Investigation Further Instructions issued.

Ref : Govt. Circular memorandum No. 6358/SS-B4/87/Home/dt. 31-10-1986

In continuation of the instructions issued in the circular memorandum cited, Government order that the Govt. Medical officers can approach the Apex Body in appeal if the decision of the District Panel is not acceptable to them.

The Circular Memorandum referred to above stands modified to this extent.

Sd/-

C.P. Nair, Commissioner & Secretary to Govt.

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20-9-1993

CASES AGAINST DOCTORS IN PRIVATE HOSPITALS

Copy of Circular Memorandum No. 73231/ss.B4/921Home. dated, 20-9-1993 from Home (SS B) Department, Thiruvananthapuram.

Sub : Cases Against Doctors in Private Hospital-Investigation of -Instructions - issued.

In the circular Memorandum No. 6358/SS.B4/87/Home. dated 31-10-89 Government have issued instructions in regard to investigation of complaints against Doctors in Government

Service on acts of commission or omission in the Medical care of patients in Government Hospital and dispensaries. In the Judgment of OP No. 6233/90 the Honorable high court has observed that if the above circular is a protection intended for a medical practitioners, Govt. must consider whether a distinction can be made in this context between private-medical practitioner and those in Govt. service. The Indian Medical Association has also demanded prescribing guidelines in regard to investigation of complaints by police against doctors in private Hospitals.

2. In the circumstances Govt. have examined the matter in detail and are pleased to issue the following instructions.

(I) After registration of any case against a private Medical practitioner or a doctor in a private hospital for criminal negligence, the investigating Deputy Supdt. of Police, will immediately refer the case to a panel consisting of the supt. or police, commissioner of police Dist. Medical Officer or Principal, Medical college as the case may be. He will continue further investigation in the light of the decision jointly taken by the panel.

(II) In case the views of the superintendent of police differ from those of the Dist. Medical Officer/ Principal, Medical college they will immediately refer the issue for the opinion of an apex body consisting of Director of Health Service (M&PH) the Director of Medical Education. Addl. Director of Health Service (Vig) the Director General of Prosecution and the director General of Police. The Director of Health Service who will be the Governor of the Apex panel can, depending on the circumstances, get expert opinion from specialists in the private sector also. The affected private doctors are also free to approach the Apex body with appeals.

Sd/-

For Director of Health Services.

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03-04-95

Copy of the circular No. EC3/74306/91/ DHS dated 3-4-95 from the Director of Health Services, Directorate of Health Services, Thiruvananthapuram, addressed to the District Medical officer of Health, Kasaragod.

Sub : Establishment - Health Services Department - case against Government Medical Officers - investigation there of instructions regarding.

Ref : Circular memorandum No. 6538/SS.B4/871 Home dated 31-10-89 from Home (SS B) dept.

As per the above circular memorandum cited, Government have issued instruction for the formation of the higher level panel consisting of the all District Medical officers, Director General of public prosecution, for given opinion on the investigation report of complaints against Government Medical officers conducted jointly by the superintendent of police and District Medical Officer. The higher level panel convened on 20-3-92 have opined that in case of death in hospital when there are doubts, the doctors should allow the investigating officer to peruse the case sheet without delay and also be given Xerox copies all District Medical Officers of Health will comply with the above opinion of higher level panel and will issue necessary instructions to the concerned in this regard.

sd/-

Dr. P.S. Ramakrishnan, Director of Health Services.

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7-12- 2002.

**GOVERNMENT OF KERALA
HOME (SS.A) DEPARTMENT**

No. 41801/DD-B3/2000Home. Dated, Thiruvananthapuram, 7th December 2002.

CIRCULAR MEMORANDUM

Sub:- Prosecution of medical practitioners - constitution of panels - Executive Directive No. 7/02 of Director General of Police - Cancelled - reg.

In the Government Circular Memorandum No. 6538/SS-B4/87/Home dated 31-10-89 and Circular Memo-randum No. 732331/SS-B4/92/Home dated 20-9-93 and 22-9-93 Government have issued instructions in regard to investigation of complaints against Doctors in Government service and in private hospitals for acts of commission or commission in the medical care of patients.

2. The Director General of Police in his Executive Directive. No.7 /02 dated 22.4.20 has ordered that the procedure contained in the Government Circular will be discontinued forthwith. It was also ordered to dispose of all pending cases in the light of the Executive Directive No.7 /02.

3. Government have examined the matter in detail. As per the Circular, the authority to whom the cases are referred for opinion does not in any way transgress into the field of investigation of the police or interfere with the course of investigation. This is only a fact finding body which does not even have the authority to forestall the laying of a charge sheet. A case of negligence committed by a doctor which falls within the region of medico legal science will depend upon a medical opinion. Even ultimately when the case reaches the Court both sides will be examining the doctors specialised in the respective subjects to come to a just and proper decision. The Hon'ble High Court of Kerala has affirmed the Government Circulars in OP. No. 6349/91 and in W. A. No. 994/91. This has not been set aside by the Apex court. Government are also fully conversant with the decision reported in '2000. AIR SC W. 1791. But unfortunately the director General of Police has quoted the decision in the wrong place.

4. The Government Circular does not say that the investigating officer should be bound by that opinion. It gives only a fair opportunity for the investigating officer as a guideline to lay a fair charge sheet. It also does not in any way interfere with the course of investigation.

5. Thus Government are of the opinion that the Executive Directive No. 7/02 dated 22.4.2002 of the Director General of Police is legally unsound and is invalid under law. Hence it is cancelled.

6. The Government Circular Memorandum No. 6S38/SS-B7/Home dated 31.10.89 and Circular Memorandum No. 73231/SS-B4/92/Home dated 20.9.93 and dated 22.9.93 are legally sound and valid, and the instructions issued therein will be continued until further orders from Government.

N. RAMAKRISHNAN,

Principal Secretary to Government.

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17-1-2004

GOVERNMENT OF KERALA

ABSTRACT

Home (SS.B) Department Thiruvanthapuram dated 17/1/2004

No 41801/SS.B/ 2000/Home

CIRCULAR MEMORANDUM

Sub : Cases Against Medical Officers - Investigations there of - further instructions issued.

As per the circulars No. 6538/SS.B4/87 Home dated 31-10-89, 73231/SS.B4/92 Home dated 20-09-1993 and 22-09-1993 and No. 41801/SS.B3/2000/Home dated 7-12-2002, Government have issued instructions in regard to investigation of complaints against doctors in government service, private medical practitioners or doctors in private service for acts of commission or omission in the medical care of patients. The Director General of Police has subsequently requested the Government to exempt the police officials from the panel / apex body constituted as per the above rules.

Government have examined the whole matter in detail and issue the following further instructions.

1. After registration of any case against doctors in government service, private medical practitioners or doctors in private hospital for criminal negligence, the investigating Deputy Supdt. of Police will immediately refer the case to an Expert Panel consisting of the following three members.
 - i. The District Medical Officer of Health (Convenor)
 - ii. District Government Pleader / Public Prosecutor
 - iii. Forensic Expert from the nearest Medical College as follows.
 - Medical College, Thiruvananthapuram - For Thiruvananthapuram, Kollam Districts.
 - Medical College, Alappuzha - For Alappuzha and Ernakulam District.
 - Medical College, Kottayam - For Idukki, Kottayam and Pathanamthitta Districts.
 - Medical College, Thrissur - For Palakkad, Malappuram and Thrissur Districts.
 - Medical College, Kozhikkode - Kozhikkode and Wayanadu Districts.
 - Medical College, Kannur - For Kannur and Kasargod Districts.
- It shall be the duty of investigating officer to consider the views expressed by the Expert Panel.
2. In case the views of the members of the Panel, differ they will immediately refer the issue for the opinion of the Apex Body consisting of the following four members.

- i. The Director of Health Services (Convenor)
 - ii. The Director of Medical Education
 - iii. The Additional Director of Health Services (Vigilance)
 - iv. The Director General of Prosecutions.
- The Apex Body can depending on circumstances, get expert opinion from specialists in the private sector also. The affected doctors are also free to approach the Apex Body with appeal.
3. The Expert Panel shall submit its views on the incident within a specified period of 30/60 days and this would be taken in to account by the investigating officer. He will continue further investigations in the light of the decision jointly taken by the panel. It would be open for the investigating officer to seek additional Expert opinion in case he is not satisfied with the views expressed by the Expert panel or required additional clarifications.
 4. The Panel / Appex Body should not in any way interfere with or impede the smooth investigation by the Police.

K.K. Vijayakumar

Principal Secretary to Government

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SUMMONS TO MEDICAL OFFICERS

16-2-85

Copy of the Government letter No. 469/SSA2185/ HOME (SSA) Department, Trivandrum dated 16-2-1985 from the Commissioner & Secretary to Government addressed to the Director General of Police, Trivandrum.

Sub: Oral enquiry -summoning of officers from other departments as witnesses regarding. it has come to the notice of Government that the Circle inspector Venjaramod has summoned the Medical Officer in charge of Primary Health Centre Puthenthope, Trivandrum Dist. to appear as a prosecution witness in the oral enquiry against P. C. 2807/Krishna Chettian of Kadinamkulam police Station, but the medical Officer did not turn up. In this context I am directed to inform you as follows:

As per para 30 (1) of the Manual of disciplinary proceedings, the Inquiry Authority should try to secure the presence, for the enquiry of the witness cited by the accused Government selVant whose evidence is considered by it as likely to be relevant and material to the case under enquiry. But there is no penal provision if the officer does not turn up forthe enquiry. Therefore in the instant case the Medical Officer can not be compelled to appear before the Circle Inspector for Oral en-enquiry in the Departmental proceedings.

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10-7- 2000

GOVERNMENT OF KERALA ABSTRACT

Family Welfare Programme - Failure of Family Planning - Meeting the liability by Government - Orders issued

HEALTH & FAMILY WELFARE (FW) DEPARTMENT

G.O.(Rt) No. 2761/2000/H&FWD dated, Thiruvananthapuram, 10/7/2000

Read 1. Letter No.39/KGMOA/2000dtd. 3/5/2000 from State President, KGMOA.

2. Letter No. FWB2-43693/2000/DHS dtd. 18/5/2000 from the Director of Health Services.

ORDER

As per the representation made by the Kerala Government Medical Officers' Association / Director of Health Services in the light of the Supreme Court verdict in civil Appeal 2897/2000 Government are pleased to clarify that where negligence is not proved on the doctor, and the doctor had not failed to co-operate in the conduct of the suit any liability fixed by any court of law arising out of failure of Family Planning operation being under taken by the Government doctors as part of Family planning programme will be met by Government.

(By order of the Governor)

RAJEEV SADANANDAN, [SPECIAL SECRETARY]

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VIGILANCE AND ANTI CORRUPTION BUREAU WORKING

GOVERNMENT ORDERS

Copy of G.O. (P) 18/97/vig. dt. 5th April, 1997 from Vigilance (C) Department, Thiruvananthapuram.
Sub : Vigilance Department Vigilance and Anti corruption Bureau working of the

Department-further orders issued-

- Read:
1. GO(P) No. 65/92/Vig. dt. 12-5-1992
 2. GO(Rt)No. 104/96/Vig.dt. 18.7.1996
 3. GO (P) No. 14/97/Vig.dt. 26-3-1997
 4. GO (MS) No. 16/97/Vig.dt.31-3-1997

ORDER

In the Government Order read as second paper above, Government constituted a committee to review the working of the vigilance machinery in the statement and make recommendations for its improvement. The recommendations contained in the report of the Committee have been examined by Government in detail. Government are now pleased to issue the following orders:

1. The existing practice of conducting preliminary enquiry and detailed enquiry will be dispensed with. There will be only one form of formal enquiry viz. Vigilance Enquiry (Vs).
2. The Director, Vigilance and Anti corruption bureau may conduct 'Confidential verification' for ascertaining whether a particular information or complaint calls for a formal enquiry. This will be done without recording the statement of witness and in total confidentiality.
3. Anonymous petitions containing specific allegations, when received by Government, will be sent to the Director, Vigilance and Anti corruption Bureau for necessary action and report. Those which, are of a vague or general nature will be forwarded to him for necessary action.
4. When a petition on the basis of which an enquiry is ordered by Government is found to be pseudonymous, Director, Vigilance and Anti Corruption will report the fact to the Government and such petition will be treated as anonymous.
5. Petitions containing allegations of departmental irregularities, which do not involve questioning of witnesses outside the Department, will be sent to departmental vigilance officers. Those containing serious allegations and involving questioning of outside witnesses will be sent to the Director, Vigilance and Anti Corruption Bureau for enquiry.
6. The Vigilance and anti Corruption Bureau should collect intelligence on corrupt officials and process the information with utmost confidentiality. The Director of Vigilance and Anti corruption Bureau will personally arrange to get the information confidentially verified.
7. A list of officers of doubtful integrity will be maintained by the Vigilance and Anti corruption Bureau.
8. Petitions received in Vigilance units of the Vigilance and Anti corruption Bureau which do not have a Vigilance angle will be sent to the District level officers of the concerned Department. Such petitions received at the Vigilance Bureau will be forwarded to the Heads of Department concerned.
9. The Vigilance and Anti Corruption Bureau will pay better attention to trap cases.
10. The Vigilance and Anti corruption Bureau will bestow greater attention on cases of dispro-portionate assets.
11. In future only cases of misappropriation involving an amount of not less than Rs. 50,000/- will be investigated by the Vigilance and Anti corruption Bureau.
12. The time limit for enquiry/ investigation will be fixed as follows:

a. Vigilance Enquiries - 3 Months	b. Investigation of trap cases - 3 Months
c. Investigation of assets cases - 12 Months	d. Investigation of other cases - 6 Months
- e. Enquiry by Vigilance tribunal - 6 Months

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CATARACT- OPERATIONS GUIDELINES ISSUED.

Sub: Post Operative Infections after Cataract-operations at beach Hospital, Kozhikode- Prevention of recurrence - Guidelines issued.

In the light of Post operative infections after Cataract Operations at Beach Hospital, Kozhikode, the following guidelines are issued to prevent recurrence of such incidents.

1. Proper fumigation should be carried out in the theatre every week and very next day, Ophthalmic operations should be performed.
2. Culture specimen should be taken from the Theatre at least once in three months and a register

- should be maintained noting the dates of washing, fumigation and culture reports. If it is found to be unsatisfactory, operation should not be performed.
- 3 Only' autoclaved instruments should be used for intraocular surgeries.
 - 4 All the solutions including Ringer Lactate, Saline etc. should be autoclaved twice.
 - 5 To monitor the efficacy of the autoclave, chemical indicator like autoclave tapes should be used.
 - 6 The maintenance work of the Theatre should be done every year. Walls of the theatre should be painted with oil paint.
 - 7 Full time running water facility should be ensured in the theatre.
 - 8 The Post operative wards should be separate where no infected cases should be admitted.
 - 9 Bystanders should be restricted to the minimum in the post operative wards.
 10. Adequate number of staff i.e., Theatre Nurse, Nursing Assistants etc trained in Ophthalmology should be in the theatre and they should not be changed for at least three years.
 - 11 The power supply to the theatre should be uninterrupted.
 - 12 All personnel, entering the theatre should wear dress and chappals supplied from the theatre.
 - 13 The theatre should be under the charge of a Doctor, preferably Anaesthetist and a Nurse with respective responsibilities.
 - 14 Regular training should be given to all personnel regarding aseptic practices to be adopted at the theatre at periodic intervals. These Guidelines should be followed strictly.

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OUT PATIENT WORKING HOURS

24-5-1982

**Government orders, Proceedings etc.
GOVERNMENT OF KERALA**

Abstract

Health Services Department - Taluk Hospitals and special Hospitals like W & C Hospital, T.B. Hospitals and Leprosy Hospital. Changing of out patient working Hours - order issued. Health (E) Department

G. O. MS 128/821HD

DATED, TRIVANDRUM, 24-5-1982

- Read:-
1. G. O. MS. 230/77/HD dated 4-10-1977
 2. Minutes of Conference of the Senior Officers of Health Services Department held on 15-1-1982
 3. Note No. M2-13284/82/DHS Dated 10-3-1982 the director of Health Services

ORDER

In the Government order read as 1 st paper above the out patient working Hours in all District Hospitals was changed as 8. A.M. to 1 P.M. instead of 8 AM to 11.30 AM. and from 3.30 P.M. to 5 P.M. In the meeting of the senior officers of Health Services department held on 15-1-1982 by the then Minister (H& FW) it was assured by the Minister that the question of changing out patient working hours of all major hospitals under the Health Services Department such as Taluk Hospital, Special Hospitals etc. will be examined and orders issued In her note read as paper III above, Director of Health Services has forwarded detailed proposals for the above.

After considering the above proposal in all the aspects, Government order that the outpatient working hours of all major hospitals under the Health Services Department such as Taluk Hospitals and Special Hospitals such as Women and Children Hospital, T.B. Hospitals, Leprosy Hospitals etc. will be changed into a single session from 8 a.m. to 1 p.m. instead of from 8 AM to 11.30 a.m. and from 3.30 p.m. to 5 p.m. In respect of Primary Health Centres/ Government Dispensaries/Rural Dispensaries the present system will continue.

Sanction is also accorded for posting Medical officers on turn duty, together with a skeleton staff from among para medical staff after normal O.P. timings.

(By order of the Governor)

T.K. Rajalakshmi Devi, Under Secretary.

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23-8-1994**O.P. TIMINGS****ABSTRACT**

Copy of G.O. Rt. 2513/94/ H&FWD Thiruvanthapuram dated 23-8-1994 from Health & Family Welfare (M) Department

Health Service Department - Dispensaries in the remote rural areas - O.P timings revised - orders Issued.

ORDER

At present the O.P. timings in the dispensaries under the Health Services Department are from 8 AM. to 11.30 AM. from 3.30 P.M. to 5 P.M. The general experience, especially in the rural areas where the bulk of the Government dispensaries are situated is that very few patients come to the medical institutions in the afternoon O.P.

In order to improve the working conditions of the Dispensaries in the remote rural areas, Government order that the O.P. timings in the dispensaries under the Health Services Department in the remote rural areas will be from 8 a.m. to 1.30 p.m.. with Half an hour break between 11.00 a.m. to 11.30 a.m.

This will take effect from 1-9-1994

By order of the Governor

R. Lalithamma, Joint Secretary to Government

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CALL DUTY**19-07-80**

Copy of circular No. EA 4-4938180/DHS dt. 19-7-80 from the Director of Health Service, Trivandrum.

Sub : Estt. Health Services Department- Procedure to be followed at times when unit Bosses are to be called - reg.

Ref : Letter NO. E1-23679179 dt. 29-12-79. from the Dist. Medical Officer of Health, Trichur.

The Dist. Medical Officer of health, Trichur has requested for clarification regarding the procedure to be followed at times when medical Officers are to be called to attend emergencies. The following instructions are issued in this matter.

A register (Call Book) will be kept in the Hospital in which call sent to the Medical Officers are entered and acknowledgement obtained from the Medical Officer called for emergency. The call should be sent through hospital employee. In the call book the following details should be noted.

1. Name of the patient.
2. Ward in which admitted.
3. Nature of diseases.
4. Time of call.
5. Signature of the Medical Officer/staff Nurse.

As soon as the register is received by the medical officer he should sign in the register and send it back to the Hospital. The Medical Officer will have to make his own arrangement to attend the call.

The above details will be noted in the register even in case of calls sent by phone to attend emergency.

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11-1989**CALL DUTY**

Copy of Circular No.EA2. 98284/89/DHS. Dated 11-89 of Dr. K.A. Kesavan, Director of Health Services (M&PH), D.H.S. office, Trivandrum addressed to All dist. Medical Officers of Health.

Sub : Health Services Department - Medical Officers attending call duty in emergencies - providing department vehicles - institutions - reg.

Ref : Letter dt. 16-8-1989 from the general secretary, Kerala Gazetted officers Association, TVM

Medical Officers who are required to attend call duty in emergencies shall be provided with conveyance by detailing department vehicles such Ambulance van etc. Subject to availability as

per standing orders in the matter. It has been brought to the notice of the undersigned that call duty medical officers are directed to make their own arrangement for journeys from their residence to Hospital to attend call duty in emergencies even when department vehicles or Ambulance is readily available. All concerned officers are therefore once again informed that there is no objection to detail department vehicles/ Ambulance, subject to availability in the respective institution, to bring call duty Medical officers from their residence to the Hospital.

Sd/-

Dr. K. A. Kesava, Director of Health Services (M&PH)

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RELINQUISHMENT OF RIGHTS - GUIDELINES

12-4-1989

GOVERNMENT OF KERALA

Abstract

**Public Services-Relinquishment of right by Members-acceptance of -Guidelines - issued.
PERSONNEL & ADMINISTRATIVE REFORMS (RULES) DEPARTMENT**

G.O. (P) No. 8/89/P& ARD

Dated, Trivandrum, 12-4-1989

ORDER

According to Rule 38 of Kerala State and Subordinate Service Rules, 1958, persons in Government service may in writing, relinquish any right or privilege to which he may be entitled under the Kerala state and Subordinate Service Rule, 1958 or the special Rules. If it is not opposed to public interest and the right so relinquished shall not be deemed to require the recognition of any right or privilege to the extent to which it has been so relinquished.

2. The explanation under Rule 38 further requires that in the case of promotion/appointment the relinquishment will entail loss of seniority.

3. It has come to the notice of Government that the appointing authorities are not following the statutory provision in the Rules while accepting the relinquishment of any right or privilege made by the persons in service. Consequently it occurs more often than not, that even conditional relinquishments are often accepted and orders issued. There have been many cases of writ petitions filed by the employees later to recognise the right so relinquished. This has been causing much inconvenience to Government.

4. Government consider that the uniform procedure must be adopted by the appointing authorities in the matter of relinquishment made by employees. In the circumstances, the following guidelines are prescribed for the proper quittance of the appointing authorities as well as employees.

(i) No relinquishment which is opposed to public interest should be accepted.

(ii) In the case of temporary appointment/promotion relinquishment can be accepted for specific period subject to the condition that the juniors temporarily promoted during the period of relinquishment of the seniors will have superior claims for continuance in the promoted post and for other benefits attached to the highest posts.

(iv) The conditional relinquishment of right for promotion / appointment by the employees is not in public interest and therefore not legal and permissible. It should not be accepted.

(iv) In the case of regular promotion / appointment relinquishment can be accepted for a specific period permanently. The seniority will be lost to the extent to which it has been so relinquished.

(v) The appointing authorities should make necessary entries to the effect in the service books of the employees and the fact intimated to the accountant general then and there for favour of information and necessary action.

(vi) A statement of relinquishment (in triplicate) as prescribed in the proforma appended to this order may invariably be obtained from those employees who wish to relinquish promotion/ appointment.

By Order of the Governor

S. Narayana Swamy, Chief secretary to Government.

Statement of Relinquishment In exercise of the right conferred under Rule 38 Kerala State a subordinate Service Rule, 1958 I(The promotion / appointment as..... (Name of post) and consequent benefits permanently for a period of(Specify the month or year as the case may be) from to my claim for promotion/ appointment as

..... may be considered after the above said period when I make a written request for the same.

I do also hereby declare that nothing contained in the Kerala state & Subordinates services Rules, 1958 or in the Special rules applicable to me shall be deemed to require the recognition of my right or privilege to the extent to which I have so relinquished.

signed on the Day of 19

Place

Signature
Name
Designation
Officer

Witnesses:

1. Signature
2. do.

Name and Designation
-do-

FOR OFFICE USE ONLY

The relinquishment made by Sri/Smt (Name), (Designation) (Officer) is accepted. Necessary entries to the effect will be made in the Service book of the individual.

Signature

Name and Designation of Appointment Authority.

Place:

Date:

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MARKING OF ATTENDANCE

19-4-1980

G. O. on making daily attendance by Gazette Officers.

GOVERNMENT OF KERALA

ABSTRACT

Office discipline - procedure for checking daily attendance by Gazetted officer - order issued.

PERSONAL AND ADMINISTRATIVE REFORMS (D) DEPARTMENT

G.O. (MS) No. 15/80/ P&ARD

Dated, Trivandrum, 19th April 1980

ORDER

Government have been considering the question whether Gazetted officers (including Technical and Field officers) should mark their daily attendance in the attendance register maintained in their offices, as a matter of discipline of office procedure.

2. In the secretariat officer Manual and Manual of Office procedure, there is no clear instruction whether the officers of all cadres should mark their attendance in the Register.

3. Government after considering all the aspects of the question are pleased to order the following procedure for strict compliance in future:-

(i) All non Gazetted staff should mark their daily attendance (in the F. N. and A. N.) in their regular attendance register.

(ii) Gazetted officers in all Government Offices except middle level and Senior officers should mark their attendance in the section Attendance Register as a token of having checked the attendance.

(iii) Middle level and Senior Officers who have personal staff attached to their officers shall maintain Attendance Register for them and sign those registers as a token of having checked their attendance.

(iv) Field Officer (both Gazetted and Non-gazetted) should mark their attendance in office attendance register while at the Head quarters and should mark 'duty', 'tour' or 'leave' before they proceed on tour/leave/ duty as the case may be wherever possible. In other cases, they may do so on return to Head quarters.

By order of Governor,

G. Bhaskaran Nair, Chief Secretary

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FREE MEDICAL CAMP

18-10-86

G.O. Rt. No. 3734/86/H & FWD, dated 18-10-86 Health and Family welfare (K) Department, Trivandrum. Health and Family welfare Department conducting of Free medical camps by voluntary organisations - guidelines prescribed - orders issued.

Read: 1. Lr. No. D. 5603/85/DME, dt. 20-5-1985 from the Director of Medical Education.
2. Lr. No. M5-8291 0/85/DMS, Dt. 9.4.1986 from the DHS

ORDER

1. A large number of requests are being received by Government from various organisations /institutions for permitting government doctors in the hospitals under Medical Education Department and Health Services Department to participate in the free. medial camps conducted by them. But no rules or guidelines are existing now for conducting such camps with the participation of Government doctors.

2. In consultation with the Director of a Health Services and the Director of Medical Education, Government there fore prescribe the following guidelines for conducting free medical camps under the auspices of voluntary organisations availing services of Government doctors.

1. This Services of Doctors of the medical college. Health Services will be made available for Medical Camps arranged by Private voluntary organisation/institutions only if the doctors concerned are willing to serve on a voluntary basis.

2. The sponsors of such camps will approach the principles of medical colleges / district Medical officers sufficiently early to ensure availability of doctors.

3. The doctors will be permitted to attend the camps only if the head of the institutions agree that they can do so without detriment to their regular duties.

4. Permission to doctors to attend camps voluntarily can be given by the principal of concerned Medical college or the District Medical Officer or any higher authority as the case my be.

5. All arrangement for the conduct of medical camp including distribution of medicines will be made by the organisations concerned.

6. The services of willing doctors will be made available only in the case the medical camp is arranged free of all costs to the patients.

7. Such medical camps should not be held in a private hospital, private nursing home, private clinics.

8. The doctors attending such camps will be at liberty to refer cases requiring detailed examinations and admission, to hospitals, to such institutions, where facilities for such treatment exists.

9. There will be no financial commitment on the part of the Government and all the expenses in connection with the camp shall be met by the organisers.

10. The maximum duration of one camp will be one day.

11. The above guidelines will apply in the case of para medical staff also.

(By order of the Governor)

V.Krishnamurthy, Secretary.

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9.6.99

Copy of T.P. No. MH4-65844/99/OHS, dated, 9.6.99 from the Director of health Services, Thiruvananthapuram.

Sub: FLOOD RELIEF CAMPS - PROVIDING MEDICAL RELIEF WORKS.

The Relief Centres Established for the affected victim of floods in the respective districts are to be provided all the necessary Medical Relief Services. To this effect the Medical officers in charge of the Primary health Centre area where relief camps are located are to carry out the following urgent measures.

1. Relief centres. Medical Counters are to be started in all relief centres.
2. Duty staff should be posted for daytime.

3. Daily visit by medical Officers should be made compulsory.
 4. Adequate supply of Medicines are to be ensured in the relief camp site. The details of the supplies available are to be exhibited in the counter.
 5. Daily report of activities are to be provided to district Medical Officer of Health for onward transmission to Director of Health Services.

A) Number of patients treated.	B) State of health of patients.
C) Details of disease treated.	D) Stock position of drugs.
E) Seriously ill patients details.	
- District Medical Officers of health has to start a monitoring Cell and have details of the relief centres. The daily reports received are to be tabulated and reported to Addl. Director of Health Services (PH) Monitoring Cell for Flood Relief.
TELEPHONE No.: 442160 AND 444804 DHS OFFICE.
6. Urgent investigations required to contain Epidemics are to be ensured.

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PUBLIC SERVICE CONCESSION TO DIFFERENT CATEGORIES

1-04-1976

APPENDIX III(A) GOVERNMENT OF KERALA ABSTRACT

Public Service - Concessions to inter-case Married people clarification issued PUBLIC (SERVICES-D) DEPARTMENT

G.O. (MS) No.1 06f76/PD. **dated, Trivandrum, 1 st April 1976**

Read: 1. G.O. (MS) No. 365/PD. dated 13-9-1966.

2. G.O. (MS) No. 209/71/PD. dated 20-7-1971.

3. G.O. (MS) NO. 256/75/PD. dated, 1-11-1975.

4. Memorandum dated 24-11-1975, 5-1-1976 and 18-3-1976 from the Mishra Vivaha Sangham, TVM

5. Memorandum No. MM-1/75 dated 11-12-1975 from All India Scheduled castes, scheduled tribes and forward caste co - marriage sangh, Kurichy.

6. Memorandum No. 001/RNCC/75-76 dated 14-1-1976 from the Kerala NCC Civilian staff Association, Trivandrum.

ORDER

In the G.O. read as third paper above government issued orders for the following concessions to the persons who enter into inter caste marriage.

1. Intercaste married people will be given priority for appointment through Employment Exchanges by including them as item (i) under Category I in the G.O. read as paper above provided either the father or the mother of the candidate belongs to a scheduled caste or scheduled tribe community.

2. The Government Employees who have entered into inter caste marriage will be posted to the same stations.

3. The children born of inter-caste marriage will be allowed all educational concessions given to the scheduled castes or scheduled tribes without reference to the income of the parent of such children provided where the father or mother belongs to scheduled caste or scheduled tribe community. Representations have been received requesting clarification of the above order. The Director of Collegiate Education has requested for clarification of whether the orders relating to transfer mentioned above is applicable only if either of the parties belong to scheduled caste/schedule tribe community, whether the intention is to allow transfer only subject to exigencies of service or whether persons can be posted to the same station even by transferring out others.

2. Government have considered the matter and they are pleased to issue the following clarifications.

i. The concession of priority of re appointment through Employment exchange will be applicable to the intercaste married people provided one of the couple belongs to schedule caste or scheduled tribe community and also to the children of such intercaste married couple provided one of the parents belongs to scheduled caste or Scheduled Tribe community.

It is further clarified that this concession will be applicable only where only one of the couple is a member of scheduled caste or scheduled tribe.

ii. The concession of posting to the same station will be available to all intercaste marriages. This concession will be applicable where the husband and wife are both state Government employees. If one of the couple is a state Government Employee and the other a Central Government employee or an employee of an autonomous quasi Government body or even a private sector undertaking the State Government employee will be so accommodated in posts that the couple may be at the same station or in case this is not possible for want of an office or post at the station, at nearby stations. The employees will invariably be accommodated at the same station or nearby station. if necessary, by transferring out other personnel. and only where for recorded reasons such arrangement is impracticable the concession will not be applicable. While disturbing a person for accommodating an inter caste married employee at a particular station a person whose husband/wife is also a government servant in the same station should as far as is possible, not be disturbed.

3. The concession mentioned in para 2 above will be admissible even in respect of marriage which took place before the concessions were announced.

4. The interpretation of the word inter caste marriage also involved a Namboodiri marriage in a Nair family as allowed by custom. In such cases it will not be necessary to treat the marriage as an inter caste marriage. But where persons belonging to different castes marry each other and where such marriage is not permitted. by custom common to the communities, the marriage will be treated as an inter caste marriage.

C. Rangaswamy, Under secretary.

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16-06-1976

APPENDIX III (B)
GOVERNMENT OF KERALA
ABSTRACT

**Public Service - Concession to Inter Caste Married People Postin'g to The Same Station -
Clarification - Issued**
PUBLIC (SERVICES-D) DEPARTMENT

G.O. (MS) No. 176176/PD

Dated, Trivandrum, 16th June 1976

Read: 1. G.O. (MS) 256/75/PD, dated 1-11-1975
2. G.O. (MS) No. 106176/PD, dated 1-1-1976
3. Memorandum dated 15-4-1976 from the Secretary, Inter- caste Marriage (Women) Sakha, Trivandrum.

ORDER

In the G.O. read as first paper above, it has been ordered among other thing that Government employees who have entered into intercast marriage will be posted to the same station. In the G.O. read as second paper above the following clarification has been issued in the matter.

The concession of posting to the same station will be available to all inter caste marriage, The concession will be applicable where the husband and wife are both state Government Employees. If one of the couple is a state Government employee and the other a Central Government employee of an employee or (1) an autonomous/ quasi Government body or even a private sector undertaking the state Government employee will be so accommodated in post that the couple may be at the same station or in case this is not possible for want of an office or post at, the station, in the nearby station. The employees (2) will invariably be accommodated at the same station or nearby station if necessary, by transferring out other personnel, and only where for recorded reasons such arrangement is impracticable the concession will not be applicable. While disturbing a person for accommodating an inter-caste married employee at a particular station a person whose husband / wife is also Government Servant in the same station should, as far as possible, not be disturbed.

Representation have been received requesting for clarification whether Government employees who have entered into inter-caste marriage and secured posting to the same station by virtue of the orders in the G.o. second cited will be continued in the same station even after one of them getting promotion.

Government have considered the matter and they are pleased to clarify that Government employees who have entered into inter caste marriage and secured posting to a particular

station by virtue of the orders in the G.O. second cited Will not be disturbed(3) form that station even after getting promotion unless there is no promotion post in that station.

N.S. Badhan, Additional Secretary.

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05-02-2000

Public Services - Persons in Service Belonging to Scheduled Castes/Scheduled Tribes - Temporary Exemption from passing Special or Departmental Tests - Extension of Period of Exemption - Orders issued.

**No. 12471/A2/98/H&FWD, Health & Family Welfare (A) Dept., Thiruvananthapuram, 9.12.1998
PERSONNEL AND ADMINISTRATIVE REFORMS (ADVICE-C) DEPARTMENT**

G.O. (P) No. 3/2000/P&ARD Dated, Thiruvananthapuram, 05-02-2000

1 The period of Temporary exemption granted to the employees belonging to Scheduled Castes / Scheduled Tribes from passing tests (unified, special or Departmental) granted in the G.O. read as first paper above was extended from time to time. As per G.O.- read as 13th paper above, the exemption was made applicable to both promotion tests and probation tests with effect from 13-01-1972.

2. The period of temporary exemption extended as per G.O. read as 14th paper above expired on 31-12-1999. Government consider it necessary to extend the period further and hence order that Scheduled Cast/Scheduled Tribe employees who were in service on or before 31-12-1985 will be exempted from passing the tests (Unified, Special or Departmental) for a further period from 1-1-2000 to 31-12-2000.

3. The SC/ST employees who entered service on or after 1-1-1986 are not entitled to any last exemption.

By order of the Governor

K.K. THANKAPPAN, Additional Secretary to Government

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BURIAL CHARGES FOR UNCLAIMED DEAD BODIES

18-10-1993

Government order No. G.O. MS. 112/93/H&FWD Health & Family Welfare (M) Department, Trivandrum, dt. 18-10-1993 addressed to the Director of Health Services, Trivandrum.

Health Services Department - unclaimed dead bodies burial charges enhanced -orders issued.

Read: 1. G.O. MS. 184/911 H&FWD dt. 11-12-91

2. Letter No. C1 - 3/99/dt. 25-2-92 from Neendakara Panchayat President.

3. Lr. No. M51 138821/89/DHS dt. 12-8-93 from the D.H.S.

Government are pleased to enhance the rate of Burial charges of the unclaimed dead bodies from Rs. 150/- to Rs. 300/- for every case, irrespective of the distance of the cremation! burial grounds from the spot / institutions form where the unclaimed dead bodies are to be carried. The expenditure will be debited to other charges of the respective institution.

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PROHIBITION OF TOBACCO SMOKING

02-06-1995

Health and Family Welfare Department - Prohibition of Tobacco smoking in the institutions under Health & Family Welfare Department - Orders issued.

HEALTH AND FAMILY WELFARE (G) DEPARTMENT

G.O. (MS) 284/95/H and FWD.

Dated, Thiruvananthapuram, 2-6-1995

Read: Govt. circular No. 57595/G2/91/H and FWD. dated 28-10-93

ORDER

It is scientifically established that smoking is injurious to health. Government are

also concerned about the increasing scientific evidence of the non-smoking public being exposed to serious health hazards due to exposure to passive smoking in the proximity of tobacco smokers. Considering the adverse effects on health. Government are pleased to order a total ban on smoking in the premises of all offices, hospitals, dispensaries / institutions under the Health and Family Welfare Department with immediate effect.

By order of the Governor
Gopal Krishna Pillai, Secretary (health)

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STATE LIFE INSURANCE SCHEME

07-05-1997

GOVERNMENT OF KERALA
Finance (Establishment-D) Department
CIRCULAR

No.40/97/Fin.Dated, Thiruvananthapuram, 7-5-97

Sub : SLI Scheme- Compulsory enrolment of employees in the scheme-instructions-Issued.
Ref: 1. G.O. (P) No. 479/82/Fin. Dated 25-8-1982
2. G.O. (P) No. 32/83/Fin. dated 12-1-1983.
3. Circular No. 6/95/Fin. Dated 21-3-1995.

As per the provisions contained in Rule 22A. part I Kerala Service Rules the State Government Employees who have entered service on or after 19-9-1976 should compulsorily enrol in the state life insurance scheme. Such employees should also take additional policies when they cross one pay range to the next higher range, from time to time. In the Government order, service on or after 19-8-1976 should be as subscriber to SLI Prior to the granting of the first increment to him. In the G.O. read as 2nd paper, government further ordered that in the case of employees who have already been sanctioned increment by the time the government order dated 25-8-1982 was issued their next increment should be withheld unless they become subscribers to SLI. In the circular read as 3rd paper, all Drawing and disbursing officers were directed to furnish a certificate in the salary bill for the month of April of every financial year to the effect that all the employees working their office to whom the SLI scheme is compulsory have been enrolled under the scheme.

2. In spite of the directions issued by government from time to time for the effective implementation of the SLI Scheme. Certain Heads of Department/ Offices do not pay adequate attention to implement the statutory provisions in Kerala Service Rules. Instances have also come to the notice of Government where in certain head of department are even recommending proposals to exempt the employees from joining the scheme for various reasons. This is a matter of great concern and cannot be allowed to do so in future because it is the bounden duty and responsibility of the head of department / offices and drawing and disbursing officers to implement statutory provisions in Kerala Service rules by enrolling the eligible employees working under them to the SLI Scheme.

3. In the circumstances Government issue the following instructions for the strict compliance of all concerned:

(I) The employees those who have entered Government service on or after 19-8-1976 and have not enrolled in the SLI scheme so far as per rule 22A part, KSRs, are directed to enroll themselves in the SLI Scheme forthwith/

(II) The subscribers those who are eligible to take additional policies but still have not taken additional policies, should immediately take additional policies as per the existing slab rate given below:

Pay Range	Rate of subscription (Rs)
Basic pay upto Rs.1200	50
1201 to 2500	80
2501 to 4000	120
4001 and above	150

4. All head of department/offices and drawing and disbursing officers are requested to bring the above circular instructions to the notice of the employees working under them and also those who are working on deputation to other institutions for strict compliance and to enroll them in the SLI Scheme as per the statutory provisions in rule 22A, part I KSRs. Any lapse

on the part of the officers will be viewed seriously and action will be taken against them.

5. The treasury officers are directed to watch the salary bills and wherever the non-compliance of the above directions are noticed, the salary of the respective employees and the drawing and disbursing officer should be withheld until they comply with the above instructions.

P.V. Bhaskaran Nair, Additional secretary (Finance).

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9-1-2004

**GOVERNMENT OF KERALA
ABSTRACT**

**State Life Insurance Scheme - Enrollment of New Entrance in the Kerala State
Government Service - amendment to section 3.1 of Kerala State Life Insurance Rules.
Finance (Establishment D) Department**

G.O.(P). No. 24/2004/Fin. dtd. Tvm, 9th January 2004.

- Read 1. G.O.(P) No. 1267 / 99/ Fin. dtd. 5-4-99
2. Letter No. KSID/L1/14360/02 dtd. 10-1-2003 from the Director of Insurance TVM.

ORDER

Pursuant to the order read above Govt. hereby make the following amendments to section 3.1 of Kerala State Life Insurance Rules.

Amendment :

"All State Govt. Employees holding permanent or officiating appointment under the Govt. of Kerala on or after 1976 and who have not crossed the age of 50 years on the remittance of first premium".

This amendment shall be deemed to have come in to force on the 5th day of April 1999.

By order of the Governor

V.S. Senthil (Secretary Finance (Expenditure))

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FAMILY BENEFIT SCHEME

21-10-83

**GOVERNMENT OF KERALA
ABSTRACT**

**Family Benefit Scheme for the Government Employees-option to the scheme further
extension of time for exercising option - order issued.**

FINANCE DEPARTMENT (F.B.S) DEPARTMENT

G. O. (P) 784/83/Fin

Dated Trivandrum 21 st October 1983

- Read: 1. G.O (P) 405/77/Fin. dated 19-10-1977
2. G.O (P) 83/78/Fin dated 16-1-1978
3. G.O (P) 832/78/Fin dated 13-2-1978
4. G.O (P) 52/80/Fin dated 16-1-1980
5. G.O (P) 145/90/Fin dated 20-2-1980
6. G.O(P) 804/80/Fin dated 27-10-1980
7. G.O (P) 237/93/Fin aated 5-5-1983

ORDER

As per the G. O. read as 7th paper above, the time granted for exercising option for the family benefit scheme was over on 30-6-1983. Since then, representations are being received from those who could not join the scheme before 30-6-1983, pleading that the G. O. dated 5-5-1983 reached their offices only after 30-6-1983.

Government after considering the representations in detail are now pleased to order that the time granted for exercising option to join family benefit scheme is extended from the date of this order upto 31-3-1984, subject to the following conditions.

1. The employees who were in service before 1-2-1979 and who wish to join the scheme now should exercise their option with effect from 1-2-1979 and should pay the arrears also from that date to the date of their joining the scheme. The employees who were not in service on or before 1-2-1979 and who joined the service subsequently need however pay their arrears with effect from the month of their joining duty in the service only.

2. Payment of arrears may be made in instalments, Arrears at the rate of one month's subscription or multiples thereof may be deducted along with the regular monthly subscription till the arrears are cleared completely.

3. The new entrants in service whose period for exercising option will be over on or before 31-3-1984 are allowed to join the scheme upto 31-3-1984 as per this order.

The new entrants in service whose period of option (ie. period of one year from the date of entry in service) will not be over on 31-3-1984 need however join the scheme only within a period of one year from the date of entry in service. .

4. The option and nomination filed by non gazetted officers/ gazetted officers will be duly counter-signed with date by the head of office or drawing and distributing officer/ head of department concerned and recovery towards the scheme should be started within one month's time without fail.

5. The head of department and officers will ensure that the contents of this G.O. are brought to the notice of all the employees including those on other duty and deputation so that the employees who desire to join the scheme. may do so on or before 31-2-1984 positively.

6. Since the order extending the time for option issued form time to time have no retrospective effect. the option, intially, exercised at a time when the option period was not open (i.e. when there was no order allowing the employees to opt for the scheme in force) is not acceptable and in such cases government are not liable to pay the amount promised in the G.O. read as first paper above. They may however. make use of the present extension and join the scheme afresh before 31-3-1984.

7. The G. O. is applicable to N.M.R. workers as well.

By order of the Governor

M. Kochu Narayanan, Additional secretary.

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PHYSICALLY HANDICAPPED

06-09-1982

PENSION FOR PHYSICALLY HANDICAPPED

G.O. (P) No. 154/821LA &SWD

dated, Trivandrum 6th Sept. 1982

ORDER

The problem of the physically handicapped and disabled and Mentally retarded persons in society is very acute. For giving these persons a better deal Government are pleased to approve a special pension scheme for them and issue the rules appended to this order for the administration of the scheme.

Government are also pleased to order as follows:

(i) The category of 'physically disabled and handicapped destitutes mentioned in rule 2 (ii) of the Kerala destitute Pension scheme issued as per the G.O. read as first paper above, will stand deleted with effect from 1-4-1982.

(ii) Those Physically handicapped destitute now receiving Rs. 55/-p.m. will be paid an arrear of Rs. 20/- (Rupees Twenty only) till they come to the new scheme of pension approved in this order, and

(iii) A new head of account will be opened for the new pension scheme for the physically handicapped and disabled and mentally retarded persons under '288-0- Social Welfare' -the Board of Revenue take immediate action on this score and to include provision in the budget.

By order of the Government

M.S.K. Ramaswamy, Spl. secretary to Government.

As per the National employment service Manual, the blind are those who suffer from any of the following conditions.

1. Total absence of sight.
2. Visual acuity not exceeding 6/60 or 20/20 (snellen) with better eye with correcting lenses
3. Limitation of the field of vision subtending an angle of 20 degrees or worse.

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PUBLIC SERVICES

10-3-1983

**APPENDIX I
GOVERNMENT OF KERALA
GENERAL ADMINISTRATION (SERVICES - D) DEPARTMENT.
CIRCULAR**

No.1305581SD1/821GAD

Dated, Trivandrum, 10.3.1983

Sub: Service. physically handicapped employees - posting in the respective districts at the time of promotion - instructions issued.

Ref: No. 110736/SD1/77/GAD dated 3-9-1977.

1. In the government circular dated 3-9-1977 referred to, all Heads of Department and appointing authorities were directed that as far as possible and subject to restrictions imposed in the rules of recruitment, physically handicapped persons appointed through public service commission and the employment exchange. may be posted in their respective districts, if and when they are appointed in Government. Government have since received a number of representations from the physically handicapped persons requesting that they may be given protection from transfer while they are promoted to higher posts.

2. Government have examined the question in detail and are pleased to order that as far as possible, physically handicapped employees may be posted conveniently in their respective district, at the time of promotion to higher posts also.

M.G. Velappan Nair, Joint secretary.

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SPECIAL CASUAL LEAVE TO PHYSICALLY HANDICAPPED

9-5-84

**GOVERNMENT OF KERALA
ABSTRACT
LEAVE / SPECIAL CASUAL LEAVE - GRANT OF SPECIAL CASUAL LEAVE TO PHYSICALLY
HANDICAPPED GOVERNMENT EMPLOYEE - ORDER ISSUED.
FINANCE (RULES) DEPARTMENT
G. O. (P) 249/84/Fin., Dated, Trivandrum, 9th may 1984
ORDER**

1. The commission of Enquiry for the Handicapped has recommended, inter alia, the grant of special casual leave to physically handicapped employees for a period upto 15 days in a year on medical grounds, depending on the gravity of disability.

2. According to the existing rules, disabled state Government employees are eligible for special casual leave up to 15 days at a time (including the time spent in transit both ways) to attend the artificial limb centre and stay in hospital for replacement/ treatment of their artificial limbs. The benefit is admissible to employees for attending the artificial limb centre for treatment. The benefit is thus confined to handicap of the limbs. There are also other categories of handicapped employees who are not eligible for the benefit at present.

3. Government, after detailed examination are pleased to order that the benefit of special casual leave upto a maximum of 15 days in a calendar year will be granted to handicapped employees for their treatment in hospital at residence on production of medical certificates to that effect from the authorised medical officers attending on them. Handicapped employees eligible for conveyance allowance under G.O. (P) 364/80/ Fin., dated 11-6-1980 and G. O. (P)77/84/Fin., dated 7-2-1984 are alone entitled to the benefit. In other words, the following types of handicapped employees are eligible for the benefit.

(i). Orthopaedically handicapped employees having minimum 40% permanent / partial disability on the upper or lower extremity deformities.

(ii). Blind employees.

(iii). those having vision less than 3 / 60 ,field vision less than 100 in both eyes.

4. Formal amendment to Appendix VII Kerala Service Rules will issue separately.

By order of the Governor

M. George, Addl. Secretary to Govt.

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11-6-1985

GOVERNMENT OF KERALA

Abstract

LEAVE-SPECIAL CASUAL LEAVE-GRANT OF SPECIAL CASUAL LEAVE TO PHYSICALLY HANDICAPPED PROVISIONAL EMPLOYEES - ORDER ISSUED. FINANCE (RULES) DEPARTMENT

G.O. (P) No. 331/85/Fin. Dated, Trivandrum, 11 th June, 1985

Read : G.O. (P) 249/84/Fin., Dated 9-5-1984.

ORDER

In the Government order read above, it was ordered that the benefit of special casual leave upto a maximum of 15 days in a Calendar year will be granted to Physically handicapped employees for their treatment in Hospital at residence or production of Medical certificate to that effect from the authorised Medical officer attending to them. Government are pleased to order that the benefit contemplated in the G.O. read above will be admissible to the physically handicapped employees appointed on provisional basis also.

2. The form of Medical certificate to be produced for sanctioning special casual leave is appended to this G.O.

By order of the Governor

V.V. Saramma, Additional secretary.

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APPENDIX

MEDICAL CERTIFICATE

(Signature of the Applicant)

I, -----(Name)after careful personal examination of the case hereby certify that (Name and official address)..... whose signature is given above, is suffering fromand that the above ailment is directly due to his/her physical handicap. I consider that a period of absence from duty of-----days with effect fromis absolutely necessary for the restoration of his/her health.

* * * * *

VOLUNTARY RETIREMENT - GUIDE LINES

17-11-94

**NO. EM .2164/94/DH, DIRECTOR OF HEALTH SERVICE, TRIVANDRUM
CIRCULAR**

Sub: Establishment - Health Services Department - request for voluntary retirement of Medical officers - instructions.

Ref: Nil

It has been brought to the notice of the undersigned that the rules regarding voluntary retirement are not being followed by the District Medical officers of Health While forwarding application. Therefore the following instructions are issued for future guidance.

1. The applicant should have completed 20 years service on the date from which/she wishes to retire voluntarily. The retirement shall be allowed only after the service is got verified by the accountant general.

2. Application for Voluntary retirement should be submitted before three months of the date of option.
 3. The request of voluntary retirement with the particulars of disciplinary action pending and liabilities, if any may be forwarded to this directorate immediately on receipt of the request by the District Medical Officer of Health.
 4. The request for voluntary retirement will come into effect from the date of option, unless the request is withdrawn by the incumbent or rejected by the competent authority before the date on which the employee wishes to retire.
 5. No applicant may be permitted to continue in service beyond the date of option due to the delay in getting government sanction for voluntary retirement as it will take time to complete the procedure.
- All the district medical officers of Health are requested to follow the above instructions while forwarding applications for voluntary retirement.

Director of Health Services.

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ADVANCE FOR HOUSE CONSTRUCTION

7-5-1997

GOVERNMENT OF KERALA ABSTRACT

Advance - House Construction advance to Government employees Additional Loans from recognised financial institutions - creation of second mortgage -enhancement of limit sanctioned - order issued.

FINANCE (LOANS) DEPARTMENT

G. O. (P) No. 528/97/Fin. Dated Trivandrum, 7th May, 1997

Read : G.O. (P) 436/91/Fin dated 31-7-1991.

ORDER

As per the G.O. Read above, the Government employees were permitted to avail additional house construction Loan from recognised Financial Institutions by reaching a second mortgage on the property already pledged to Government subject to the condition that the total amount of House Building Advance sanctioned by Government and the loan raised from outside agencies shall not exceed the cost ceiling limit of 70 times of the basic pay subject to a maximum of Rs. 3 lakhs.

2. Several requests have been received to sanction second mortgage for amounts exceeding 70 times of the basic pay. Government have examined the matter in detail and are pleased to order that the total amount of House Building Advance sanctioned by Government and the loan raised by Government Servants from outside institutions shall not exceed the cost ceiling limit of 70 times of basic pay subject to a maximum of As. 4.00 lakhs.

By order of the Governor

M. Jameela, Joint secretary (Finance).

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02-7-1997

ADVANCE FOR HOUSE CONSTRUCTION

GOVERNMENT OF KERALA ABSTRACT

General Provident fund Non-refundable Advance for house construction purposes enhancement of Monetary limit - orders issued.

FINANCE (PROVIDENT FUND) DEPARTMENT

G.O. (P) 619/97/fin

Dated Thiruvananthapuram, 2nd July 1997

Read: 1. G.O. (P) 361/96/Fin. dated 18-4-1996 .

2. Letter No. FM/9-230/96-97/11 dated 7-4-1997 from the Accountant General (A&E), Kerala, TVM

ORDER

As per the Provision (i) to Rule 28 (B) (1) of General Provident Fund (Kerala) Rule, the Non Refundable Advance availed for the construction of house, the amount withdrawn together with

the amount of loan availed from any other Government source is 5 years pay or Rs. 1,50,000 whichever is less amended in the orders read above.

The Accountant General in the letter read above had pointed out that as per the existing provision vide Rule 28 (A) of General Provident Fund (Kerala) Rules as subscriber is entitled to a maximum of 75% of the balance at his credit as Non Re-fundable Advance for the purpose such as repair / reconstruction of his house, where as for construction of house it is limited to Rs. 1,50,000 including the amount of loan from any other Government sources. This is an anomaly. He has also suggested to enhance the present monetary limit of Rs.1,50,000 considering the present money value and enormous hike in the cost of building construction.

Government have examined the matter in detail and are pleased to enhance the present ceiling limit of Non refundable Advance to Rs. 3,00,000. Government also order that the revised ceiling apply for the construction of house as well.

Necessary amendments to General Provident Fund (Kerala) Rules will be issued separately.

By order of the Governor,

M. prasanna , Additional Secretary (Finance).

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7-1-1997

GOVERNMENT OF KERALA

ABSTRACT

State Government Employees- Group insurance scheme payment of insurance cover and saving fund amounts when a government employee is missing and is not traceable - order - issued.

FINANCE (GIS) DEPARTMENT

1. (P) 392/84/Fin. dated 9-8-1984
2. G.O.(P)371/85/Fin. dated 30-10-1997

ORDER

1. In the order read as 1st above Government introduced a Group insurance scheme with effect from 1-1984 for the benefit of the State Government Employees. In para 10.1 and 10.2 of the G.O. read 1st. Government have prescribed the mode of payment of Insurance Fund/Saving Fund in the event of cessation of service for any reason including death. But the mode of payment in the event of man missing case has not been incorporated in the Scheme.
2. In G.O cited 3rd Government of India have prescribed the mode of payment of Insurance Fund/ Saving Fund to the nominee/ heirs of the missing person. On par with the decision of Government of India, State Government have also decided to follow the same procedure in the case of subscribers of State Government Employees Group insurance scheme, when subscriber of the scheme is missing and has not been traceable.
3. Government are, therefore, pleased to order that in such cases insurance cover (fund) may be paid to the nominees or heirs of the missing person after the expiry of a period of seven years following the month of disappearance, as per the court that the employee concerned should, be presumed to be dead as laid down in section 108 of the Indian Evidence Act.
4. Accumulations in the Savings Fund may be paid to the nominees or heirs after a lapse of a period of one year following the month of disappearance subject to the fulfilment of the following conditions: (1) The family must lodge a report with the concerned Police Station and obtain a report that the employee has not been traced after all efforts had been made by the police (ii) An indemnity Bond should be taken from the nominees/ dependants of the Employee that all payments shall be adjusted against the payment due to the employee in case he/she appears on the scene and makes any claim.
5. Full subscription at the rate applicable on the date of disappearance of the Government Employee shall continue to be recovered every month from the nominees or heirs of the missing Government Employee for a period of one year following the month of disappearance. Thereafter premium for insurance cover at the rate of Rs. 3 per month for every Rs. 10,000/- of the Insurance cover shall be recovered for a further period of six years or till the month in which insurance cover is paid. whichever is later.
6. Recovery of full subscription for one year together with interest there on (at the rate admissible

on the accumulation in the Savings Fund) may be made from the Saving Fund to be paid after one year subject to the fulfillment of the condition i & ii (specified in para 4). As regards premium for the next six years as stated in para 5 may be recovered together with interest thereon (at the rate admissible on the accumulations in the Saving Fund) from the insurance amount to be paid after expiry of the period of seven years following the month of disappearance.

7. Formal amendment to G.O.(P) 392/84/Fin. dated 9-8-1984 will be made separately.

By order of the Governor,

G.K. Sreedharan. Additional secretary (finance)

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REFERRAL OF CASES

4-12-1993

**KGSM Rules 1960 recommendations of the Vth Pay commission -implementation of -
notification to the rules - orders issued**

HEALTH AND FAMILY WELFARE (G) DEPARTMENT

G.O. (P) NO. 145/93/H&FWD Dated, Thiruvananthapuram, 4-12-1993

Read: G.O.(P) 480/89/Fin.dt. 1-11-89

The fifth Pay Commission made certain recommendations after reviewing the existing provisions of the KGSM Rules 1980. After considering the recommendations, Government are pleased to order in supersession of all the orders issued in this regard that in no case, except from treatment abroad, should any certificate be required from any officer higher than the District Medical Officers of the Health or Indian systems of Medicine concerned.

This order will take effect from 1-12-1989 as stipulated in 24 (b) of the G.O. read above. Formal amendment to the KGSM Rules will be proposed by the Director of Health Services.

By order of the Governor

Sd/- Gopalakrishna Pillai, Secretary to Government

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8-2-1995

REFERRAL OF CASES

ABSTRACT

GOVERNMENT OF KERALA

Health & Family Welfare (G) Department

CIRCULAR

No. 54990/G2194/H & FWD Dated, Thiruvananthapuram, 8-2-1995

Sub: Kerala Government Servants Medical Attendance Rules, 1960 consultation with specialists - Reference by Authorised Medical Attendant - Instructions issued.

It has come to the notice of Government that the patients are being referred to by the Authorised Medical attendants to certain hospitals outside state/ private hospitals for specialised treatment. Rule 6 of the Kerala Government Servants Medical Attendance Rules, 1960 has contained in G.O. (P) 546/63/ HLD/ dt 16-7-63 enjoins that if the authorised medical attendant considers it necessary to consult a specialist he can requisite the services of the nearest specialist in Government service including Honorary medical Officers. Instances have been noticed that the patients are referred to private hospitals outside the state even in cases where the medical collages of this state are capable of giving similar treatment.

In the circumstances Government wish to instruct all Authorised Medical attendants in Government service not to directly refer cases to private hospitals outside the state, but to the nearest Medical College/ Government Hospitals in the state where the required facilities are available, unless it is of such an extreme emergency case, where due to time factor and the need to save the life of the patient it is necessary to refer to an institution outside the state.

Gopalakrishna Pillai, Secretary (Health).

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16-2-1995

**REFERRAL OF CASES
HEALTH & FAMILY WELFARE (G) DEPARTMENT
No. 6650/G2I95/H&FWD Trivandrum, dt.16-5-1995
CIRCULAR**

Sub : Kerala Government Servants Medical Attendance Rules 1960 - reference to outside state - Instructions - issued.
Ref : Circular No. 54990/G2/H&FWD dt. 8-2-1995

In the Circular cited instructions were issued to all authorised Medical attendants in Government service not to directly refer cases to private hospitals outside the state, but to the nearest Medical College Hospitals / Government Hospitals in the state where the required facilities are available.

A doubt has been raised as to who should refer patients from Medical College Hospital to an institution outside the state for special treatment. Government wish to clarify that when the Authorised Medical Attendant in a Medical College Hospital considers it necessary to refer a patient to a private hospital outside state for better/ special treatment, it should be done with the permission of the concerned Unit Chief/ Professor/ Head of the Department. Any certificate issued by the Authorised Medical Attendant to the patient in this regard should be countersigned by the Unit Chief/ Professor/ Head of the Department.

S. Srinivasan, Joint Secretary.

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LOCAL SELF GOVERNMENT

23-12-95

ആരോഗ്യ സ്ഥാപനങ്ങൾ തദ്ദേശ സ്വയംഭരണ സ്ഥാപനങ്ങൾക്ക്

കേരള സർക്കാർ

സംഗ്രഹം

അധികാര വികേന്ദ്രീകരണം- ആരോഗ്യ വകുപ്പിൽ നിന്നും തദ്ദേശ സ്ഥാപനങ്ങൾക്ക് കൈമാറുന്ന അധികാര- അവകാശങ്ങൾ സംബന്ധിച്ച മാർഗ്ഗ നിർദ്ദേശങ്ങൾ- ഉത്തരവ് പുറപ്പെടുവിക്കുന്നു.

ആരോഗ്യ വകുപ്പ് (എം) വകുപ്പ്

ജി.ഒ.(പി) നമ്പർ 566/95 ആ.കു.വ തിരുവനന്തപുരം തീയതി: 23-12-1995

പരാമർശം : 18-9-1995 ലെ സർക്കാർ ഉത്തരവ് (പി) നം 189/95/ത.ഭ.വ.

ഉത്തരവ്

മുകളിൽ പരാമർശിച്ച ഉത്തരവ് പ്രകാരം സർക്കാരിൽ ക്ലിപ്തമായിരിക്കുന്ന ചുമതലകളും സ്ഥാപനങ്ങളും പദ്ധതികളും തദ്ദേശ സ്വയംഭരണ സ്ഥാപനങ്ങൾക്ക് കൈമാറ്റം ചെയ്തുകൊണ്ട് ഉത്തരവായിരിക്കുന്നു. ആരോഗ്യ വകുപ്പിൽ നിന്നും തദ്ദേശ സ്ഥാപനങ്ങൾക്ക് കൈമാറുന്ന അധികാര-അവകാശങ്ങൾ സംബന്ധിച്ച പൊതുവായ മാർഗ്ഗ നിർദ്ദേശങ്ങൾ അനുബന്ധമായി ചേർത്തിരിക്കുന്നു. പ്രസ്തുത നിർദ്ദേശങ്ങൾക്കനുസൃതമായി അവകാശങ്ങളും അധികാരങ്ങളും കൈമാറ്റം നടത്തേണ്ടതാണെന്ന് ഇതിനാൽ ഉത്തരവാകുന്നു.

ഗവർണ്ണറുടെ ഉത്തരവിൻ പ്രകാരം

എസ്. ശ്രീനിവാസൻ, ജോയിന്റ് സെക്രട്ടറി

അനുബന്ധം

ആരോഗ്യ വകുപ്പിൽ നിന്നും സ്വയംഭരണ സ്ഥാപനങ്ങൾക്ക് കൈമാറുന്ന അധികാര-അവകാശങ്ങൾ സംബന്ധിച്ച കരട് മാർഗ്ഗ നിർദ്ദേശങ്ങൾ

1. ഭരണപരമായ അധികാരങ്ങൾ

- 1. ഗ്രാമപഞ്ചായത്തുകൾ, ബ്ലോക്ക് പഞ്ചായത്തുകൾ, മുൻസിപ്പാലിറ്റി, കോർപ്പറേഷൻ എന്നിവയുടെ കീഴിൽ വരുന്ന ആരോഗ്യ വകുപ്പിലെ സ്ഥാപനങ്ങളുടെ നടത്തിപ്പും നിയന്ത്രണവും അതാതു തദ്ദേശ സ്വയംഭരണ സ്ഥാപനങ്ങൾക്കായിരിക്കും.
- 2. ഈ സ്ഥാപനങ്ങളിൽ ഉണ്ടാകുന്ന ഡോക്ടർമാരുടെ ഒഴിവുകൾ നികത്തുന്നതിന് പി.എസ്.സി യുടെ ലിസ്റ്റ് ഇല്ലാതിരിക്കുകയും, എംപ്ലോയിമെന്റ് എക്സ്ചേഞ്ച് വഴി ഡോക്ടർമാരെ ലഭ്യമാക്കാതെ വരികയും ചെയ്യുന്ന സാഹചര്യത്തിൽ താൽക്കാലികമായി ഒരു വർഷത്തേക്കോ സ്ഥിരം ഉദ്യോഗാർത്ഥികൾ വരുന്നതുവരെയോ ഏതാണോ **നിയമനം** സർക്കാർ ഇതു സംബന്ധിച്ച് പുറപ്പെടുവിച്ചു മാർഗ്ഗരേഖയുടെ അടിസ്ഥാനത്തിലായിരിക്കും.
- 3. മറ്റ് തസ്തികകളിലെ ഒഴിവുകളും പി.എസ്.സി. ലിസ്റ്റില്ലാതെ വരുമ്പോൾ എംപ്ലോയിമെന്റ് എക്സ്ചേഞ്ചു മുഖേന സർക്കാർ ഇതു സംബന്ധിച്ച് പുറപ്പെടുവിച്ചിട്ടുള്ള മാർഗ്ഗരേഖയുടെ അടിസ്ഥാനത്തിൽ നികത്താവുന്നതാണ്.
- 4. എല്ലാ വിഭാഗത്തിലേയും സ്ഥാപന മേധാവികളുടെ കാഷ്വൽ അവധി അനുവദിക്കാവുന്നതാണ്.
- 5. എല്ലാ വിഭാഗം ജീവനക്കാരുടെയും മറ്റ് അധികാരികളുടെ കാര്യത്തിൽ പകരക്കാരെ നിയമിക്കേണ്ടാത്ത കാലയളവിലേക്കായുള്ളതാണെങ്കിൽ അനുവദിക്കാവുന്നതാണ്. ഇത്തരം അവധി അനുവദിക്കുമ്പോൾ ഉത്തരവിന്റെ പകർപ്പ് അതാത് ജില്ലാ മെഡിക്കൽ ഓഫീസർക്ക് അയച്ചുകൊടുക്കേണ്ടതാണ്.
- 6. എല്ലാ വിഭാഗം ജീവനക്കാരുടെയും പേരിൽ 1960 ല കേരള സിവിൽ സർവ്വീസ് (ക്ലാസിഫിക്കേഷൻ കൺട്രോൾ/ അപ്പീൽ) ചട്ടപ്രകാരമുള്ള മൈനർ ശിക്ഷകൾ നൽകാൻ അധികാരം ഉണ്ടായിരിക്കും.

2. സാമ്പത്തിക അധികാരങ്ങൾ

- 1. സറ്റോഴ്സ് പർച്ചേഴ്സ് ചട്ടത്തിനും കാലാകാലങ്ങളിൽ സർക്കാർ ഇതു സംബന്ധിച്ച് പുറപ്പെടുവിക്കുന്ന ഉത്തരവുകൾക്കും വിധേയമായി ആശുപത്രികളിലേക്കാവശ്യമായ ഭക്ഷണസാധനങ്ങൾ, യൂണിഫോം, തുണികൾ മറ്റ് ഉപകരണങ്ങൾ (മരുന്നും മറ്റ് മെഡിക്കൽ സപ്ലൈസും ഒഴികെ) ഇവ ബഡ്ജറ്റിൽ വകകൊള്ളിച്ചിട്ടുള്ള തുകയ്ക്ക് അനുസൃതമായി വാങ്ങുന്നതിന് അധികാരമുണ്ടായിരിക്കും.
- 2. ഈ സ്ഥാപനങ്ങളിലെ നിർമ്മാണ പ്രവർത്തനങ്ങൾക്ക് ഭരണാനുമതിയും പ്രത്യേകാനുമതിയും നൽകുന്നതിന് അധികാരം ഉണ്ടായിരിക്കും. ഈ അനുമതി നൽകുന്നതിന് ആ വർഷത്തെ ബജറ്റിൽ ആകെ എസ്റ്റിമേറ്റ് തുകയുടെ 20 ശതമാനം വകയിരുത്തുയിട്ടുണ്ടാകണം. സ്വന്തം ഫണ്ടോ സംഭാവന വക ലഭ്യമാക്കുന്ന ഫണ്ടോ പ്രകാരമുള്ള ഏതു പ്രവർത്തനങ്ങൾക്കും ഭരണാനുമതിയും നൽകുന്നതിന് അതാത് തദ്ദേശ സ്വയം ഭരണ സ്ഥാപനങ്ങൾക്ക് അധികാരം ഉണ്ടായിരിക്കും.
- 3. ഈ സ്ഥാപനങ്ങളിലെ എല്ലാവിധ അറ്റകുറ്റപ്പണികൾക്കും ബഡ്ജറ്റ് തുകയ്ക്കു അനുസൃതമായി അനുമതി നൽകാവുന്നതാണ്.
- 4. ആശുപത്രിയുടെ നിർമ്മാണ പ്രവർത്തനങ്ങൾക്കും, വികസനത്തിനുമായി സംഭാവന സ്വീകരിക്കുന്നതിന് അധികാരം ഉണ്ടായിരിക്കും.
- 5. മേൽ സൂചിപ്പിച്ച സ്ഥാപനങ്ങളിലെ ഫലവ്യക്ഷങ്ങളിൽ നിന്നുമുള്ള ആദായം എടുത്ത് ആശുപത്രി വികസനങ്ങൾക്ക് വിനിയോഗിക്കാൻ അധികാരമുണ്ടായിരിക്കും.

ഇതിൽ പ്രതിപാദിക്കാത്തതും നിലവിൽ ഉള്ളതുമായ മറ്റ് അധികാരങ്ങൾ ഇപ്പോഴത്തേതുപോലെ തുടരേണ്ടതാണ്. പി.എച്ച്.സി.സി. എച്ച്.സി., താലൂക്ക് ആശുപത്രികളുടെ വികസന സമിതി അംഗങ്ങളെ സർക്കാർ മാർഗ്ഗ നിർദ്ദേശങ്ങൾക്കു വിധേയമായി നാമനിർദ്ദേശം ചെയ്യുന്നതിനും അതാത് സ്വയംഭരണ സ്ഥാപനങ്ങൾക്ക് അധികാരമുണ്ടായിരിക്കും.

മേലെഴുത്ത് നമ്പർ: പി. എൽ. ബി. 1-93596/95/ഡി.എച്ച്.എസ്. തീ. 1-1-1996

പകർപ്പ് ജില്ലാമെഡിക്കൽ ഓഫീസറുടെ അറിവിലേക്ക് പഞ്ചായത്തിനും കൈമാറ്റം ചെയ്യപ്പെട്ട സ്ഥാപനങ്ങളുടെ മേലധികാരിക്കും അതാത് പഞ്ചായത്ത് അധികാരികൾക്കും നൽകുന്നതിനു വേണ്ടി അയയ്ക്കുന്നു.

ഒപ്പ് ആരോഗ്യ വകുപ്പ് ഡയറക്ടർക്കുവേണ്ടി.

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7-7-1997

കേരള സർക്കാർ

തദ്ദേശഭരണ(എൻ) വകുപ്പ്

വിജ്ഞാപനം

സ.ഉ.(അ)നം. 161/97/ത.ഭ.വ.

തിരുവനന്തപുരം 1997 ജൂലായ് 7

എസ്. ആർ.ഒ. നമ്പർ 534/97 - 1994-ലെ കേരള പഞ്ചായത്ത് രാജ് ആക്ട് (1994-ലെ 13) 179-ാം വകുപ്പ് (5)-ാം ഉപവകുപ്പും 180-ാം വകുപ്പ് (8) ഉം (9) ഉം ഉപവകുപ്പുകളും 181-ാം വകുപ്പ് (1) ഉം (3) ഉം ഉപവകുപ്പുകളും 254-ാം വകുപ്പ് (1) ാം ഉപവകുപ്പും കൂട്ടി വായിച്ച പ്രകാരം നൽകപ്പെട്ട അധികാരങ്ങൾ വിനിയോഗിച്ച് കേരള സർക്കാർ താഴെപ്പറയുന്ന ചട്ടങ്ങൾ ഉണ്ടാക്കുന്നു. അതായത്;

ചട്ടങ്ങൾ:-

1. ചുരുക്കപ്പേരും പ്രാരംഭവും: (1) ഈ ചട്ടങ്ങൾക്ക് 1997-ലെ കേരള പഞ്ചായത്ത് രാജ് (ഉദ്യോഗസ്ഥരുടെ മേൽ നിയന്ത്രണം) ചട്ടങ്ങൾ എന്നു പേർ പറയാം.
- (2) ഇവ ഉടനടി പ്രാബല്യത്തിൽ വരുന്നതാണ്.
2. നിർവ്വചനങ്ങൾ : (1) ഈ ചട്ടങ്ങളിൽ സന്ദർഭം മറ്റു വിധത്തിൽ ആവശ്യപ്പെടാത്ത പക്ഷം;
- (എ) ആക്ട് എന്നാൽ 1994-ലെ കേരള പഞ്ചായത്ത് രാജ് ആക്ട് (1994-ലെ 13) എന്നർത്ഥമാകുന്നു.
- (ബി) “നിയമനാധികാരി” എന്നാൽ ഒരു ഉദ്യോഗസ്ഥനെ സർക്കാർ സർവ്വീസിലോ പഞ്ചായത്ത് സർവ്വീസിലോ നിയമിക്കുവാൻ സർക്കാർ അധികാരപ്പെടുത്തിയ ഉദ്യോഗസ്ഥൻ അല്ലെങ്കിൽ അധികാരസ്ഥാനം എന്നർത്ഥമാകുന്നു.
- (സി) “മുനിസിപ്പാലിറ്റി” എന്നാൽ 1994-ലെ കേരള മുനിസിപ്പാലിറ്റി ആക്ട് (1994-ലെ 20) 4-ാം വകുപ്പ് പ്രകാരം രൂപീകരിച്ച ഒരു മുനിസിപ്പാലിറ്റി എന്നർത്ഥമാകുന്നു.
- (ഡി) “ഉദ്യോഗസ്ഥൻ” എന്നതിൽ 179-ാം വകുപ്പ് (1)-ാം ഉപവകുപ്പ് പ്രകാരം നിയമിക്കപ്പെട്ട സെക്രട്ടറിയും, 180-ാം വകുപ്പ് (4)-ാം ഉപവകുപ്പിൻ കീഴിൽ ഉണ്ടാക്കിയ ചട്ടങ്ങൾ പ്രകാരമോ 1960-ലെ കേരള പഞ്ചായത്ത് ആക്ടിൻ (1960-ലെ 32) കീഴിൽ ഉണ്ടാക്കിയ ചട്ടങ്ങൾ പ്രകാരമോ പഞ്ചായത്ത് സർവ്വീസിൽ നിയമിക്കപ്പെട്ട ഉദ്യോഗസ്ഥന്മാരും, ജീവനക്കാരും 176-ാം വകുപ്പ് (2)-ാം ഉപവകുപ്പ് പ്രകാരമോ 181-ാം വകുപ്പ് (1)-ാം ഉപവകുപ്പ് പ്രകാരമോ പഞ്ചായത്തിന് സേവനം വിട്ടുകൊടുക്കപ്പെട്ട ഏതൊരു സർക്കാർ ഉദ്യോഗസ്ഥനും ജീവനക്കാരനും ഉൾപ്പെടുന്നതാണ്.
- (ഇ) “വകുപ്പ്” എന്നാൽ ആക്ടിലെ ഒരു വകുപ്പ് എന്നർത്ഥമാകുന്നു.
- (2) ഈ ചട്ടങ്ങളിൽ ഉപയോഗിച്ചിട്ടുള്ളതും പക്ഷേ നിർവ്വചിക്കപ്പെട്ടിട്ടില്ലാത്തതും എന്നാൽ ആക്ടിൽ നിർവ്വചിച്ചിട്ടുള്ളതുമായ വാക്കുകൾക്കും പ്രയോഗങ്ങൾക്കും ആക്ടിൽ അവയ്ക്ക് നൽകിയിട്ടുള്ള അർത്ഥങ്ങൾ, യഥാക്രമം ഉണ്ടായിരിക്കുന്നതാണ്.
3. സർക്കാർ ഉദ്യോഗസ്ഥന്മാരുടെയും ജീവനക്കാരുടെയും സേവനങ്ങൾ പഞ്ചായത്തിന് വിട്ടുകൊടുക്കൽ : (1) സർക്കാരിന് 176-ാം വകുപ്പ് (2)-ാം ഉപവകുപ്പ് പ്രകാരമോ 181-ാം വകുപ്പ് (1)-ാം ഉപവകുപ്പ് പ്രകാരമോ, പ്രത്യേകമായോ, പൊതുവായോ ആയ ഒരു ഉത്തരവ് മുഖേന, താല്ക്കാലികമായ, ഫുൾടൈമോ, പാർട്ട് ടൈമോ, കണ്ടിജന്റോ ഉൾപ്പെടെയുള്ള ഏതൊരു സർക്കാർ ഉദ്യോഗസ്ഥന്റെയോ ജീവനക്കാരന്റെയോ സേവനം പഞ്ചായത്തിന് വിട്ടുകൊടുക്കാവുന്നതാണ്.
- (2) (1)-ാം ഉപചട്ടപ്രകാരം പഞ്ചായത്തിന് വിട്ടുകൊടുക്കപ്പെട്ട സർക്കാർ ഉദ്യോഗസ്ഥന്മാരും ജീവനക്കാരും സർവ്വീസ് സംബന്ധമായ എല്ലാ കാര്യങ്ങൾക്കും സർക്കാർ ജീവനക്കാരായി കണക്കാക്കപ്പെടുന്നതും, അവരുടെ സേവന വേതന വ്യവസ്ഥകൾ, അവർ സർക്കാർ സർവ്വീസിൽ തുടർന്നിരുന്നാലെനതുപോലെ തുടരുന്നതും അവരുടെ ശമ്പ

ഉവും അലവൻസുകളും മറ്റ് സാമ്പത്തികാനുകൂല്യങ്ങളും പഞ്ചായത്തിന്റെ ഫണ്ടിൽ നിന്ന് നൽകുകയോ അതിനുള്ള അംശദായം സർക്കാരിന് പഞ്ചായത്ത് നൽകുകയോ ചെയ്യേണ്ടതാണ്.

എന്നാൽ അപ്രകാരമുള്ള ശമ്പളവും അലവൻസുകളും മറ്റ് സാമ്പത്തികാനുകൂല്യങ്ങളും സർക്കാരിന്റെ സഞ്ചിതനിധിയിൽനിന്ന് സർക്കാരിന് യുക്തമെന്നു തോന്നുന്ന കാലം വരെ അവർക്ക് തുടർന്ന് നൽകാവുന്നതാണ്.

- (3) പഞ്ചായത്തിന് സേവനം വിട്ടുകൊടുക്കപ്പെട്ട സർക്കാർ ഉദ്യോഗസ്ഥന്മാരും ജീവനക്കാരും പഞ്ചായത്തിന്റെ പൂർണ്ണമായ നിയന്ത്രണത്തിലും മേൽനോട്ടത്തിലും ആയിരിക്കുന്നതും അവർ സർക്കാർ പൊതുവായി നിശ്ചയിക്കുന്ന നിയന്ത്രണങ്ങൾക്ക് വിധേയമായി പഞ്ചായത്തിന്റെ അധികാര പരിധിയിൽ വരുന്ന കാര്യങ്ങൾക്ക് വേണ്ടി പഞ്ചായത്ത് നിശ്ചയിക്കുന്ന പ്രകാരമുള്ള അധികാരങ്ങൾ വിനിയോഗിക്കുകയും ചുമതലകൾ നിർവ്വഹിക്കുകയും ചെയ്യേണ്ടതുമാണ്.
- (4) പഞ്ചായത്തിന് സേവനം വിട്ടുകൊടുക്കപ്പെട്ട ഏതൊരു സർക്കാർ ഉദ്യോഗസ്ഥനും ജീവനക്കാരനും പഞ്ചായത്തിനുവേണ്ടി സേവനമനുഷ്ഠിക്കുമ്പോൾ തന്നെ സർക്കാരിനുവേണ്ടി സർക്കാർ ഭാരമേൽപ്പിക്കുന്ന അധികാരങ്ങൾ വിനിയോഗിക്കുന്നതിന് അധികാരമുണ്ടായിരിക്കുന്നതും ചുമതലകൾ നിർവ്വഹിക്കുന്നതിന് ബാധ്യസ്ഥനായിരിക്കുന്നതുമാണ്.
- (5) പഞ്ചായത്തിന് സേവനം വിട്ടുകൊടുക്കപ്പെട്ട സർക്കാർ ഉദ്യോഗസ്ഥന്മാർക്കും ജീവനക്കാരും ഡെപ്യൂട്ടേഷൻ അലവൻസ് ലഭിക്കുവാൻ അർഹതയുണ്ടായിരിക്കുന്നതല്ല.
- (6) പഞ്ചായത്തിന് സേവനം വിട്ടുകൊടുക്കപ്പെട്ട ഏതൊരു സർക്കാർ ഉദ്യോഗസ്ഥനെയും ജീവനക്കാരനെയും പഞ്ചായത്തിന്റെ ഏതെങ്കിലും ഒരു ഓഫീസിലോ സ്ഥാപനത്തിലോ നിന്ന് പഞ്ചായത്തിന്റെ ഓഫീസിലോ പഞ്ചായത്തിന്റെ കീഴിലുള്ള മറ്റേതെങ്കിലും ഓഫീസിലോ സ്ഥാപനത്തിലോ സ്ഥലംമാറ്റി നിയമിക്കുവാൻ ആ പഞ്ചായത്തിന് അധികാരമുണ്ടായിരിക്കുന്നതുമാണ്.

എന്നാൽ ഒരു സർക്കാർ ഉദ്യോഗസ്ഥനെ അല്ലെങ്കിൽ ജീവനക്കാരനെ ഒരു വകുപ്പിൽ നിന്ന് മറ്റൊരു വകുപ്പിലേക്ക് മാറ്റി നിയമിക്കുവാൻ പാടില്ലാത്തതാണ്.

എന്നുമാത്രമല്ല, സർക്കാർ ഉദ്യോഗസ്ഥരുടെ സ്ഥലംമാറ്റം സംബന്ധിച്ച് സർക്കാർ കാലാകാലങ്ങളിൽ പുറപ്പെടുവിക്കുന്ന പൊതുമാർഗ്ഗനിർദ്ദേശങ്ങൾ പാലിക്കുവാൻ പഞ്ചായത്ത് ബാധ്യസ്ഥമായിരിക്കുന്നതുമാണ്.

- (7) സർക്കാരിന്റെ തക്കതായ കാരണങ്ങളാൽ ഒരു പഞ്ചായത്തിന് സേവനം വിട്ടുകൊടുക്കപ്പെട്ട ഏതൊരു സർക്കാർ ഉദ്യോഗസ്ഥനെയോ ജീവനക്കാരനെയോ സർക്കാരിന്റെ സേവനത്തിനായി തിരിച്ചെടുക്കാവുന്നതോ ആ പഞ്ചായത്തിൽ നിന്ന് മറ്റൊരു പഞ്ചായത്തിലേക്ക് അല്ലെങ്കിൽ ഏതെങ്കിലും ഒരു മുനിസിപ്പാലിറ്റിയിലേക്ക് മാറ്റി നിയമിക്കാവുന്നതോ ആണ്.
- (8) സ്ഥലംമാറ്റം മൂലമോ, അവധി മൂലമോ മറ്റേതെങ്കിലും കാരണം കൊണ്ടോ പഞ്ചായത്തിന് സേവനം വിട്ടുകൊടുക്കപ്പെട്ട ഒരു സർക്കാർ ഉദ്യോഗസ്ഥന്റെയോ ജീവനക്കാരന്റെയോ തസ്തികയിൽ ഒഴിവുണ്ടായാൽ, പ്രസ്തുത ഒഴിവ് നികത്തുന്നതിന് മറ്റൊരു സർക്കാർ ഉദ്യോഗസ്ഥന്റെയോ ജീവനക്കാരന്റെയോ സേവനം ഉടനെ വിട്ടുകിട്ടാത്ത സാഹചര്യത്തിൽ, സർക്കാരിന്റെ പൊതുമാർഗ്ഗനിർദ്ദേശങ്ങൾക്ക് വിധേയമായി, ബന്ധപ്പെട്ട നിയമനാധികാരിയെ മുൻകൂട്ടി അറിയിച്ചുകൊണ്ട്, ആ ഒഴിവിൽ-

- (എ) എംപ്ലോയ്മെന്റ് എക്സ്പെഞ്ച് മുഖേനയോ,
- (ബി) എംപ്ലോയ്മെന്റ് എക്സ്പെഞ്ച് മുഖേന ഒരു ഉദ്യോഗാർത്ഥിയെ ലഭിക്കാതിരിക്കുന്ന സാഹചര്യത്തിൽ സർക്കാർ പ്രത്യേകം നിശ്ചയിച്ചിട്ടുള്ള വ്യവസ്ഥകൾ പ്രകാരം കരാർ അടിസ്ഥാനത്തിലോ, പഞ്ചായത്തിന് മറ്റൊരാളെ ആറ് മാസത്തിൽ കൂടുതലല്ലാത്ത കാലയളവിലേക്കോ ഒരു സർക്കാർ ഉദ്യോഗസ്ഥനോ, ജീവനക്കാരനോ പ്രസ്തുത ഒഴിവിലേക്ക് നിയമിക്കപ്പെടുകയോ ഇതിൽ ഏതാണോ ആദ്യം അതുവരെയ്ക്കായി താല്കാലികമായി നിയമിക്കാവുന്നതാണ്.

എന്നാൽ, സ്കൂൾ അധ്യാപകരായി ഇപ്രകാരം താല്ക്കാലികമായി നിയമിക്കപ്പെടുന്നവരുടെ സംഗതിയിൽ ആറുമാസക്കാലയളവ് എന്നത് ആവശ്യമെങ്കിൽ അതാൽ അധ്യയന വർഷാവസാനം വരെ എന്നു കണക്കാക്കാവുന്നതാണ്.

4. ഉദ്യോഗസ്ഥരുടെ മേൽ ലഘുശിക്ഷകൾ ചുമത്തൽ : (1) ഒരു ഉദ്യോഗസ്ഥൻ തന്റെ ഔദ്യോഗിക കൃത്യനിർവ്വഹണത്തിൽ വീഴ്ച വരുത്തുകയോ, അച്ചടക്കം ലംഘിക്കുകയോ, പഞ്ചായത്തിന്റെ നിയമാനുസൃത തീരുമാനം നടപ്പിൽ വരുത്തുവാൻ വിസമ്മതിക്കുകയോ, അത് നടപ്പിൽ വരുത്തുന്നതിന് ബോധപൂർവ്വം തടസ്സം സൃഷ്ടിക്കുകയോ, പ്രസിഡന്റിന്റെ നിയമാനുസൃത ഉത്തരവോ നിർദ്ദേശമോ പാലിക്കാതിരിക്കുകയോ ചെയ്താൽ അല്ലെങ്കിൽ, ഒരു ഉദ്യോഗസ്ഥന്റെ പെരുമാറ്റദുഷ്യത്തിനോ സ്വഭാവദുഷ്യത്തിനോ പ്രസ്തുത ഉദ്യോഗസ്ഥന്റെ പേരിൽ പഞ്ചായത്തിന് അച്ചടക്ക നടപടികൾ സ്വീകരിക്കാവുന്നതും അയാളുടെമേൽ താഴെപ്പറയുന്ന ലഘുശിക്ഷകളിലൊന്ന് ചുമത്താവുന്നതുമാണ്.

- 1. സെൻഷർ
- 2. ഫൈൻ
- 3. ഉദ്യോഗക്കയറ്റം തടഞ്ഞുവയ്ക്കൽ.
- 4. ശമ്പളത്തിൽ നിന്ന് തുക വസൂലാക്കൽ.
- 5. ഇൻക്രിമെന്റ് താല്ക്കാലികമായി തടഞ്ഞുവയ്ക്കൽ.

കുറിപ്പുകൾ: (i) ലാസ്റ്റ് ഗ്രേഡിലോ പാർട്ട് ടൈം അല്ലെങ്കിൽ ഫുൾ ടൈം കണ്ടിജന്റ് തസ്തികയിലോ അല്ലാത്ത ഒരു ഉദ്യോഗസ്ഥന്റെ മേൽ ഫൈൻ ചുമത്തുവാൻ പാടുള്ളതല്ല. ഭീമമായ തുക ഫൈൻ ആയി ചുമത്തുകയോ ഇടയ്ക്കിടെ നിസ്സാരമായ ഫൈൻ ചുമത്തുകയോ ചെയ്യാൻ പാടില്ല.

- (ii) ഇൻക്രിമെന്റ് തടഞ്ഞു വയ്ക്കുന്ന കാലയളവ് മൂന്നു മാസത്തിൽ കുറയാനോ മൂന്നു വർഷത്തിൽ കൂടാനോ പാടുള്ളതല്ല. ഇൻക്രിമെന്റ് തടഞ്ഞു വയ്ക്കുമ്പോൾ അതിന് സഞ്ചിത പ്രാബല്യമില്ലാതിരിക്കുന്നതും ഭാവി ഇൻക്രിമെന്റുകൾ മാറ്റി വയ്ക്കപ്പെടാത്തതുമാകുന്നു.
- (iii) ഉദ്യോഗക്കയറ്റം തടഞ്ഞുവയ്ക്കുന്നതിന് താല്ക്കാലികമായി ഒരു നിശ്ചിത കാലയളവിലേക്കായിരിക്കേണ്ടതും, ഈ കാലയളവ് ആറ് മാസത്തിൽ കുറയാനോ മൂന്നു വർഷത്തിൽ കൂടാനോ പാടില്ലാത്തതുമാണ്.
- (iv) ഇൻക്രിമെന്റോ ഉദ്യോഗക്കയറ്റമോ തടഞ്ഞുകൊണ്ടുള്ള ഉത്തരവിൽ കാലാവധിയൊന്നും പറഞ്ഞിട്ടില്ലെങ്കിൽ ആയത് യഥാക്രമം മൂന്നു മാസത്തേക്കും ആറുമാസത്തേക്കും ആണെന്ന് കരുതേണ്ടതാണ്.
- (v) ഇൻക്രിമെന്റ് തടഞ്ഞുകൊണ്ടുള്ള ഉത്തരവ് നടപ്പിലാക്കുന്നതിന് പ്രായോഗികമല്ലാത്ത സംഗതിയിൽ തടഞ്ഞുവയ്ക്കുവാൻ ഉത്തരവായ ഇൻക്രിമെന്റിന് സമമായ തുക ബന്ധപ്പെട്ട ഉദ്യോഗസ്ഥന്റെ ശമ്പളത്തിൽ നിന്ന് ഈടാക്കേണ്ടതാണ്
- (vi) ഒരു ശിക്ഷ എന്ന നിലയിൽ ശമ്പളത്തിൽ നിന്ന് തുക വസൂലാക്കുന്നത് ഉദ്യോഗസ്ഥന്റെ നടപടിമൂലം പഞ്ചായത്തിന് നഷ്ടം സംഭവിച്ചിരിക്കുമ്പോൾ മാത്രമായിരിക്കേണ്ടതാണ്.
- (vii) ഉദ്യോഗക്കയറ്റം തടയുന്നതുമൂലം ബന്ധപ്പെട്ട ഉദ്യോഗസ്ഥന് അയാൾ തത്സമയം ജോലി ചെയ്യുന്ന തസ്തികയിൽ സീനിയോറിറ്റി നഷ്ടപ്പെടുന്നതല്ല.
- (viii) ഉദ്യോഗക്കയറ്റം തടയപ്പെട്ട ഒരു ഉദ്യോഗസ്ഥന് ഭാവിയിൽ ഒരു ഹയർ ഗ്രേഡിലോക്കോ ഹയർ ടൈം സ്കെയിലിലോ ഉദ്യോഗക്കയറ്റം നൽകപ്പെടുമ്പോൾ ആ ഗ്രേഡിലെ അയാളുടെ സീനിയോറിറ്റി ഏറ്റവും താഴെ ആയി നിശ്ചയിക്കേണ്ടതാണ്.

(2) 180-ാം വകുപ്പിൽ പരാമർശിക്കുന്ന ഒരു പഞ്ചായത്ത് ജീവനക്കാരന്റെ മേൽ ഒരു കുറ്റത്തിന് പഞ്ചായത്ത് അച്ചടക്കനടപടി സ്വീകരിക്കുന്ന സംഗതിയിൽ സെക്രട്ടറിയും, 182-ാം വകുപ്പ് () ഖണ്ഡപ്രകാരം സെക്രട്ടറി അച്ചടക്കനടപടി സ്വീകരിക്കുന്ന സംഗതിയിൽ പഞ്ചായത്തും അതേകുറ്റത്തിന് അയാൾക്കെതിരെ അച്ചടക്ക നടപടി സ്വീകരിക്കുവാൻ പാടുള്ളതല്ല.

- (3) (1)-ാം ഉപചട്ടത്തിൽ എന്തുതന്നെയടങ്ങിയിരുന്നാലും സെക്രട്ടറിയുടെയോ, 176-ാം വകുപ്പ് (2)-ാം ഉപവകുപ്പു പ്രകാരമോ 181-ാം വകുപ്പ് (1)-ാം ഉപവകുപ്പ് പ്രകാരമോ പഞ്ചായത്തിന് സേവനം വിട്ടുകൊടുക്കപ്പെട്ട ഒരു സർക്കാർ ഉദ്യോഗസ്ഥന്റെയോ, ജീവനക്കാരന്റെ മേൽ അച്ചടക്കനടപടി സ്വീകരിക്കുന്നതിന് അയാളെ സംബന്ധിച്ച നിയമനാധികാരിക്കും ശിക്ഷണാധികാരിക്കും അധികാരമുണ്ടായിരിക്കുന്നതാണ്.
 - (4) സെക്രട്ടറിയുടെയോ പഞ്ചായത്തിന് സേവനം വിട്ടുകൊടുക്കപ്പെട്ട ഒരു സർക്കാർ ഉദ്യോഗസ്ഥന്റെയോ ജീവനക്കാരന്റെയോ മേൽ ഒരു കുറ്റത്തിന് പഞ്ചായത്ത് ശിക്ഷണനടപടി സ്വീകരിക്കുന്ന സംഗതിയിൽ ബന്ധപ്പെട്ട നിയമനാധികാരി അല്ലെങ്കിൽ ശിക്ഷണാധികാരിയും, (3)-ാം ഉപചട്ടപ്രകാരം നിയമനാധികാരി അല്ലെങ്കിൽ ശിക്ഷണാധികാരി ശിക്ഷണനടപടി സ്വീകരിക്കുന്ന സംഗതിയിൽ പഞ്ചായത്തും അതേ കുറ്റത്തിന് അയാൾക്കെതിരെ ശിക്ഷണ നടപടി സ്വീകരിക്കാൻ പാടുള്ളതല്ല.
 - (5) 182-ാം വകുപ്പ് (xi) ഖണ്ഡപ്രകാരം സെക്രട്ടറിയോ (3)-ാം ഉപചട്ടപ്രകാരം നിയമനാധികാരിയോ ശിക്ഷണാധികാരിയോ, അതായത് സംഗതിപോലെ, ഒരു പഞ്ചായത്ത് ജീവനക്കാരന്റെയോ പഞ്ചായത്തിന് സേവനം വിട്ടുകൊടുക്കപ്പെട്ട സർക്കാർ ഉദ്യോഗസ്ഥന്റെയോ ജീവനക്കാരന്റെയോ മേൽ അച്ചടക്കനടപടി സ്വീകരിക്കുന്ന സംഗതിയിൽ അത് 1960-ലെ കേരള സിവിൽ സർവീസ് (ക്ലാസിഫിക്കേഷൻ, കൺട്രോൾ ആന്റ് അപ്പീൽ) റൂൾസ് പ്രകാരമായിക്കേണ്ടതാണ്.
 - (6) പഞ്ചായത്ത് തീരുമാനിക്കുന്നപക്ഷം, ഏതെങ്കിലും ഒരു കുറ്റത്തിന് ഒരു പഞ്ചായത്ത് ജീവനക്കാരന്റെ പേരിൽ അച്ചടക്കനടപടി സ്വീകരിക്കുന്നതിന് സെക്രട്ടറിയോടും പഞ്ചായത്തിന് സേവനം വിട്ടുകൊടുക്കപ്പെട്ട ഒരു സർക്കാർ ഉദ്യോഗസ്ഥന്റെയോ ജീവനക്കാരന്റെയോ പേരിൽ അച്ചടക്കനടപടി സ്വീകരിക്കുന്നതിന് ബന്ധപ്പെട്ട ശിക്ഷണാധികാരിയോടും പഞ്ചായത്തിന് ആവശ്യപ്പെടാവുന്നതാണ്.
- 5. കുറ്റാരോപണ മെമ്മോ നൽകുന്നതിനുള്ള നടപടിക്രമം : -** (1) 4-ാം ചട്ടം (1)-ാം ഉപചട്ടത്തിൽ പരാമർശിക്കുന്ന ഒരു കുറ്റം ഒരു ഉദ്യോഗസ്ഥൻ ചെയ്തുവെന്നും അയാൾക്കെതിരെ അച്ചടക്കനടപടി സ്വീകരിക്കേണ്ടതാണെന്നും ലഭ്യമായ വിവരങ്ങളുടെ അടിസ്ഥാനത്തിൽ പ്രസിഡന്റിനോ പഞ്ചായത്തിനോ പ്രഥമമുഷ്ടാ ബോധ്യം വരുണെങ്കിൽ അയാൾക്കെതിരെ അച്ചടക്കനടപടി ആരംഭിക്കേണ്ടതുണ്ടോ എന്ന് പഞ്ചായത്ത് തീരുമാനിക്കേണ്ടതും അച്ചടക്കനടപടി ആരംഭിക്കുവാൻ പഞ്ചായത്ത് തീരുമാനിക്കുകയാണെങ്കിൽ അപ്രകാരം അച്ചടക്കനടപടി സ്വീകരിക്കാതിരിക്കാൻ കാരണം കാണിക്കാൻ ആവശ്യപ്പെട്ടുകൊണ്ടുള്ള ഒരു നോട്ടീസ് പ്രസ്തുത ഉദ്യോഗസ്ഥന് നൽകേണ്ടതുമാണ്. ഈ നോട്ടീസ് സെക്രട്ടറിയുടെ കാര്യത്തിൽ പ്രസിഡന്റും സെക്രട്ടറിയില്ലാത്ത ഒരു ഉദ്യോഗസ്ഥന്റെ കാര്യത്തിൽ പ്രസിഡന്റിന്റെ ഉത്തരവ് പ്രകാരം സെക്രട്ടറിയും നൽകേണ്ടതാണ്.
- എന്നാൽ അടിയന്തിര സന്ദർഭങ്ങളിൽ പഞ്ചായത്തിന്റെ സാധൂകരണത്തിന് വിധേയമായി, നോട്ടീസ് നൽകാവുന്നതാണ്.
- (2) (1)-ാം ഉപചട്ടപ്രകാരം നൽകുന്ന നോട്ടീസിൽ ബന്ധപ്പെട്ട ഉദ്യോഗസ്ഥന് എതിരെ അച്ചടക്കനടപടി സ്വീകരിക്കുവാൻ ഉദ്ദേശിക്കുന്നതിന്റെ കാരണങ്ങൾ വ്യക്തമായി കാണിച്ചിരിക്കേണ്ടതും മറുപടി നൽകുവാൻ നോട്ടീസ് കൈപ്പറ്റി ഏഴ് ദിവസത്തിൽ കുറയാത്ത സമയം അനുവധിക്കേണ്ടതുമാണ്.
- കുറിപ്പ്: നോട്ടീസിൽ അത്യക്ത പ്രസ്താവനകൾ ഒഴിവാക്കേണ്ടതാണ്. ഉദാഹരണത്തിന്, പ്രസിഡന്റിന്റെയോ പഞ്ചായത്തിന്റെയോ, നിർദ്ദേശങ്ങൾ പാലിച്ചില്ല എന്ന രീതിയിലുള്ള പൊതുപ്രസ്താവന, ശിക്ഷണനടപടി സ്വീകരിക്കുവാൻ ഉദ്ദേശിക്കുന്നതിനുള്ള കാരണം ആയി കാണിക്കാൻ പാടില്ലാത്തതും അതിനുപകരം എന്തു നിർദ്ദേശം ഏതവസരത്തിൽ ആണ് പാലിക്കാതിരുന്നതെന്ന് വ്യക്തമായി പറയേണ്ടതുമാണ്.
- (3) (1)-ാം ഉപചട്ടപ്രകാരമുള്ള നോട്ടീസിന് നിശ്ചിത സമയത്തിനുള്ളിൽ ഉദ്യോഗസ്ഥനിൽ

നിന്ന് വിശദീകരണം എന്തെങ്കിലും ലഭിച്ചിട്ടുണ്ടെങ്കിൽ അതും, വിശദീകരണമൊന്നും ലഭിച്ചിട്ടില്ലെങ്കിൽ അത് സംബന്ധിച്ച തന്റെ റിപ്പോർട്ടും പ്രസിഡന്റ് പഞ്ചായത്തിന്റെ പരിഗണനയിൽ സമർപ്പിക്കേണ്ടതാണ്. സെക്രട്ടറിയല്ലാത്ത ഒരു ഉദ്യോഗസ്ഥന്റെ കാര്യത്തിൽ വിശദീകരണത്തോടൊപ്പം അതിൻമേലുള്ള സെക്രട്ടറിയുടെ അല്ലെങ്കിൽ ഓഫീസ് മേധാവിയുടെ അഭിപ്രായം കൂടി പ്രസിഡന്റ് പഞ്ചായത്തിന്റെ പരിഗണനയ്ക്ക് സമർപ്പിക്കേണ്ടതാണ്.

- (4) (3)-ാം ഉപചട്ടത്തിൽ പറയുന്ന വിശദീകരണം അല്ലെങ്കിൽ റിപ്പോർട്ട് പരിഗണിച്ചശേഷം പഞ്ചായത്തിന് ബന്ധപ്പെട്ട ഉദ്യോഗസ്ഥനെതിരെ അച്ചടക്കനടപടി വേണ്ടെന്ന് വയ്ക്കുവാനോ തുടരുവാനോ തീരുമാനിക്കാവുന്നതാണ്.
- (5) ഒരു ഉദ്യോഗസ്ഥനെതിരെ അച്ചടക്കനടപടി സ്വീകരിക്കുവാൻ (4)-ാം ഉപചട്ടപ്രകാരം പഞ്ചായത്ത് തീരുമാനിക്കുന്ന സംഗതിയിൽ, പ്രസ്തുത ഉദ്യോഗസ്ഥന്, കുറ്റത്തിനോ, കുറ്റങ്ങൾക്കോ അടിസ്ഥാനമായ ആരോപണങ്ങളുടെ ഒരു സ്റ്റേറ്റ്മെന്റ് സഹിതം വ്യക്തമായ കുറ്റാരോപണ മെമ്മോ നൽകേണ്ടതും അതിൽ പ്രസ്തുത ഉദ്യോഗസ്ഥനോട് പതിനഞ്ചു ദിവസത്തിനകം അതിനുള്ള മറുപടി പത്രിക നൽകാൻ ആവശ്യപ്പെടേണ്ടതുമാണ്. സെക്രട്ടറിയുടെ കാര്യത്തിൽ പ്രസിഡന്റും, സെക്രട്ടറിയല്ലാത്ത ഒരു ഉദ്യോഗസ്ഥന്റെ കാര്യത്തിൽ പ്രസിഡൻ്റിന്റെ ഉത്തരവ് പ്രകാരം സെക്രട്ടറിയും കുറ്റാരോപണ മെമ്മോ നൽകേണ്ടതാണ്.
- (6) കുറ്റാരോപണ മെമ്മോ ഈ ചട്ടങ്ങളിൽ 1-ാം അനുബന്ധമായി ചേർത്തിട്ടുള്ള ഫോറത്തിന്റെ മാതൃകയിൽ ആയിരിക്കേണ്ടതും അതിൽ, അതത് സംഗതിപോലെ, പ്രസിഡന്റോ സെക്രട്ടറിയോ ഒപ്പ് വച്ചിരിക്കേണ്ടതുമാണ്.
- (7) കുറ്റാരോപണ മെമ്മോ സംക്ഷിപ്തവും വ്യക്തമായ ഭാഷയിലുള്ളതുമായിരിക്കേണ്ടതും അതിൽ സംഭവം നടന്ന തീയതിയും സമയവും ബാധകമാവുന്നടത്തെല്ലാം ഉൾക്കൊള്ളിച്ചിരിക്കേണ്ടതുമാണ്.
- (8) ഓരോ കുറ്റത്തിനും അടിസ്ഥാനമായിട്ടുള്ള ആരോപണങ്ങളുടെ സ്റ്റേറ്റ്മെന്റിൽ അച്ചടക്കനടപടി സംബന്ധിച്ച ഉത്തരവ് പുറപ്പെടുവിക്കുമ്പോൾ പരിഗണിക്കപ്പെടാൻ സാധ്യതയുള്ള മറ്റേതെങ്കിലും പരിസ്ഥിതികൾ ഉണ്ടെങ്കിൽ അവ കൂടി പരാമർശിക്കേണ്ടതാണ്.
- (9) കുറ്റാരോപണ മെമ്മോ തയ്യാറാക്കിയതിന് ആധാരമായ രേഖകളുടെ ഒരു ലിസ്റ്റ് ആരോപണം സംബന്ധിച്ച സ്റ്റേറ്റ്മെന്റിന്റെ അവസാനം ചേർക്കേണ്ടതാണ്.
- (10) കുറ്റാരോപണ മെമ്മോയുടെയും ആരോപണം സംബന്ധിച്ച സ്റ്റേറ്റ്മെന്റിന്റെയും രണ്ട് പ്രതികൾ ബന്ധപ്പെട്ട ഉദ്യോഗസ്ഥന് നൽകേണ്ടതും അതിലൊന്ന് അയാളുടെ തീയതി രേഖപ്പെടുത്തിയ കയ്യൊപ്പോടുകൂടി തിരികെവാങ്ങി ഫയലിൽ സൂക്ഷിക്കേണ്ടതുമാണ്.
- (11) കുറ്റാരോപണ മെമ്മോയിൽ പറഞ്ഞിട്ടുള്ള കാലാവധിക്കുള്ളിൽ മറുപടി പത്രികയൊന്നും ലഭിക്കുന്നില്ലെങ്കിൽ യാതൊരു ഓർമ്മക്കുറിപ്പും ബന്ധപ്പെട്ട ഉദ്യോഗസ്ഥന് നൽകേണ്ടതില്ലാത്തതും മറുപടി പത്രികയൊന്നും നൽകാനില്ല എന്ന നിഗമനത്തിൻമേൽ നടപടികൾ തുടരാവുന്നതുമാണ്. എന്നാൽ കലാവധി നീട്ടിക്കിട്ടുവാൻ അപേക്ഷ ലഭിക്കുന്ന സംഗതിയിൽ അപേക്ഷയിൽ പറഞ്ഞിട്ടുള്ള കാരണങ്ങൾ സ്വീകാര്യമാണെന്ന് പ്രസിഡന്റിന് ബോധ്യപ്പെട്ടാൽ അങ്ങനെയുള്ള കാലാവധി പതിനഞ്ചു ദിവസത്തിൽ കവിയാത്ത ഒരു കാലയളവിലേക്ക് നീക്കിക്കൊടുക്കേണ്ടതാണ്.
- (12) മേൽനടപടിയുടെ ഏതെങ്കിലും ഘട്ടത്തിൽ ആരോപണങ്ങളെ സംബന്ധിച്ച സ്റ്റേറ്റ്മെന്റിനോടൊപ്പം ചേർത്തിട്ടുള്ള ലിസ്റ്റിൽ പരാമർശിക്കുന്ന ഏതെങ്കിലും രേഖകൾ നോക്കാനും പകർപ്പ് എടുക്കുവാനും അനുവാദത്തിന് ഉദ്യോഗസ്ഥൻ അപേക്ഷിക്കുകയാണെങ്കിൽ അങ്ങനെ അനുവാദം നൽകുന്നത് പൊതുതാല്പര്യത്തിന് എതിരല്ലെന്ന് പ്രസിഡന്റ് കരുതുന്ന പക്ഷം, തക്കതായ മേൽനോട്ടത്തിൽ, രേഖകൾ നോക്കാനും പകർപ്പ് എടുക്കുവാനും അയാളെ അനുവദിക്കാവുന്നതാണ്.

6. മറുപടി പത്രികയുടെ പരിശോധന : (1) 5-ാം ചട്ടം (5)-ാം ഉപചട്ടപ്രകാരം ഒരു ഉദ്യോഗസ്ഥൻ നൽകിയ കുറ്റാരോപണ മെമ്മോയ്ക്ക് നിശ്ചിത സമയത്തിനുള്ളിൽ അയാളിൽ നിന്ന് ഏതെങ്കിലും മറുപടി പത്രിക ലഭിച്ചിട്ടുണ്ടെങ്കിൽ അതും, മറുപടി പത്രികയൊന്നും ലഭിച്ചിട്ടില്ലെങ്കിൽ അത് സംബന്ധിച്ച തന്റെ റിപ്പോർട്ടും പ്രസിഡന്റ് പഞ്ചായത്തിന്റെ പരിഗണനയ്ക്ക് സമർപ്പിക്കേണ്ടതാണ്. സെക്രട്ടറിയല്ലാത്ത ഒരു ഉദ്യോഗസ്ഥന്റെ കാര്യത്തിൽ മറുപടി പത്രികയൊടൊപ്പം അതിൻമേലുള്ള സെക്രട്ടറിയുടെ അല്ലെങ്കിൽ ആഫീസ് മേധാവിയുടെ അഭിപ്രായം കൂടി പ്രസിഡന്റ് പഞ്ചായത്തിന്റെ പരിഗണനയ്ക്ക് സമർപ്പിക്കേണ്ടതാണ്.

(2) ഒരു ഉദ്യോഗസ്ഥനിൽ നിന്നു ലഭിച്ച മറുപടി പത്രികയിൽ അയാളെ നേരിൽ കേൾക്കണമെന്ന് ആവശ്യപ്പെട്ടിട്ടുണ്ടെങ്കിൽ പഞ്ചായത്തിന് വേണ്ടി പ്രസിഡന്റ് അയാളെ നേരിൽ കേൾക്കേണ്ടതും അയാൾ ബോധിപ്പിച്ച സംഗതികൾ മറുപടി പത്രികയൊടൊപ്പം പഞ്ചായത്തിന്റെ പരിഗണനയ്ക്ക് സമർപ്പിക്കേണ്ടതുമാണ്.

7. ലഘുശിക്ഷ ചുമത്തൽ : (1) 5-ാം ചട്ടം (5)-ാം ഉപചട്ടപ്രകാരം നൽകപ്പെട്ട കുറ്റാരോപണ മെമ്മോക്ക് ഉദ്യോഗസ്ഥൻ നൽകിയ മറുപടി പത്രികയും മറുപടി പത്രികയൊന്നും ലഭിച്ചിട്ടില്ലെങ്കിൽ അത് സംബന്ധിച്ച പ്രസിഡന്റിന്റെ റിപ്പോർട്ടും പരിഗണിച്ചശേഷം, ബന്ധപ്പെട്ട ഉദ്യോഗസ്ഥന്റെ പേരിൽ ആരോപിക്കപ്പെട്ട കുറ്റം അയാൾ ചെയ്തിട്ടുള്ളതായി പഞ്ചായത്തിന് ബോധ്യപ്പെടുന്ന പക്ഷം, ചെയ്ത കുറ്റത്തിന്റെ ഗൗരവവും സ്വഭാവവും കണക്കിലെടുത്ത് അയാളുടെ മേൽ 4-ാം ചട്ടം (1)-ാം ഉപചട്ടത്തിൽ പറഞ്ഞിട്ടുള്ള ഏതെങ്കിലും ഒരു ശിക്ഷ ചുമത്താവുന്നതും അതനുസരിച്ച് പഞ്ചായത്തിനുവേണ്ടി, സെക്രട്ടറിയുടെ കാര്യത്തിൽ പ്രസിഡന്റും, സെക്രട്ടറിയല്ലാത്ത ഒരു ഉദ്യോഗസ്ഥന്റെ കാര്യത്തിൽ പ്രസിഡന്റിന്റെ ഉത്തരവ് പ്രകാരം സെക്രട്ടറിയും കയ്യൊപ്പുവച്ചുകൊണ്ടുള്ള ഉത്തരവ് പുറപ്പെടുവിക്കേണ്ടതാണ്.

(2) (1)-ാം ഉപചട്ടപ്രകാരം പുറപ്പെടുവിച്ച ഒരു ഉത്തരവ് :

(എ) സെക്രട്ടറിയുടെ കാര്യത്തിൽ നടപ്പാക്കുന്നതിനും , ശിക്ഷയുടെ വിവരം അയാളുടെ സർവ്വീസ് രജിസ്റ്ററിൽ രേഖപ്പെടുത്തുന്നതിനുമായി അതിന്റെ പകർപ്പ് ആമുഖകത്ത് സഹിതം ബന്ധപ്പെട്ട നിയമനാധികാരിക്കും സർക്കാരിനും ആവശ്യമെങ്കിൽ അക്കൗണ്ടന്റ് ജനറലിലും പ്രസിഡന്റ് അയച്ചുകൊടുക്കേണ്ടതും;

(ബി) സ്റ്റേറ്റ് സർവ്വീസിൽപ്പെട്ട ഒരു സർക്കാർ ഉദ്യോഗസ്ഥന്റെ കാര്യത്തിൽ നടപ്പാക്കുന്നതിനും ശിക്ഷയുടെ വിവരം അയാളുടെ സർവ്വീസ് രജിസ്റ്ററിൽ രേഖപ്പെടുത്തുന്നതിനുമായി അതിന്റെ പകർപ്പ് ആമുഖകത്ത് സഹിതം ബന്ധപ്പെട്ട വകുപ്പു മേധാവിയ്ക്കും സർക്കാരിനും അക്കൗണ്ടന്റ് ജനറലിനും സെക്രട്ടറി അയച്ചുകൊടുക്കേണ്ടതും;

(സി) സബോർഡിനേറ്റ് സർവ്വീസിൽപ്പെട്ട ഒരു സർക്കാർ ഉദ്യോഗസ്ഥന്റെ കാര്യത്തിൽ നടപ്പാക്കുന്നതിനും, ശിക്ഷയുടെ വിവരം അയാളുടെ സർവ്വീസ് രജിസ്റ്ററിൽ രേഖപ്പെടുത്തുന്നതിനുമായി അതിന്റെ പകർപ്പ് ആമുഖകത്ത് സഹിതം ബന്ധപ്പെട്ട ആഫീസ് മേധാവിക്കും ആവശ്യമെങ്കിൽ ബന്ധപ്പെട്ട വകുപ്പുമേധാവിയ്ക്കും സെക്രട്ടറി അയച്ചുകൊടുക്കേണ്ടതും;

(ഡി) 180-ാം വകുപ്പിൽ പരാമർശിക്കുന്ന ഒരു പഞ്ചായത്ത് ജീവനക്കാരന്റെ കാര്യത്തിൽ, ഉദ്യോഗക്കയറ്റം തടയുന്നതൊഴിച്ചുള്ള ഒരു ശിക്ഷയാണ് നൽകപ്പെട്ടതെങ്കിൽ അതിന്റെ വിവരം അയാളുടെ സർവ്വീസ് രജിസ്റ്ററിൽ രേഖപ്പെടുത്തി സെക്രട്ടറി നടപ്പാക്കേണ്ടതും, ഉദ്യോഗക്കയറ്റം തടയപ്പെട്ട സംഗതിയിൽ ഉത്തരവിന്റെ പകർപ്പ് നിയമനാധികാരിക്ക് അയച്ചുകൊടുക്കേണ്ടതുമാണ്.

8. സസ്പെൻഷൻ : (1) 180-ാം വകുപ്പിൽ പരാമർശിക്കുന്ന ഒരു പഞ്ചായത്ത് ജീവനക്കാരനോ, പഞ്ചായത്തിന് സേവനം വിട്ടുകൊടുക്കപ്പെട്ട സബോർഡിനേറ്റ് സർവ്വീസിൽപ്പെട്ട ഒരു സർക്കാർ ഉദ്യോഗസ്ഥനോ ജീവനക്കാരനോ ഗുരുതരമോ സ്വഭാവദുഷ്യമോ ഉൾപ്പെ

ടുന്നതോ കടുത്തശിക്ഷ അർഹിക്കുന്നതോ ആയ ഒരു കുറ്റം ചെയ്തിരിക്കുന്നുവെന്ന് അയാളെ സർവ്വീസിൽ തുടരാൻ അനുവദിക്കുന്നത് പൊതുതാല്പര്യത്തിന് എതിരാണ് എന്നും അയാൾക്കെതിരെ നടക്കുന്നതോ നടത്താനുദ്ദേശിക്കുന്നതോ ആയ അന്വേഷണത്തെ തടസ്സപ്പെടുത്തുമെന്നും പ്രസിഡന്റിന് പ്രഥമദൃഷ്ട്യാ ബോധ്യമാകുന്നപക്ഷം, അദ്ദേഹത്തിന് പ്രസ്തുത ഉദ്യോഗസ്ഥനെ വിശദമായ അന്വേഷണത്തിനും ശിക്ഷണ നടപടിക്കും വിധേയമായി സർവ്വീസിൽ നിന്നും സസ്പെന്റ് ചെയ്യാവുന്നതാണ്.

- (2) സസ്പെൻഷൻ കാലയളവിൽ ബന്ധപ്പെട്ട ഉദ്യോഗസ്ഥന് 1959-ലെ കേരള സർവ്വീസ് റൂൾസ്, പാർട്ട് 1 റൂൾ 55 പ്രകാരമുള്ള ഉപജീവനബത്തയ്ക്ക് അർഹതയുണ്ടായിരിക്കുന്നതാണ്.
- (3) സസ്പെൻഷൻ ഉത്തരവും അതിലേക്ക് നയിച്ച കാര്യങ്ങളും പ്രസിഡന്റ് പഞ്ചായത്തിന്റെ അടുത്ത യോഗത്തിൽ റിപ്പോർട്ട് ചെയ്യേണ്ടതും ഉത്തരവിന് പഞ്ചായത്തിന്റെ അംഗീകാരം തേടേണ്ടതുമാണ്. സസ്പെൻഷൻ പഞ്ചായത്ത് അംഗീകരിക്കാത്തപക്ഷം, സസ്പെൻഷൻ ഉത്തരവ് സ്വയം റദ്ദാകുന്നതും സസ്പെന്റ് ചെയ്യപ്പെട്ട ഉദ്യോഗസ്ഥനെ ഉടൻ ഉദ്യോഗത്തിൽ തിരികെ പ്രവേശിപ്പിക്കേണ്ടതും സസ്പെൻഷൻ കാലയളവ് ധൂട്ടിയായി പരിഗണിക്കേണ്ടതുമാണ്.
- (4) സസ്പെൻഷൻ ഉത്തരവിന്റെ പകർപ്പും അതിന്മേലുള്ള പഞ്ചായത്ത് തീരുമാനവും പ്രസിഡന്റ് ഉടൻ നിയമനാധികാരിക്ക് അയച്ചുകൊടുക്കേണ്ടതാണ്.
- (5) സസ്പെന്റ് ചെയ്യപ്പെട്ട ഉദ്യോഗസ്ഥന്റെ പേരിൽ അച്ചടക്ക നടപടിയ്ക്ക് തടസ്സമാകാത്ത വിധത്തിൽ പഞ്ചായത്തിന് എപ്പോൾ വേണമെങ്കിലും അയാളുടെ സസ്പെൻഷൻ പുനഃപരിശോധിക്കാവുന്നതും അയാളെ ഉദ്യോഗത്തിൽ തിരികെ പ്രവേശിപ്പിക്കാവുന്നതുമാണ്.
- 6) സസ്പെൻഷൻ ഉത്തരവ് പുറപ്പെടുവിച്ച് മൂന്ന് മാസത്തിനുള്ളിൽ ബന്ധപ്പെട്ട ഉദ്യോഗസ്ഥന്റെ പേരിൽ പ്രസിഡന്റ് അന്വേഷണം പൂർത്തിയാക്കേണ്ടതും, അന്വേഷണറിപ്പോർട്ട് പഞ്ചായത്തിന്റെ പരിഗണനയ്ക്ക് സമർപ്പിക്കേണ്ടതുമാണ്.
- (7) അന്വേഷണ റിപ്പോർട്ട് പരിഗണിച്ചശേഷം പഞ്ചായത്ത്, അതത് സംഗതിപോലെ, ഉദ്യോഗസ്ഥന്റെ പേരിൽ അച്ചടക്ക നടപടി വേണ്ടെന്നു വയ്ക്കുവാനോ 4-ാം ചട്ടപ്രകാരം അച്ചടക്ക നടപടി സ്വീകരിക്കുവാനോ 10-ാം ചട്ടപ്രകാരം അന്വേഷണ റിപ്പോർട്ട്, അതത് സംഗതിപോലെ, നിയമനാധികാരിക്കോ സർക്കാരിനോ അയച്ചുകൊടുക്കുവാനോ തീരുമാനിക്കാവുന്നതാണ്.
- (8) ഉദ്യോഗസ്ഥന്റെ മേൽ പഞ്ചായത്ത് ഒരു ലഘുശിക്ഷ ചുമത്തുകയോ, അയാളുടെ പേരിൽ അച്ചടക്ക നടപടി വേണ്ടെന്ന് വയ്ക്കുകയോ ചെയ്യുന്ന സംഗതിയിൽ, ഉദ്യോഗസ്ഥന്റെ സസ്പെൻഷൻ അതുവരെ പിൻവലിക്കപ്പെട്ടിട്ടില്ലെങ്കിൽ, ലഘുശിക്ഷ ചുമത്തുകയോ അച്ചടക്ക നടപടി വേണ്ടെന്ന് വയ്ക്കുകയോ ചെയ്യുന്നതോടൊപ്പം സസ്പെൻഷൻ പിൻവലിക്കേണ്ടതും സസ്പെൻഷൻ കാലാവധി എങ്ങനെ പരിഗണിക്കണമെന്ന് 1959-ലെ കേരള സർവ്വീസ് റൂൾസ് പാർട്ട്-1, റൂൾ-56 അനുസരിച്ച് തീരുമാനിക്കേണ്ടതുമാണ്.
- (9) 10-ാം ചട്ടപ്രകാരമുള്ള അന്വേഷണ റിപ്പോർട്ട്, അതത് അംഗതിപോലെ നിയമനാധികാരിക്കോ സർക്കാരിനോ അയച്ചുകൊടുക്കുന്ന സംഗതിയിൽ, സസ്പെൻഷൻ അതുവരെ പിൻവലിക്കപ്പെട്ടിട്ടില്ലെങ്കിൽ നിയമനാധികാരിയുടെയോ സർക്കാരിന്റെയോ നിർദ്ദേശാനുസരണം സസ്പെൻഷൻ തുടരുകയോ, പിൻവലിക്കുകയോ ചെയ്യേണ്ടതാണ്.

9. അപ്പീലും പുനഃപരിശോധനയും : (1) 7-ാം ചട്ടം (1)-ാം ഉപചട്ടപ്രകാരം ഒരു ഉദ്യോഗസ്ഥന്റെ മേൽ ലഘുശിക്ഷ ചുമത്തിക്കൊണ്ട് പഞ്ചായത്തിനുവേണ്ടി, അതത് സംഗതിപോലെ പ്രസിഡന്റിന്റേ സെക്രട്ടറിയോ പുറപ്പെടുവിക്കുന്ന ഉത്തരവിനെതിരെ ബന്ധപ്പെട്ട ഉദ്യോഗസ്ഥന് പ്രസ്തുത ഉത്തരവ് കൈപ്പറ്റി മുപ്പതുദിവസത്തിനകം ഈ ആവശ്യത്തിന് സർക്കാർ അധികാരപ്പെടുത്തിയിട്ടുള്ള ഉദ്യോഗസ്ഥൻ മുമ്പാകെ ഈ ചട്ടത്തിൽ 2-ാം അനുബന്ധമായി ചേർത്തിട്ടുള്ള ഫോറത്തിൽ അപ്പീൽ ബോധിപ്പിക്കാവുന്നതാണ്.

ന്നതാണ്. എന്നാൽ നിശ്ചിത സമയത്തിനുള്ളിൽ അപ്പീൽ ബോധിപ്പിക്കാതിരിക്കുന്നതിന് മതിയായ കാരണം ഉണ്ടായിരുന്നെന്ന് അധികാരസ്ഥൻ ബോധ്യപ്പെടുന്നപക്ഷം നിശ്ചിത സമയത്തിനുശേഷം ലഭിക്കുന്ന അപ്പീലും പരിഗണിക്കാവുന്നതാണ്.

(2) (1)-ാം ഉപചട്ടപ്രകാരം ലഭിക്കുന്ന അപ്പീൽ, അധികാരസ്ഥൻ ബന്ധപ്പെട്ട രേഖകൾ വരുത്തി പരിശോധിക്കേണ്ടതും, അപ്പീൽ നൽകിയ ഉദ്യോഗസ്ഥനെയും അപ്പീലിനാധാരമായ ശിക്ഷ നൽകിയ പഞ്ചായത്തിനുവേണ്ടി പ്രസിഡന്റിനെ അല്ലെങ്കിൽ പഞ്ചായത്ത് ചുമതലപ്പെടുത്തിയ മറ്റേതെങ്കിലും അധികാരസ്ഥനെയും നേരിൽ കേട്ടശേഷം, പ്രസ്തുത ശിക്ഷ നൽകിക്കൊണ്ടുള്ള ഉത്തരവ് സ്ഥിരപ്പെടുത്തുകയോ, ഭേദഗതി ചെയ്യുകയോ, റദ്ദാക്കുകയോ അല്ലെങ്കിൽ യുക്തമെന്നു തോന്നുന്ന മറ്റേതെങ്കിലും ഉത്തരവ് പുറപ്പെടുവിക്കുകയോ ചെയ്യേണ്ടതുമാണ്.

(3) (2)-ാം ഉപചട്ടപ്രകാരം പുറപ്പെടുവിച്ച ഏതൊരു ഉത്തരവും സംബന്ധിച്ച രേഖകളും സർക്കാരിന് ഒന്നുകിൽ സ്വമേധയായോ അല്ലെങ്കിൽ അപേക്ഷയിന്മേലോ ആവശ്യപ്പെടാവുന്നതും അങ്ങനെയുള്ള ഉത്തരവ് പുനഃപരിശോധിക്കാവുന്നതും അതിനെ സംബന്ധിച്ച് തങ്ങൾക്ക് ഉചിതമെന്നു തോന്നുന്ന ഉത്തരവ് പാസ്സാക്കാവുന്നതുമാണ്.

എന്നാൽ, ഉത്തരവ് പുനഃപരിശോധന ചെയ്യുവാനുള്ള യാതൊരു അപേക്ഷയും, പ്രസ്തുത ഉത്തരവ് അപേക്ഷകന് കിട്ടിയ തീയതി മുതൽ മൂപ്പതു ദിവസം കഴിഞ്ഞതിനുശേഷമാണ് സർക്കാരിന് ലഭിക്കുന്നതെങ്കിൽ, പരിഗണിക്കാൻ പാടുള്ളതല്ല.

എന്നുമാത്രമല്ല, ഒരു ഉദ്യോഗസ്ഥനെ ദോഷമായി ബാധിക്കുന്ന യാതൊരു ഉത്തരവും അയാൾക്ക് ബോധിപ്പിക്കാനുള്ളത് ബോധിപ്പിക്കുവാൻ ഒരു അവസരം നൽകിയതിനുശേഷമല്ലാതെ സർക്കാർ പാസ്സാക്കുവാൻ പാടുള്ളതല്ല.

എന്നുതന്നെയുമല്ല, പുനഃപരിശോധനയ്ക്ക് വിധേയമാക്കാനുള്ള ഉത്തരവ് ഉത്തരവിന്റെ തീയതി മുതൽ ഒരു വർഷം കഴിഞ്ഞ് സർക്കാർ സ്വമേധയാ ഒരു പുനഃപരിശോധന നടത്താൻ പാടില്ലാത്തതാകുന്നു.

10. കടുത്തശിക്ഷകൾ ചുമത്തുന്നതിൽ കലാശിച്ചേക്കാവുന്ന കുറ്റങ്ങൾ ചെയ്താലുള്ള നടപടിക്രമം

(1) ഒരു ഉദ്യോഗസ്ഥൻ ഏതെങ്കിലും കടുത്ത ശിക്ഷ അർഹിക്കുന്ന കുറ്റം ചെയ്തിട്ടുള്ളതായി പ്രസിഡന്റോ, പഞ്ചായത്തോ കരുതുന്നുവെങ്കിൽ, പ്രസിഡന്റ് അങ്ങനെയുള്ള ഉദ്യോഗസ്ഥനോ, ജീവനക്കാരനോ എതിരെ അന്വേഷണം നടത്തി അന്വേഷണറിപ്പോർട്ട്, അതിന്മേലുള്ള പഞ്ചായത്തിന്റെ അഭിപ്രായം സഹിതം 180-ാം വകുപ്പിൽ പരാമർശിക്കുന്ന പഞ്ചായത്ത് ജീവനക്കാരന്റെ സംഗതിയിൽ നിയമനാധികാരിക്കും 3-ാം ചട്ടം (1)-ാം ഉപചട്ടപ്രകാരം പഞ്ചായത്തിന് സേവനം വിട്ടുകൊടുക്കപ്പെട്ട ഒരു സർക്കാർ ഉദ്യോഗസ്ഥന്റെയോ ജീവനക്കാരന്റെയോ സംഗതിയിൽ സർക്കാരിനും അയച്ചുകൊടുക്കേണ്ടതാണ്.

(2) പ്രസിഡന്റിന്റെ റിപ്പോർട്ടും, പഞ്ചായത്തിന്റെ അഭിപ്രായവും അതത് സംഗതിപോലെ, നിയമനാധികാരിയോ സർക്കാരോ വിശദമായി പരിശോധിക്കേണ്ടതും, ആവശ്യമെങ്കിൽ പ്രസിഡന്റിനേയും ആരോപണവിധേയനായ ഉദ്യോഗസ്ഥനേയും നേരിൽ കേട്ടതിനുശേഷം അച്ചടക്ക നടപടി സ്വീകരിക്കുന്നതിന് സംബന്ധിച്ച് ഉചിതമായ തീരുമാനമെടുക്കേണ്ടതും ആ തീരുമാനം പ്രസിഡന്റിനെ അറിയിക്കേണ്ടതുമാണ്.

(3) നിയമനാധികാരിയോ സർക്കാരോ ഉദ്യോഗസ്ഥനെതിരെ അച്ചടക്ക നടപടി സ്വീകരിക്കുവാൻ തീരുമാനിക്കുന്ന സംഗതിയിൽ 1960-ലെ കേരള സിവിൽ സർവ്വീസ് (ക്ലാസിഫിക്കേഷൻ കൺട്രോൾ ആന്റ് അപ്പീൽ) റൂൾസിലെ നടപടിക്രമങ്ങൾ പാലിക്കേണ്ടതാണ്.

(4) ആരോപണ വിധേയമായ ഉദ്യോഗസ്ഥൻ 8-ാം ചട്ടപ്രകാരം സർവ്വീസിൽ നിന്ന് സസ്പെന്റ് ചെയ്യപ്പെട്ടിട്ടുള്ള സംഗതിയിൽ സസ്പെൻഷൻ തുടരണമോയെന്നും സസ്പെൻഷൻ കാലം എങ്ങനെ പരിഗണിക്കാമെന്നുമുള്ള കാര്യങ്ങൾ അതത് സംഗതിപോലെ നിയമനാധികാരിയോ സർക്കാരോ പരിശോധിക്കേണ്ടതും ഉചിതമായ ഉത്തരവ് പുറപ്പെടുവിക്കേണ്ടതുമാണ്.

- 11. **മറ്റ് ചട്ടങ്ങളിലെ വ്യവസ്ഥകൾ പാലിക്കൽ :** സസ്പെൻഷൻ, ലഘൂശിക്ഷ ചുമത്തൽ, അപ്പീൽ എന്നീ കാര്യങ്ങളിൽ 1960-ലെ കേരള സിവിൽ സർവ്വീസ് (ക്ലാസിഫിക്കേഷൻ കൺട്രോൾ ആന്റ് അപ്പീൽ) റൂൾസിലും കേരള സർക്കാരിന്റെ ഡിസിപ്ലിനറി പ്രൊസീഡിംഗ്സ് മാനുവലിലും പറഞ്ഞിട്ടുള്ള നടപടിക്രമങ്ങൾ 4 മുതൽ 10 വരെയുള്ള ചട്ടങ്ങളിൽ പറഞ്ഞിട്ടില്ലാത്ത കാര്യങ്ങൾക്ക് ബാധകമായിരിക്കുന്നതും ഇവയിൽ ഏതെങ്കിലും സംബന്ധിച്ച് എന്തെങ്കിലും സംശയമോ തർക്കമോ ഉണ്ടാകുന്നപക്ഷം സർക്കാരിന്റെ തീരുമാനം അന്തിമമായിരിക്കുന്നതുമാണ്.
- 12. **കോൺഫിഡൻഷ്യൽ റിപ്പോർട്ട് :** (1) പ്രസിഡന്റ് സെക്രട്ടറിയുടെ കോൺഫിഡൻഷ്യൽ റിപ്പോർട്ട് കാലാകാലങ്ങളിൽ തയ്യാറാക്കി നിയമനാധികാരിക്ക് അയച്ചുകൊടുക്കേണ്ടതാണ്.
 - (2) പഞ്ചായത്ത് ജീവനക്കാരിൽ ആർക്കൊക്കെ വേണ്ടിയാണ് കോൺഫിഡൻഷ്യൽ റിപ്പോർട്ട് സൂക്ഷിക്കുവാൻ നിർദ്ദേശിക്കപ്പെട്ടിട്ടുള്ളത്, അവരുടെ കോൺഫിഡൻഷ്യൽ റിപ്പോർട്ട് കാലാകാലങ്ങളിൽ സെക്രട്ടറി തയ്യാറാക്കി റിവ്യൂ ചെയ്യുന്നതിനായി പ്രസിഡന്റിന് സമർപ്പിക്കേണ്ടതും, പ്രസിഡന്റിന്റെ റിവ്യൂ റിപ്പോർട്ട് സഹിതം നിയമനാധികാരിക്ക് അയച്ചുകൊടുക്കേണ്ടതുമാണ്.
 - (3) പ്രസിഡന്റിന്, പഞ്ചായത്തിന് സേവനം വിട്ടുകൊടുക്കപ്പെട്ട സർക്കാർ ഉദ്യോഗസ്ഥന്മാരുടേയും, ജീവനക്കാരുടേയും പ്രവർത്തനം സംബന്ധിച്ച് കാലാകാലങ്ങളിൽ ബന്ധപ്പെട്ട നിയമനാധികാരിക്ക് റിപ്പോർട്ടുകൾ അയച്ചുകൊടുക്കാവുന്നതും അങ്ങനെയുള്ള ഉദ്യോഗസ്ഥരേയോ ജീവനക്കാരേയോ ഉദ്യോഗക്കയറ്റത്തിന് പരിഗണിക്കുമ്പോൾ പ്രസ്തുത റിപ്പോർട്ടുകൾ കൂടി കണക്കിലെടുക്കേണ്ടതുമാണ്.
- 13. **അവധി അനുവദിക്കൽ :** (1) സെക്രട്ടറിയ്ക്ക്, 150-ാം വകുപ്പിൽ പരാമർശിക്കുന്ന പഞ്ചായത്തു ജീവനക്കാർക്ക് അർഹതയ്ക്കും കേരള സർവ്വീസ് റൂൾസിലെ നിബന്ധനകൾക്കും വിധേയമായി ആകസ്മിക അവധി ഉൾപ്പെടെയുള്ള അവധി അനുവദിക്കാവുന്നതാണ്.
 - (2) പ്രസിഡന്റിന്, സെക്രട്ടറിനും പഞ്ചായത്തിന് സേവനം വിട്ടുകൊടുക്കപ്പെട്ട ആഫീസുകളുടേയും സ്ഥാപനങ്ങളുടേയും മേധാവികൾക്കും അർഹതയ്ക്ക് വിധേയമായി ആകസ്മികമായി അനുവദിക്കുന്നതാണ്.
 - (3) (2)-ാം ഉപചട്ടത്തിൽ പരാമർശിച്ചുള്ള ഉദ്യോഗസ്ഥന്മാർക്ക് അർഹതയ്ക്കും കേരള സർവ്വീസ് റൂൾസിലെ നിബന്ധനകൾക്കും വിധേയമായി ആകസ്മിക അവധി ഒഴികെയുള്ള അനുവദിക്കേണ്ടതും, ഈ ആവശ്യത്തിലേക്കായി അധികാരപ്പെടുത്തിയിട്ടുള്ള സർക്കാർ ഉദ്യോഗസ്ഥനായിരിക്കേണ്ടതാണ്.
 - (4) (2)-ാം ഉപചട്ടത്തിൽ പരാമർശിച്ചിട്ടില്ലാത്ത, പഞ്ചായത്തിന് സേവനം വിട്ടുകൊടുക്കപ്പെട്ട സർക്കാർ ഉദ്യോഗസ്ഥന്മാർക്കും ജീവനക്കാർക്കും അർഹതയ്ക്കും കേരള സർവ്വീസ് റൂൾസിലെ നിബന്ധനകൾക്കും വിധേയമായി ആകസ്മിക അവധി ഉൾപ്പെടെയുള്ള അവധി അനുവദിക്കേണ്ടത് സർക്കാർ ഈ ആവശ്യത്തിലേക്കായി അധികാരപ്പെടുത്തിയിട്ടുള്ള സർക്കാർ ഉദ്യോഗസ്ഥനായിരിക്കേണ്ടതാണ്.
 - (5) (3)-ഉം (4)-ഉം ഉപചട്ടങ്ങൾ പ്രകാരം ഒരു ഉദ്യോഗസ്ഥന് ആകസ്മിക അവധി ഒഴികെയുള്ള അവധി അനുവദിക്കേണ്ടത് പഞ്ചായത്തിന് സേവനം വിട്ടുകൊടുക്കപ്പെട്ടിട്ടില്ലാത്ത ഒരു സർക്കാർ ഉദ്യോഗസ്ഥനായിരിക്കുന്ന സംഗതിയിൽ അവധി അപേക്ഷ പ്രസിഡന്റിന്റെ ശുപാർശയോടുകൂടി പ്രസ്തുത ഉദ്യോഗസ്ഥന് അയച്ചുകൊടുക്കേണ്ടതാണ്.

അനുബന്ധം - 1

കുറ്റാരോപണ മെമ്മോയുടെ മാതൃക
(5-ാം ചട്ടം (6)-ാം ഉപചട്ടം കാണുക)

കുറ്റാരോപണ മെമ്മോ

..... പഞ്ചായത്തിന്റെ കീഴിൽ
..... ൽ (ജോലി ചെയ്യുന്ന സ്ഥലം,
ആഫീസ്, സ്ഥാപനം മുതലായവ)
തസ്തികയിൽ ജോലി നോക്കുന്ന ശ്രീ./ശ്രീമതി
..... (പേര്) ന് എതിരെയുള്ള കുറ്റപ്പത്രം

1. ശ്രീ./ശ്രീമതി എന്ന നിങ്ങൾ
..... (ഇവിടെ ആരോപിക്കപ്പെട്ട കുറ്റം
അഥവാ കുറ്റങ്ങളുടെ സാരാംശം, ബന്ധപ്പെട്ട തീയതി അഥവാ തീയതികൾ, സ്ഥലം എന്നിവ
ചേർക്കുക.) എന്ന കുറ്റം ചെയ്തിട്ടുള്ളതായി കാണുന്നു.

2. നിങ്ങൾക്കെതിരായി 1997-ലെ കേരള പഞ്ചായത്ത് രാജ് (ഉദ്യോഗസ്ഥന്മാരുടെ മേൽ നിയ
ന്ത്രണം) ചട്ടങ്ങളിലെ 4-ാം ചട്ടപ്രകാരമുള്ള ശിക്ഷണനടപടികൾ എടുക്കാതിരിക്കാൻ കാരണം
എന്തെങ്കിലും ഉണ്ടെങ്കിൽ ആയത് ഈ അറിയിപ്പ് ലഭിച്ച് പതിനഞ്ച് ദിവസത്തിനകം രേഖാ
മൂലം ബോധിപ്പിക്കേണ്ടതും പ്രസ്തുത കാലാവധിക്കകം നിങ്ങളിൽ നിന്നും യാതൊരുവിധ
പത്രീകയും ലഭിക്കുന്നില്ലെങ്കിൽ ഈ സംഗതിയിൽ നിങ്ങൾക്ക് യാതൊന്നും ബോധിപ്പിക്കാനി
ല്ലെന്ന അനുമാനത്തിന്മേൽ നടപടികൾ തുടരുന്നതുമാണ്.

3. മുകളിൽ പറഞ്ഞ കുറ്റത്തിനോ കുറ്റങ്ങൾക്കോ ആധാരമായ ആരോപണങ്ങളെ സംബ
ന്ധിച്ച സ്റ്റേറ്റ്മെന്റ് ഇതോടുകൂടി ചേർത്തിട്ടുണ്ട്.

സ്ഥലം : പ്രസിഡന്റ്
തീയതി : പഞ്ചായത്തിനുവേണ്ടി,

അനുബന്ധം - 2

(9-ാം ചട്ടം (1)-ാം ഉപചട്ടം കാണുക)

..... പഞ്ചായത്തിന്റെ ശിക്ഷണനട
പടികൾക്കെതിരായ അപ്പീൽ

- 1. അപ്പീൽ ഹർജിക്കാരന്റെ പേരും
ഔദ്യോഗിക മേൽവിലാസവും
- 2. അപ്പീലിന് ആധാരമായ ഉത്തരവിന്റെ
നമ്പരും തീയതിയും (പകർപ്പ് ഉള്ളടക്കം
ചെയ്യുക.)
- 3. ശിക്ഷ നൽകുന്നതിന് ആരോപിക്കപ്പെട്ട കുറ്റം
- 4. നൽകപ്പെട്ട ശിക്ഷയുടെ വിവരം

അപ്പീലിന് ആധാരമായ കാരണങ്ങൾ
(വിശദമായ കാരണങ്ങൾ രേഖപ്പെടുത്തുക)

സ്ഥലം : അപ്പീൽ ഹർജിക്കാരന്റെ ഒപ്പ്
തീയതി ;

ഗവർണ്ണറുടെ ഉത്തരവിൻ പ്രകാരം,
എസ്.എം. വിജയാനന്ദ്
ഗവൺമെന്റ് സെക്രട്ടറി

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17-6-1999**GOVERNMENT OF KERALA
ABSTRACT****No: 26139/P3/99/LAD Local Admn (P) Dept., Thiruvananthapuram Dated: 17.6.1999
CIRCULAR**

It has been brought to the notice of Government that Secretaries of some Panchayats are insisting on the personal presence of Medical Officers for producing accounts and claiming of funds allotted to them. This procedure is not correct, as it is not proper to disturb the Medical Officers from their main work of looking after the sick. The Secretaries of Panchayats would release funds based on proper receipt sent through an authorised person by the Medical Officer.

It has also been brought to the notice of Government that work relating to construction of latrines, destruction of stray dogs etc. are being entrusted to Medical Officers as implementing officers. This is also not proper and should be avoided.

S.M. VIJAYANAND
Secretary to Government

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14-7-2000**GOVERNMENT OF KERALA****Abstract**

Health Service Department- Establishment- Filling up of the vacancies in the Health Institutions under Health & Family Welfare Department, handed over to local bodies on contract basis orders issued.

Health & Family Welfare (M) Department

G.O (P) No. 185/2000 H&FWD Dated, Thiruvananthapuram, 14-7-2000

Read:- 1.G.O (P)No. 566/95 H&FWD, dt.23-12-95.

2.G.O (P)No.162/98/H&FWD. dt. 19-6-98.

ORDER

As per the Government order read as 1st paper above powers to fill up vacant posts through Employment Exchange have been delegated to the local bodies. As per the G.O. read as second paper above, the local bodies have also been delegated with the powers to appoint Medical officers on contract basis when appointment through Public Service Commission and Employment Exchange is not possible.

2. It has come to the notice of Government that several posts in various categories are lying vacant in the institutions in the departments (Allopathy, Ayurveda and Homoeopathy) and functioning of the institutions are being badly affected.

3. Government have examined the case in detail and are pleased to order that the local bodies will have powers to fill up the existing vacancies in all categories of staff under Health Department in the Hospitals (Allopathy, Ayurveda & Homoeo) on contract basis if suitable hands are not available for filling up the vacancies through Public Service Commission or Employment Exchange as per the condition stipulated in the G.O. read as 2nd paper above and as entered here under.

(i) The persons appointed on contract basis should be fully qualified for the post.

(ii) The selection will be made by a Committee consisting of the president of the Local Authority, representatives of the District Medical Officer (Health, Ayurveda and Homoeo) and District Collector. The Head of the Local Authority will be the chairman of the Committee.

(iii) The person appointed on contract basis will be required to execute an agreement in the form prescribed in KSRS.

(iv) The above contract appointment will be on purely on temporary basis and should be filled up through Employment Exchange or Public Service Commission expeditiously.

4. The persons appointed on contract basis will be paid the minimum of the basic pay of the respective posts, without any allowances.

(By order of the Governor)
RAJEEV SADANANDAN
SPECIAL SECRETARY TO GOVT.

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30-05-1998**GOVERNMENT OF KERALA****Abstract****Committee on Decentralisation of Powers- Implementation of Recommendations Governing Transferred Schemes-Orders Issued Local Administration (P) Department**

G.O.(P) No. 112/98/LAD

Dated, Thiruvananthapuram 30th May 1998

ORDER

With the decentralisation of powers, several schemes have been transferred by various departments to the local bodies. The committee on Decentralisation of power (Sen Committee) has made recommendation and Govt are pleased to issue the following orders.

1. All departments should intimate to every local body the detailed guidelines governing the implementation of the transferred schemes.
2. Selection of beneficiaries would be done by the local body in respect to such transferred schemes in accordance with the order issued by the Local Administration Department from time to time.
3. The Local bodies are not bound to release funds for schemes taken up without their approval.
4. The local bodies can decide location wherever so required under the schemes.
5. The local bodies can not change the location of various officers and institutions transferred to them even within their jurisdiction without the prior concurrence of the Government.

By order of the Governor

M.Mohan Kumar, Chief Secretary

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27-9-99**Internal Audit of accounts of health services department - funds transferred to local bodies - auditing / clarifications issued.****Copy of Circular No. AC2, 43746/99 DHS dated 27-9-99 of the Director of Health Services, Trivandrum.**

Sub : Internal Audit of accounts of health services department - funds transferred to local bodies - auditing / clarifications issued.

It has been noticed that the officers of this department who are acting as drawing and disbursing officers are authorised to draw bills against the funds transferred to local bodies. The department auditors will not be in a position to verify proper utilisation of these funds which is to be audited by the local fund examiner. However the department cannot wait for the result of such audit for considering the issue of liability certificate to the retired officers of the health service department. Under these circumstances the undersigned wish to insist that all the department officers who are authorised to draw bill against local body funds will invariably obtain and keep in record proper acknowledgement for the amount involved in such bills from the receiptants. The Internal Audit teams of this department are directed to verify the above aspects alone while auditing accounts of funds transferred to local bodies. If this point is cleared no objections need be raised against the departmental staff as far as such funds are concerned.

Sd/-

Dr. V.K. Rajan, DHS

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9-2-2004**Government of Kerala****No. 4807/E2/2004/H&FWD Health & Family Welfare (E) Department, TVM, 9-2-2004**

From,

Principal Secretary to Government

To

The Director of Health Services, TVM

Sub : Accounts - DHS-H.S. Dept. - Funds allotted by various blocks / panchayat to meet the necessities of CHCs / PHCs under their control. Audit of Accounts Clarifications issued - reg:

Ref : Your letter No. AB2-98894/03/DHS dated 20-01-2004

I am to invite your attention to the reference cited and to request you to issue instructions to the district audit teams of Health Services Dept. to conduct audit on the accounts and registers in respect of the expenditure incurred by the CHCs / PHCs utilizing the funds provided to them by the Local Bodies under whose control they are functioning.

Yours faithfully,

Sd/-

H. Zubeida,

Joint Secretary, For Principal Secretary

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2-6-1998

copy of letter No.Go (P) 113/98/LAD dt. 2nd June 1998 from the Chief Secretary, Local Administration (P) Department, Trivandrum addressed to the Director of Health Service, Thiruvananthapuram.

Sub : Committee on Decentralisation of Powers- Implementation of Recommendations- Control of Local Bodies over staff,

Read : Go(P) No.161/97/Lad dated 7.7.1997

ORDER

Government have transferred staff of various categories to the local bodies to enable them to discharge the functions devolving on them as per the provisions of the Kerala Panchayath Raj Act, 1994 and the Kerala Municipality Act 1994.

As per the reference read above, Government have used rules regarding disciplinary control over staff by the panchayat Raj institutions. The Committee on Decentralisation of Powers (Sen Committee, has given certain recommendations regarding the role of officials transferred to the local bodies. Government have considered these recommendations and are pleased to issue the following orders.

The local body can distribute work among the employees transferred to it in accordance with their qualification, experience and expertise and in keeping with the needs of work at the level of the local bodies. While assigning such works, the local bodies need not be constrained by the kind of work done by an employee before his transfer to the local body. The local bodies can decide the work distribution rationally and equitably.

In the case of technical Officers also the above provisions will apply. The local body may assign any work in the area of expertise of the technical officer to that officer, provided it is within the functions assigned to the local body.

In the case of officers who have been transferred to one local body but who have also to attend to the work of other local bodies the concerned department should prescribe clear rules of rotation through a formal order and the salary of the Officer should be disbursed only after getting the attendance Certificate from the local bodies covered by that Officers.

For all posts transferred to the local bodies wherever there is a vacancy for which there is no candidates sponsored by the Public Service Commission, the local body as empowered to fill it up from the Employment Exchange. In cases where there are no candidates registered in the Employment Exchange for a particular post, Government orders would be sought.

The power to transfer the staff will continue as at present. However, local bodies can recommend the transfer to Staff to the transferring authority. If, However, the transferring Authority himself is under the control of the local body, the transfer will be effected by that authority according to the prescribed norms. If there are any complaints of violation, the local bodies should act as the appellate authority.

Over the staff transferred to them, the local bodies have the following powers.

1) Sanction leave and in case where substitute arrangements are required, or leave records are to be maintained by the local bodies, recommend leave.

- | | |
|--------------------------------------|---------------------------|
| ii) Required attendance at meetings. | iii) Call for reports |
| iv) Prescribe field duties. | v) Approve tour programme |

The local bodies may make reports to authorities reporting on performance of Officers in respect of their performance of duties under the local body and such authority shall pay due regard to the reports while finalising their assessment.

All files will be maintained by the concerned Officers. Where decisions of a local body are required, the file should be routed to the local body through its Secretary and elected head. It would

be returned after a decision is taken to the originating officer who will take appropriate action. Under no circumstances to process the proposal. The draft of resolutions, minutes proceedings etc. concerning a particular department should be prepared by the departmental officer concerned and got approved by the head of the local body.

These orders apply to all Grama panchayaths, Block Panchayaths District Panchayaths, Municipalities and Corporations in respect of Officers transferred to them as per GO(P) NO.189/95/LAD dated 18.9.1995 and subsequent Government orders

Sd/-M. Mohan Kumar,
Chief Secretary.

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27-3-2000

കേരള സർക്കാർ

സംഗ്രഹം

അധികാര വികേന്ദ്രീകരണം - ആരോഗ്യവകുപ്പിൽ നിന്നും ജില്ലാ പഞ്ചായത്തുകൾക്ക് കൈമാറുന്ന അധികാര അവകാശങ്ങൾ സംബന്ധിച്ച മാർഗ്ഗനിർദ്ദേശങ്ങൾ - ഉത്തരവ് പുറപ്പെടുവിക്കുന്നു.

**ആരോഗ്യ കുടുംബക്ഷേമ (എം) വകുപ്പ്
ജി.ഒ.(പി) 79/2000 ആ.കു.വ. തിരുവനന്തപുരം**

തീയതി : 27-3-2000

പരാമർശനം

- 1) 18/9/95 ലെ സർക്കാർ ഉത്തരവ് (പി) നം. 189/95/ ത.ഭ.വ.
- 2) 23/12/95 ലെ സ.ഉ. (പി) നം. 566/95/ ആ.കു.വ. നമ്പർ സർക്കാർ ഉത്തരവ്.
- 3) 1999-ലെ കേരള പഞ്ചായത്ത് രാജ് (ഭേദഗതി) ആക്ട്
- 4) 2/7/99-ലെ സ.ഉ. (പി) 272/99/16-11-99-ലെ (പി) 455/99 ആ.കു.വ.നമ്പർ സർക്കാർ ഉത്തരവ്.
- 5) 27/9/99-ലെ സ.ഉ.ജി.ഒ. (പി) 184/99/ത.ഭ.വ. സർക്കാർ ഉത്തരവ്.
- 6) ആരോഗ്യ വകുപ്പ് ഡയറക്ടറുടെ നം.പി. എൽ.ബി.1-82465/99/ഡി.എച്ച്.എസ്. തീയതി 11/11/99 നം. കത്ത്

ഉത്തരവ്

1994-ലെ പഞ്ചായത്തീരാജ് ആക്ട് നിലവിൽ വന്നതോടെ സർക്കാരിൽ നിക്ഷിപ്തമായിരിക്കുന്ന പല അധികാരങ്ങളും സ്ഥാപനങ്ങളുടെ ഭരണച്ചുമതലയും നിയന്ത്രണവും തദ്ദേശസ്വയം ഭരണസ്ഥാപനങ്ങൾക്ക് കൈമാറ്റം ചെയ്തുകൊണ്ട് 1, 2, പരാമർശപ്രകാരം ഉത്തരവായിട്ടുണ്ട്. 1999-ലെ ഭേദഗതി ആക്ട് പ്രകാരം സംസ്ഥാനത്തെ ആരോഗ്യവകുപ്പിന്റെ കീഴിലുള്ള ജില്ലാ ആശുപത്രികളുടെ ഭരണച്ചുമതല അതതു ജില്ലാ പഞ്ചായത്തുകൾക്ക് കൈമാറ്റം ചെയ്തുകൊണ്ട് പരാമർശനം 4,5 പ്രകാരം ഉത്തരവായിട്ടുണ്ട്. എന്നാൽ ടി ഉത്തരവിൽ ജില്ലാ പഞ്ചായത്തിന് വിട്ടുകൊടുത്തിട്ടുള്ള ഭരണച്ചുമതലയ്ക്ക് വ്യക്തത നൽകിയിരുന്നില്ല. ഇത് സംബന്ധിച്ച് 6-ാം പരാമർശപ്രകാരം ആരോഗ്യ വകുപ്പ് ഡയറക്ടർ നിർദ്ദേശങ്ങൾ സമർപ്പിക്കുകയുണ്ടായി.

സർക്കാർ ടി നിർദ്ദേശങ്ങൾ വിശദമായി പരിശോധിക്കുകയുണ്ടായി. ജില്ലാ പഞ്ചായത്തുകളുടെ ഭരണച്ചുമതലയും നിയന്ത്രണവും സംബന്ധിച്ച് പൊതുവായ മാർഗ്ഗനിർദ്ദേശങ്ങൾ താഴെപ്രതിപാദിക്കുന്നു.

- (1) ജില്ലാ ആശുപത്രികളുടെ എല്ലാവിധ നിർമ്മാണ പ്രവർത്തനങ്ങളും അറ്റകുറ്റപ്പണികളും നടത്തുക.
- (2) ആശുപത്രിയുടെ വികസനത്തിനുള്ള പദ്ധതികൾ തയ്യാറാക്കുക. (കേന്ദ്ര-സംസ്ഥാന പദ്ധതികളിൽ നിന്നും ജില്ലാ ആശുപത്രികൾക്കായുള്ള വിഹിതം സംബന്ധിച്ച വിവരം വകുപ്പുധ്യക്ഷന്മാർ പഞ്ചായത്തിനെ അറിയിക്കേണ്ടതാണ്.) പദ്ധതി ചിലവുകൾ വഹിക്കുന്നതിലേക്കായി ഏതു വിധത്തിലും റവന്യൂ വരുമാനം വർദ്ധിപ്പിക്കുന്നതിന് പഞ്ചായത്തിന് അധികാരമുണ്ടായിരിക്കുന്നതാണ്.) (ഉദാ: വികേന്ദ്രീകൃത പദ്ധതി തുക; എച്ച്.ഡി.സി. വരുമാനം, മറ്റ് നിത്യോപയോഗ സർവ്വീസുകളുടെ ഫീസ്, സ്ഥാപനമുലയനം, സ്പോൺസർഷിപ്പ് തുടങ്ങിയവ.)
- (3) ആശുപത്രിയിലെ വിവിധ ജോലികൾ (ഉദാ: ലോൺട്രി, പരിസര ശുചീകരണം) ജീവനക്കാരെ നേരിട്ട് നിയമിക്കുന്നത് ഒഴിവാക്കിക്കൊണ്ട് സർക്കാർ/സർക്കാരിതര ഏജൻസികളെ കരാറടിസ്ഥാനത്തിൽ ഏൽപ്പിക്കുക.
- (4) ജില്ലാ പഞ്ചായത്തിന്റെ സാമ്പത്തികാധികാരങ്ങൾക്കനുസൃതമായി ഉപകരണങ്ങൾ വാങ്ങുക.
- (5) ഉപകരണങ്ങളുടെ അറ്റകുറ്റപ്പണികൾ വിതരണക്കാരായുള്ള വാർഷിക മെയിന്റനൻസ് കരാറുകൾ മുഖേനയോ സ്വകാര്യ ഏജൻസികൾ മുഖേനയോ യഥാവസരം നടത്തുക.

(6) ഉപയോഗ്യമല്ലാത്ത ഉപകരണങ്ങൾ കണ്ടും ചെയ്യുക.

മേൽ മാർഗ്ഗ നിർദ്ദേശങ്ങൾക്കനുസൃതമായി അധികാരങ്ങളും അവകാശങ്ങളും കൈമാറ്റം നടത്തേണ്ടതാണെന്ന് ഇതിനാൽ ഉത്തരവാകുന്നു.

ഗവർണ്ണറുടെ ഉത്തരവിൻപ്രകാരം,
ബി. ലീലാകുമാരി, (ജോയിന്റ് സെക്രട്ടറി)

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18-02-1998

**കേരള സർക്കാർ
തദ്ദേശഭരണ(പി) വകുപ്പ്
സർക്കുലർ**

നമ്പർ 8597/പി 3/98/ത.ഭ.വ. തിരുവനന്തപുരം 1998 ഫെബ്രുവരി 18

വിഷയം : തദ്ദേശഭരണവകുപ്പ് - അധികാരവികേന്ദ്രീകരണം - ആരോഗ്യവകുപ്പ്-കമ്മ്യൂണിറ്റി ഹെൽത്ത് സെന്ററുകളുടെ കീഴിലുള്ള സബ്സെന്ററുകളുടെ നിയന്ത്രണം - സ്പഷ്ടീകരണം - സംബന്ധിച്ച്.

സൂചന : 18-9-1995-ലെ സ.ഉ.(ആ) 189/95/ത.ഭ.വ. നമ്പർ സർക്കാർ ഉത്തരവ്.

18-9-1995 ജി.ഒ.(പി) നമ്പർ 189/95/ത.ഭ.വ. ഉത്തരവുപ്രകാരം ആരോഗ്യവകുപ്പിന്റെ കീഴിൽ പ്രവർത്തിക്കുന്ന കമ്മ്യൂണിറ്റി ഹെൽത്ത് സെന്ററുകളുടെ നടത്തിപ്പും നിയന്ത്രണവും ബ്ലോക്ക് പഞ്ചായത്തുകളിൽ നിക്ഷിപ്തമാണ്. എന്നാൽ ഈ ഹെൽത്ത് സെന്ററുകളുടെ കീഴിൽവരുന്ന സബ്സെന്ററുകളുടെ നിയന്ത്രണം ഗ്രാമപഞ്ചായത്തുകളുടെ ഭരണനിയന്ത്രണത്തിൽ ആയിരിക്കുമെന്ന് ആരോഗ്യവകുപ്പ് സ്പഷ്ടീകരിച്ചിട്ടുണ്ട്. ആയതിനാൽ ഗ്രാമപഞ്ചായത്തുകൾ പ്രസ്തുത സബ്സെന്ററുകളുടെ വികസനകാര്യങ്ങൾ നിർവഹിക്കേണ്ടതാണ്.

എസ്.എം. വിജയാനന്ദ്
തദ്ദേശഭരണവകുപ്പ് സെക്രട്ടറി

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30.5.1998.

GOVERNMENT OF KERALA

Abstract

Committee on Decentralisation of Powers - Implementation of recommendations governing transferred schemes - Orders issued.

LOCAL ADMINISTRATION (P) DEPARTMENT

G.O. (P) No. 112/98/LAD Dated, Thiruvananthapuram, 30.5.1998.

ORDER

With the decentralisation of powers, several schemes have been transferred by various departments to the local bodies. The Committee on Decentralisation of Powers (Sen. Committee) has recommended certain general principles to govern the implementation of such transferred schemes. Government have considered the recommendation and are pleased to issue the following orders:

1. All departments should intimate to every 'local body the detailed guidelines governing the implementation of the transferred schemes.
2. Selection of beneficiaries would be done by the local body in respect of such transferred schemes in accordance with the orders issued by the Local Administration Department from time to time.
3. The local bodies are not bound to release funds for schemes taken up without their approval.
4. The local bodies can decide locations wherever so required under the schemes.
5. The local bodies should not change the location of various offices and institutions transferred to them even within their jurisdiction without the prior concurrence of the Government.

By Order of the Governor
M.MOHAN KUMAR, Chief Secretary to Government.

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02.6.1998

**GOVERNMENT OF KERALA
ABSTRACT**

**Committee on Decentralisation of Powers (Sen Committee) - Implementation of the
recommendations of the Interim Report - Role of Senior Officials and Heads of
Departments Vis -a-vis Local Bodies - Orders issued.**

LOCAL ADMINISTRATION (P) DEPARTMENT

G.O. (P) No. 114/98/LAD

Dated, Thiruvananthapuram, 02.6.1998.

ORDER

With the decentralisation of powers and transfer of staff and functions to the local bodies, the role of Heads of Departments and senior officers at the State, regional and district levels has changed considerably. The Committee on Decentralisation of Powers (Sen Committee) has recommended that, such officers have a facilitatory role to enable the local bodies to discharge their function effectively and efficiently. Government have considered the recommendations and are pleased to issue the following orders:-

1. Heads of Departments will take timely action to sort out problems as and when they arise in the local bodies and issue timely clarifications to remove doubts.
2. The Heads of Departments and Officers at the regional and district . levels will monitor the performance of officers transferred to the local bodies.
3. During field visits, Heads of Departments and regional and district , level officers will interact closely with the local bodies.
4. Heads of Departments and regional and district level officers will provide technical guidance and offer professional advice, whenever needed.
5. Heads of Departments and the regional and district level officers are responsible for monitoring the implementation of schemes and project of the local bodies relating to their Departments.
6. Heads of Departments and the regional and district level officers should provide necessary help to the local bodies for the preparation of schemes and projects.

By Order of the Governor,
M.MOHAN KUMAR, Chief Secretary

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11-9-1998.

**GOVERNMENT OF KERALA
LOCAL ADMINISTRATION (P) DEPARTMENT
CIRCULAR**

No.37803/P2/98/LAD.**Dated, Thiruvananthapuram, 11 th September, 1998.**

Sub: Selection of implementing Officers by Local Bodies-Instructions issued.

It has ben brought to the notice of Government that some local bodies are nominating their Secretaries as implementing officers for schmes which are directly related to Agriculture. Animal Husbandry and Health Sectors. This is not proper as the Secretary is not professionally trained to deal with such schemes. Also it will add to the work in the local body unnecessarily. Therefore the local bodies would have to make the officers who have professional expertise in the above mentioned areas. Who are under their control, as implementing Officers

S.M.VIJAYANAND,
Secretary to Government

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16.01.2002

GOVERNMENT OF KERALA
ABSTRACT

Ways & Means position of the State - Additional economy measures. Orders issued
FINANCE (SS) DEPARTMENT

G.O(P) No. 56/2002/Fin Dated. Thiruvananthapuram. 16.01.2002

ORDER

The Council of Ministers reviewed the present financial position of the State Government and decided to adopt the following additional economy measures to overcome the existing financial crisis.

- 1) Excess staff in Government Departments will be identified by a Committee consisting of Principal Secretary (P&ARD) and Secretary (Finance Expenditure). The Committee should Finalise the list of excess staff before 01-04-2002 after necessary consultation with concerned Heads of Departments and Secretaries Excess staff so identified will be re-deployed in a phased Manner.
- 2) Orders issued on re-deployment of staff to Local Bodies Should be implemented before 28/02/2002. Those employees who fail to furnish the joining report within the stipulated time will not be given salaries after 31/03/2002.
- 3) The Committee consisting of Principal secretary [P&ARD] and secretary Finance Expenditure) should assess the need for continuance of temporary posts in Government Departments and identify the temporary posts, which could be is continued. In the case of temporary posts in the Secretariat this exercise shall be done by a Committee consisting of Principal Secretary (GAD) and Secretary (Finance Expenditure).
- 4) Hereafter all vacancies in Government Departments and PSUs (including autonomous institutions, statutory undertakings, Welfare Fund Boards and Apex Societies) should be filled up only after obtaining prior approval of the first Committee mentioned in para 3 above.
- 5) A new voluntary '*off duty scheme*' will be introduced to State Government Employees on the following conditions:
 - i) Seventy five percent of the Pay and DA (excluding other allowances) will be given in the first year during stay away period from duty.
 - ii) Fifty percent of the above amount will be given during the second year of stay away period from duty.
- 6) Surrender Leave Salary will be discontinued w.e.f. 09/01/2002. However cases of surrender leave sanctioned before 09/01/2002 will not be covered. Terminal surrender at the time of retirement shall continue.
- 7) House Building Advance, Motor Conveyance, Advance and Computer Advance will not be given during this financial year. A new loan scheme in consultation with Banks and other Financial institutions will be chalked out.
- 8) The discount rate of commuted value of pension is enhanced to 8.75% and restoration of commutation will be allowed only after 15 years.
- 9) A contributory pension scheme will be introduced for new entrants in government service as well as in PSU s where in pension scheme is in existence.
- 10) New recruits in Government Service and PSUs/autonomous institutions/statutory Will be given only basic pay for the first two years of service.
- 11) Only one telephone will be given to one Officer at the expense of the Government.
- 12) No Government Officer will be allowed more than one vehicle.
- 13) A new scheme to hire cars instead of using government vehicle will be introduced. Tourism Department will issue further detailed instructions.
- 14) Existing economy orders will be reviewed in detail and revised orders issued.
- 15) The salary for 2002 January will be disbursed on February 1, 2002; salary for February 2002 and March 2002 will be disbursed on March 15,2002 and April 15, 2002 respectively.

The above measures should be strictly complied with and the departments concerned should take immediate follow up action. Concerned departments will submit a weekly progress report on action taken. Relaxations to the above measures can be allowed only by the Council of Ministers.

By Order of the Governor,
V. KRISHNAMURTHY, Chief Secretary

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EMERGENCY CARE

28-8-1997

**Copy of the circular No. EC5-22587/97/DHS from the Director of Health Services,
Trivandrum, dated 28th August, 1997**

CIRCULAR

Sub : Arrangements and Modification to be carried out in District / Taluk Hospitals and such other institutions for attending emergency cases

Ref : Enquiry Report of the Addl. (vg) especially pertaining to some of the major institutions in Malappuram District and old malabar areas.

The following arrangements and modifications are to be carried out in the major institutions of your district.

1. Blood Bank.

A licensed blood bank with 24 hours service is very important because as such there is shortage of blood banks in certain districts. If suitable building as per norms is ready, further steps towards its functioning can be taken up with the AIDS control programme. HDC or Friends of the Hospital or from other sources including MP's fund can be utilised for the construction. All the superintendents and M.O,s' I /C will have to take keen interest for the construction or renovation of some of the existing facilities for the functioning of the blood bank.

2. Ambulance

The hospital ambulance is having only one driver, HDC can appoint more drivers and the vehicles can be put into use round the clock. The problem of transportation of cases to higher centres can be remedied by this.

3. Purchase of medicines from outsides.

It is seen that in majority of the institutions prescriptions are given to outside even to very poor patients. The policy of the government to issue medicines free cost to poor patients is defeated by the unwanted action of some of these doctors. Each and every institution is allowed to secure as per indent sufficient quantity of medicines through DMS, Funds are allotted for local purchase also. In addition to all these, In the guidelines for the utilisation of HDC funds, the superintendent (secretary & Treasurer of HDC) is empowered to purchase medicines and other equipment's required for the use in the hospital. HDC fund is actually government money itself; previously the hospital remitted to Government in the treasury. Now Government have given it fully to the institution for utilising it for development, purchase of medicines, equipment's etc to the hospital.

4. Ensure that doctors and other staff attend the OP and Ward, works regularly in time without giving any room for public complaints. Superintendents / RMOs will take necessary steps. for the implementation of the same. DMOs/ Dy. DMOs will make surprise visits to find out the functioning of the institution.

5. Maximum care should be given for proper sterilisation of the instruments, equipment's injection needles, Syringes etc.

6. Hospital compound and its surroundings must always be kept clean.. Routine sanitary rounds and its recording should be done.

7. Where ever quarters are available, it should be occupied by the doctors and other staff.

8. A cordial relationship must be made between the hospital employees and with the concerned panchayat and municipal authorities.

Sd/-

Director of Health Services.

* * * * * INCUMBENT REGISTER

26-11-97

No. FC2 141524/85/DHS, Directorate of Health Services, Thiruvananthapuram, 26-11-97

CIRCULAR

Sub: Maintaining of incumbent registers with Health Services Department - reg.

Ref: Govt. Letter No. 294921A2195/H&FWD, dtd, 24-5-97

Govt. vide letter cited have directed to take immediate steps to take keep incumbent registers in respect of all categories of staff in the Health Services Department. Therefore, the

Dist. Medical Officer (H), are requested to take immediate action for maintaining the staff (incumbent) register of all categories of staff including doctors on contract basis and part time sweepers under their control strictly if is not maintaining now. The register should contain the following details, Name, Designation / Permanent house address, date of joining duty stations, appointment order with date (specify employment Exchange/ PSC/ Contract basis etc.) whether temporary/ permanent, Date of regularisation with order number & date, date of probation with order number and date, remarks (Reason for termination such as transfer, Removal, Voluntary retirement, Superannuation, etc.). It may also be noted that the quinquennial attestation is to be made in the Service Book of all employees watching the change of permanent residential address and other essential details which has to be supplied in the Service Book.

All heads of institutions may instructed to maintain the staff register properly and report compliance within a month without fail.

The receipt of this circular should be acknowledged by return.

For director of Health Services.

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MEDICAL ATTENDANCE RULES - MODIFICATIONS

1-7-1996

HEALTH AND LABOUR (D) DEPARTMENT CIRCULAR MEMORANDUM

No. 45714/D3/65/HLD

Dated, Trivandrum, 1 5t July, 1966.

Sub: Kerala Government Servants Medical Attendance Rules - Application of the Rule to the Provisional hands appointed in the Department under rule 9 of Kerala State and subordinate Service Rules.

- Ref. 1.G.O. (p) 440/64/ HLD dated 24.6.1964.
2. Letter No. PHE. 1-729/64 dated 7.7.1965 from the Chief Engineer, Public Health Engineering Department.
3. Letter No. M1-135090/65 dated 13.4.1966 from the Director of Health Services.

The Chief Engineer, Public Health Engineering Department in his letter cited has sought clarification of Government whether persons holding Provisional Appointments under Rule 9 of the Kerala state Subordinate Service Rules are eligible for the Medical concessions contemplated in G.O. (p) 440/64/HLD. dated 24.6.1964. Government wish to clarify that the definition of the term 'Government Servant' in Rule 3 of the Kerala Government Servants medical Attendance Rules include persons appointed under the provisions of the Rule 9 (a) (1) of the Kerala state and subordinate Service Rules also and as such they are also eligible for the Medical concessions contemplated in the G.O. referred to above. Such provisional Government Servants will however be eligible for these concessions contemplated in the G.O. only so long as they continue in such provisional service during the period of their treatment in a Government Medical Institution.

K. NATESAN, Deputy secretary to government.

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18-02-1997

GOVERNMENT OF KERALA Abstract

**Kerala Government Servants Medical attendance Rule 1960 Recommendations of the V
Pay Commission - modification of the Rules - Orders issued**

HEALTH AND FAMILY WELFARE (G) DEPARTMENT

G.O.(P) No. 45/97/H&FWD

dated Thiruvananthapuram, 18th February, 1997

- Read: 1. G.O. (P) No. 163/90/H&FWD dated 28-8-1990
2. G.O. (Rt) No. 3137/93/H&FWD dated 27-11-1993
3. Circular No. 6650/G2/95/H&FWD dated 16-5-1995.

ORDER

The Fifth Pay Commission had recommended inter alia, that there should not be an absolute ban on treatment in private hospitals and that an Expert committee be constituted to identify special diseases for which private hospital treatment is justified and also to identify the

diseases for which interest Free loan can be given. On the basis of the recommendation Government had constituted an Expert committee vide Government order read as second paper above. The Expert Committee which met on 2-3-1995 made its recommendations to the Government. The Government have considered those recommendations in details and they are pleased to issue the following orders to take effect from the date of this order.

- (i) There will not be a ban for referring the patients to a centre outside the state for taking treatment for the diseases listed in the Appendix I to this order as there is a long waiting list and considerable delay at the centres in Kerala.
 - (ii) When a patient is referred to another institution outside collegiate hospital/Government hospital it should be with the permission of the Unit chief or Head of the Department of the Institution. For taking treatment outside the state the Government servant has to obtain prior permission from the Director of Health Services. A prescribed proforma at Appendix II to this order will be filled in for cases which require reference to centres outside the state.
 - (iii) 75% of the estimated cost for undergoing the treatment / procedure for the diseases/ procedures listed in the Appendix to this order as certified by the institution where the treatment is to be taken, subject to a maximum of Rs. 50,000/- (Rupees fifty thousand only) will be sanctioned as interest Free Loan subject to availability of budget provision. The amount of Interest Free Loan will be paid to the Government servant concerned.
 - (iv) The Utilisation certificate/claim reimbursement should be furnished to the loan disbursing authority within three months of receipt of the loan. The amount of Interest Free loan granted will be adjusted in the final part medical reimbursement claim within 36 months from the date of drawl.
 - (v) The balance amount of the medical reimbursement claim admissible will be sanctioned only after adjusting the Interest Free Loan.
 - (vi) The facility of giving Interest Free loan will be extended to those patients getting treatment for the diseases listed in the Appendix I to this order from the collegiate hospitals Government hospitals within the state also as the treatment has become expensive.
2. The list of diseases/ procedures for which Interest Free Loan is admissible showing the centres where the facilities for their treatment management are available and the approximate expenditure for treatment is appended to this order.
 3. Formal amendment to the Kerala Government servants Medical Attendance Rules will be issued separately for which the Director of Health Services who will initiate action.

By order of the Governor,

V. Vijayachandran, Secretary to Government.

APPENDIX - I

List of Diseases and Centres where the treatment facilities are available and the Treatment Charges of the Procedures

1. Cardiology and Cardiovascular Surgery Approximate expenditure Rs.

1. Coronary artery by-pass Surgery.	:	1 lakh	
2. Emergency open heart surgery	:		1 lakh
3. Paediatric Cardiac Surgery in new borns and infants	:	1 lakh	
4. Valve replacement Surgery	:	1.3 lakhs	
5. Pacemaker implantation	:	40,000	

Centres where these facilities are available.

1. Institute of Cardiovascular diseases, Madras.
2. Appollo Hospital, Madras.
3. Kuppuswamy Naidu Memorial Hospital, Coimbatore.
4. Escorts Medical Centres, New Delhi.
5. G.B. Pant Hospital, New Delhi.
6. All India Institute of Medical Sciences, New Delhi.
7. Nizam Institute of Medical Science, Hyderabad.
8. Government General Hospital, Madras.
9. Southern Railway Hospital, Perambur, Madras.
10. Shri Ramachandra Medical College Hospital, Madras.
11. Shri Chithira Thirunall Institute of Medical Science and Technology (Thiruvananthapuram)

II. Paediatrics

- | | | |
|--|----------------------|--------------------|
| 1. Treatment of Aplastic Anaemia- Thalassaemia requiring Bone marrow transplantation | : ATC/ ALG treatment | : Rs. 5 to 71akhs |
| 2. Life saving surgery for congenital Heart Diseases | : | Rs.50,000to 1lakh. |
| 3. Treatment of Acute Leukaemia in children | : | Rs. 1 lakh |
| 4. End stage renal disease in preparation for renal transplantation: | | Rs. 1 lakh. |

Facilities available at:

- | | |
|---|--|
| 1. C.M.C., Vellore | 2. Appollo Hospital, Madras. |
| 3. Madras Medical Mission, Madras. | 4. Tata Memorial Hospital, Bombay. |
| 5. Regional Cancer Centre Adayar, Madras. | 6. A.I.I.M.S., New Delhi. |
| 7. Railway Hospital, Madras. | 8. SCT, MC, Thiruvananthapuram. |
| 9. Escorts Medical centre, Madras. . | 10. Medical Trust Hospital, Koehi. |
| 11. KG. Hospital, Madras. | 12. Kasturba Hospital, Manipal |
| 13. Manipal Hospital, Bangalore. | 14. Medinora, Hyderabad. |
| 15. Woodlands Nursing Home, Calcutta. | 16. KJ. Hospital, Madras. |
| 17. Vijaya Hospital, Madras. | 18. Tamil Nadu Hospitals, Madras |
| 19. Chennai Kaliappa Hospital, Madras. | 20. Standley Medical College, Madras. |
| 21. Lady Wellington Hospital, Madras. | 22. St. Johns Hospital, Bangalore. |
| 23. Lakeside Hospital, Bangalore. | 24. Bangalore Kidney foundation, Bangalore. |
| 25. Appollo Hospitals, Hyderabad. | 26. E.K.M. Hospital, Bombay. |
| 27. Jaslok Hospital, Bombay. | 28. Hinduja Hospital, Bombay. |
| 29. Armed Forces Medical College, Pune. | 30. National Kidney Centre, Nadiad, Gujarat. |
| 31. Sanjay Gandhi Institute, Luknow. | 32. P.G, LM.A., Chandigarh. |
| 33. Benaras Hindu University, Varanasi. | 34. Gauhati Medical College, Guahati. |
| 35. Sree Ramakrishna Hospital, Coimbatore. | 36. Osmania Medical College, Andhra Pradesh. |
| 36. Ramachandra Institute of Medical Sciences, Madras. | |
| 37. Sree Venkateswara Institute of Medical Sciences, Thirupati, Andhra Pradesh. | |
| 38. Komaranchath Urology & Renal Transplantation Centre, Ernakulam. | |
| 39. Kovai Medical Centre, Coimbatore, Tamil Nadu. | |
| 40. Ramiah Nephrology & Urology Centre, Bangalore. | |
| 41. Nizams Institute of Medical Sciences, Hyderabad. | |

III. Orthopaedics.

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|--|---|------------|
| 1. Tumour Resection and prosthesis | : | Rs.50,000 |
| 2. Tumour of Lumbar and Thoracic Vertebral bodies - anterior and posterior fusion needed | : | Rs.50,000 |
| 3. Total Knee replacement | : | Rs.50,000 |
| For implants. Medical College Hospital, TVM | : | Rs. 25,000 |
| Thrissur Medical College Hospital | : | Rs. 20,000 |
| 4. Scoliosis surgery, Madras KMC Hospital | : | Rs.50,000 |
| 5. Interlocking nail | : | Rs.30,000 |

Available at:

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|--|-----------------------------------|
| 1. Cosmopolitan Hospital, Thiruvananthapuram. | 8. S.U.T. Thiruvananthapuram |
| 2. Appollo hospital, Madras. | 9. Matha Hospital, Thrissur |
| 3. Kovai Hospital, Coimbatore. | 10. Vijaya Hospital, Madras |
| 4. M.N. Hospital, Madras. | 11. Ernakulam Medical Centre, EKM |
| 5. Bombay Hospital, Bombay. . | 12. Manipal Hospital. Karnataka. |
| 6. St. Isahell Hospital, Mylapore, Madras. | 13. Adayar Hospital, Madras |
| 7. K.M.C. Manipal & Gaya Hospital, Coimbatore. | |

6. Fat embolism cases requiring Ventilatory support.

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| 1. S.U.T. Hospital, Thiruvananthapuram. | 2. S.C.T Hospital. Thiruvananthapuram |
| 3. Appollo Hospital, Madras. | 4. Vijaya Hospital, Madras and most of the good hospitals. |

7. Joint replacement surgery for knee and hip

Hip: Rs. 10,000 Knee: Rs.40,000

Available at :

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|--|-----------------------------|
| 1. Medical College Hospital, Thiruvananthapuram. | 2. Appollo hospital, Madras |
|--|-----------------------------|

3. Medical College Hospital, Thrissur.
5. S.U.T. Hospital, Thiruvananthapuram.
7. Vijaya Hospital, Madras.

4. Kovai Medical Centre, Coimbatore
6. Gaya Hospital, Coimbatore

8. Revision of joint replacement

Available at:

1. Apollo Hospital, Madras.
2. Kovai Medical Centre, Coimbatore.
3. Vijaya Hospital, Madras.
4. KMC Hospital
5. Manipal Hospital, Karnataka

IV. General Surgery.

- | | | |
|------------------------|---|------------|
| Radical Cancer Surgery | : | Rs. 25,000 |
| Organ Transplantation | : | Rs. 1 lakh |
| Vascular Graft Surgery | : | Rs. 25,000 |

Available at:

1. All Medical College Hospitals in India.
2. Tata Memorial, Bombay.
3. Appollo Cancer Hospital, Madras.
4. All Regional Cancer Centres.
5. Appollo Hospital, Madras.
6. Adayar Cancer Institute, Madras.
7. All India Institute of Medical Sciences.
8. All Major Defence Services Hospitals.
9. Rajiv Gandhi Institute, Lucknow, Jaipur, Pondichery.
10. Post-graduate Institute, Chandigarh.
11. Appollo Hospital, Madras.
12. Christian Medical College, Vellure.
13. All India Institute of Medical Science, Jipmer.
14. Madras Medical College Hospital.
15. All Major Medical College Hospitals India.
16. Post - graduate Institute, Chandigarh.
17. All India Institute of Medical Sciences, New Delhi.
18. Major Medical College Hospital, Bombay.
19. Madras Medical Mission, Madras.
20. Appollo Hospital,
21. Post Graduate Institute, Chandigarh.
22. 19. Malar Hospital, Madras.
20. S.C.T. Hospital Thiruvananthapuram.
22. Rajiv Gandhi Institute, Lucknow.
21. Department of Vascular Surgery, Madras Medical College, Madras.

V. General Medicine.

Bone Marrow Transplantation for Lymphoraticular and Haematological Malignancies : Rs. 5-6 lakhs.

Available at:

1. C.M.C. Vellore.
2. Cancer Institute, Adayar
3. A.I.I.M.S. Delhi.
4. Tata Memorial Hospital, Bombay
5. Appollo Institute, Madras.

VI. Renal Transplantation for renal Diseases: Rs. 1 lakh (Approx.)

Available at:

1. Medical College, Kozhikode
2. Medical Trust Hospital, Kochi, Kerala.
3. Woodland Nursing Home, Calcutta.
4. Sree Ramakrishna Hospital, Coimbatore, TN
5. Kovai Medical Centre, Coimbatore, Tamil Nadu.
6. KG. Hospital, Coimbatore, Tamil Nadu.
7. Christian Medical College, Vellure, Tamil Nadu.
8. Government Medical College, Madras, TN
9. Appollo Hospital, Madras, Tamil Nadu
10. K.J. Hospital, Madras, Tamil Nadu.
11. Vijaya Hospital, Madras, Tamil Nadu
12. Tamil Nadu Hospitals, Madras.
13. Chennai Kaliappa Hospital, Madras.
14. Stanley Medical College, Madras.
15. Lady Wellington Hospital, Madras.
16. St. Johns Hospital, Bangalore, Karnataka.
17. Lakeside Hospital, Bangalore, Karnataka.
18. Bangalore Kidney foundation, Bangalore.
19. Manipal Hospital, Bangalore.
20. Kasturba Hospital, Manipal.
21. Apollo Hospitals, Hyderabad.
22. Medinora, Hyderabad.
23. K.E.M. Hospital, Bombay.
24. Jaslok Hospital, Bombay.
25. Hinduja Hospital, Bombay.
26. Armed Forces Medical College. Pune.
31. A.I.I.M.S., New Delhi
32. Sanjay Gandhi Institute, Lucknow.
33. National Kidney centre, Nadiad, Gujarat.
34. P.G.I.M.E.R., Chandigarh.
35. Benaras Hindu University, Varanasi.
36. Gauhati Medical college, Gauhati.
37. National Institute of Kidney Science and Research, Ahamedabad.
38. Nizams Institute of Medical Sciences, Hyderabad.
39. Sree Venkateswara Institute of Medical Science, Tirupathi, Andra Pradesh.
40. Ramiah Nephrology and Urology Centres, Bangalore.
41. Osmania Medical College, Andhra Pradesh.
42. Momaranchath Urology and Renal Transplantation Centre, Ernakulam, Kerala (No renal transplantation for last two years)

VII. Cancer Treatment

Electronic beam therapy for breast, head and neck and skin tumours : Rs.20,000

Available at:

- | | |
|--------------------------------------|--|
| 1. Cancer Institute, Adayar, Madras. | 4. A.I.I. M.S., Delhi. |
| 2. Apollo Hospital. Madras. | 5. Kidwai Memorial Institute of Oncology, Bangalore. |
| 3. Tata Memorial Hospital, Bombay. | 6. Tamil Nadu Hospital. Madras. |

Bone Marrow transplantation for lymphoraticular and Haematological Malignancy : Rs. 5-6 lakh.

Available at:

- | | |
|------------------------------|------------------------------------|
| 1. C.M.C. Vellore. | 2. Tata Memorial Hospital, Bombay. |
| 3. Appollo Hospital, Madras. | 4. A.I.I.M.S. New Delhi. |

APPENDIX II

THE KERALA GOVERNMENT SERVANTS MEDICAL ATTENDANCES RULE, 1960

(Proforma to be filled up by the Authorised Medical Attendant when a patient is referred to other Hospitals within outside state)

1. Name and Address of the Patient :
2. Whether employed, if so details such :
 - (a) Pay & Scale of Pay :
 - (b) Office in which employed :
3. Residential address of the patient :
4. Place at which the patient fell ill :
5. Whether hospitalised or not :
6. If hospitalised whether in Government Hospital
Private Hospital with name of Hospital :
7. If advised hospitalisation outside the state the
hospital where the patient is admitted first. :
State the reason for outside hospitalisation.
8. Details of permission granted for outside treatment::
Signature of Authorised Medical attendant
9. (i) Remarks of Unit Chief/ Head of Department (ii) :
(ii) Remarks of Superintendent of Hospital
Counter signature of DME/DHS

MEDICAL ATTENDANCE RULES

9..12..1997

GOVERNMENT OF KERALA ABSTRACT

**Kerala Government Servants Medical Attendance, Rules 1960 - Modification to the Rules ..
Orders issued.**

HEALTH AND FAMILY WELFARE (G) DEPARTMENT

G.O.(P) 340/97/Health &FWD, Dated, Thiruvananthapuram, 9th December 1997

- Read: 1. G.O.(P)/45/97/M&FWD, dated 18-2-1997
2. Representation dated 31-1-1997 from the Medical Director, S.U.T. Hospital, TVM.
 3. R epresentation dtd 6-5-97 from the Chairman and MD,Malar Hospital, Chennai.
 4. Representation dated 6-8-1997 from the Director. Medical Trust Hospital, Kochi.
 5. Letter No. MH2I52703/DHS. dated 5-8-1997 from the Director of Health Services.
 6. Letter No. MH2I53680/97/DHS.Dated 6-9-1997 from the Director of Health Services.
 7. Letter No. MH4/75810/97/DHS, Dtd 11-11-1997fromthe Director of Health Services.
 8. Letter No. A4/13617/97/DME, Dated 7-8-1997 & 24-1 0-1997 & Letter No. A4/13619/97, Dated 2-9-1997 from the Director of Medical Education.

ORDER

In the G.O. read as 1st paper above, Government have appended a list of Diseases and the Centres outside the State / Private Hospital inside the state where the treatment facilities are available and the treatment charges of the procedures for the purpose of Medical Reimbursement of Government servants.

The Medical Director, S.U.T. Hospital, Thiruvananthapuram, the Chairman & Managing Director, Malar Hospital, Chennai and the Director, Medical Trust Hospital, Kochi have requested the Government to include their hospital also for the treatment of Government Employees. The Director of Health Services and Director of Medical Education have recommended their requests.

In the Circumstances reported by the Director of Health Services and the Director of Medical Education in the letters read as 5th, 6th, 7th and 8th papers above, Government are pleased to include the names of the following Hospitals in the Appendix-I of the above G.O. under the Head "Cardiology and Cardiovascular Surgery"

12. Malar Hospital, Chennai.
13. S.U.T. Hospital, Thiruvananthapuram.
14. Medical Trust Hospital, Kochi

Government are also pleased to include the name of Medical Trust Hospital, Kochi under the Sub head 'available at under the Head III orthopedics.

The Government order read above modified to the above extend.

By order of the Governor

K. Remadevl, Joint Secretary to Government.

* * * * *

17-1-97

DYING IN HARNESS

GOVERNMENT OF KERALA

ABSTRACT

Government Employees who die in Harness- Waiver of Liabilities -Clarification - Orders Issued.

FINANCE (PENSION -B) DEPARTMENT

G.O. (P) No. 9199/97/Fin

Dated Thiruvananthapuram, 27th October 1997

- Read
1. G.O.(P) No. 591/97/Findated 17-6-1997
 2. G.O. (P) No. 750/97/Fin dated 2-9-1997

ORDER

In the Government order read above as first paper, it was ordered that in the unfortunate event of a Government employee dying in harness, his liabilities due to Government upto Rs. 2 Lakhs will be written off.

2. In the G.O. read as second paper it was clarified that the Government order dated 17-6-1997 will be applicable only to cases of dying in harness on or after 17-6-1997.

3. Many requests for waiver of liabilities in respect of past cases are being received by Government. In the circumstances, Government are pleased to order that the benefit contemplated in the Government order dated 17-6-1997 will be available to all cases of outstanding liabilities pending settlement as on 17-6-1997.

By order of the Governor, Vinod Rai, Principal secretary (Finance).

* * * * *

PREVENTION OF CUSTODIAL VIOLENCE

17.12.97

**PROCEEDINGS OF THE DIRECTOR OF HEALTH SERVICES
THIRUVANANTHAPUAM.**

Prevention of Custodial Violence on the basis of judgment of the Hon'ble Supreme Court of India dt.18.12.1996-panel of doctors-formed -Orders Issued.

- Ref: 1. Judgment dt.18.12.96 of the Hon'ble Supreme Court of India on the write petition No.539 of 1986 and crl.592 of 1987.
2. Govt. Letter No .225/SS/A2/97.Home dt.17.9.97.

3.Govt. Lettter No.30338/M2/97/H&FWD dt.3.7.1997.

ORDER No. MH4.45970/97/DHS Dt.17.12.97.

In the judgement of the Hon'ble Supreme court of India cited first, it is ordered as follows to prevent custodial violence.

The arrested person should be subjected to Medical Examination by a trained doctor every 48 hours during his detention in custody by a doctor on the panel of approved doctors appointed by director, Health Services of state / Union Territory concerned. Director, Health Services should prepare such a panel for all Tehsils and Districts as well.

Accordingly, a panel of Doctors as given below is formed for medical examination of the arrests at District and Taluk level Hospitals. (List of doctors in the panel available in concerned local institutions -Editor.)

The Hon'ble Supreme Court has also opined that failure to comply with the above requirements, apart from rendering the officials concerned liable for departmental action, would also render him liable to be punished for contempt of Court and the proceedings for contempt of Court could be instituted in any High Court of the Country having territorial Jurisdiction over the matter. Hence, the Medical officers included in the Panel are requested that as and when request is made by Police to examine an arrestee produced before him/her, he should examine the arrestee in every 48 hours.

Dr. V.K. Rajan, Addl. Director of Health Services (FW)
In charge of Director of Health Services.

* * * * *

2-2-1999

COMMON AUDIT OBJECTIONS

Copy of circular No.FWCS /1725/98 DHS dtd 2/2/1999 from the Director of health services, Thiruvananthapuram in ad-dressed to the Dist Medical Officer of Health, Alappuzha.

Sub: Audit Common objection / Noticed in time of audit /issue general instruction - reg-

Ref- It is noticed by the undersigned that some common defects are noticed at the time of audit as noted below and so as to avoid such common defects in order to lessen the audit objections the following instructions are issued which should be observed in future strictly.

1. The major head of account should be recorded in the remarks column of the treasury bill book for easy identifications of bills under F.W. programme.
- 1 a) Monthly physical verification of cash balance should be recorded in each month should be countersigned by the head of office.
- b) Certificate as per 432(d) KTC Vol 1 should be recorded and signed by the drawing and disbursing officer in each bill. . Separate cash book will be maintained for FW accounts /general accounts and the total cash balance under FW accounts should be entered in the main cash book.(general cash book)
3. All sub vouchers attached to contingent bills should be cancelled and pay order with date should also be furnished in all sub vouchers.
4. Stock entry certificate will be furnished in the vouchers / invoices of each purchase (materials, drugs etc)
5. a) The adjustment bill will be submitted before the drawl of another advance for the same purpose.
5. b) an Advance registers should be maintained recorded with the details of the adjustment bill (advances)
6. Signature of acceptance will be obtained in the declaration forms and payments will be made after getting signature in the acqittance.
6. Case number should be recorded in red ink on the right side of the declaration forms.
7. M.P. Fund account will be maintained by the clerk / cashier and the unexpended amount will be remitted in the P.D. account of the Dist. medical officer of the health on the expiry of three months.
- 8 Separate acqittance / vouchers and cash book will be maintained for MP fund.
9. log book of the vehicle should be verified by the drawing and disbursing officer periodically (mileage certificate should be made available during audit).

- 10 Advance to tour programs and tour diary of each officer who performs journey (Tour) will be obtained and kept in concerned section and produced to audit.
11. Month wise attendance certificate will also be kept in the concerned accounts section and made available to audit.
12. An audit objection register should be maintained.
- 13 UIP registers and advance registers should also be maintained properly.
14. Chalan files under F.W. should be maintained separately.
15. Purchase for the I.E.C. program should be by observing store purchase rules strictly.
- 16 Stock register for each program activities(IEC) should be maintained.
17. Overwriting in cash book / acquittance roll should be avoided.

S/d

For Director of Health Services.

* * * * *

ESMA

The Kerala Essential Services Maintenance Act 1994 (Act No. 6 of 1994)

An act to provide for the maintenance of certain essential services and the normal life of the community in the State of Kerala.

Preamble - Whereas it is expedient to provide for the maintenance of certain essential services and the normal life of the community in the State of Kerala.

Be it enacted in the forty fifth year of the Republic of India as follows.

1. Short title, extent and commencements : (1) This act may be called the Kerala Essential Services Maintenance Act 1994. (2) It shall extend to whole state of Kerala (3) It shall be deemed to have come into force on the 24th Day of September 1993.

2. Definition : In this act unless the context otherwise requires (a) "Essential service" means - (1) any service under the government which the government may, by notification in the Gazette, declare to be an essential service for the purpose of this act. (2) any other service connected with matters with respect to which the State Legislature has power to make clause and which the government, being of opinion that strikes therein would prejudicially affect the maintenance of any public utility service, the public safety or the maintenance of supplies and services necessary for the life of the community or would result in the infliction of grave hardship on the community, may, by notification in the Gazette declare to be an essential service for the purposes of this act.

(b) "Strike" means ceassation of the work by a body of persons.

(A) employed in any essential service acting in combination or a concerted refusal or refusal under a common understanding of any number of persons who are or have been so employed to continue to work or to accept work and includes;

(i) mass casual leave in pursuance of a common understanding among the persons who avail themselves of such leave or under the direction of any other person or persons.

(ii) refusal to work overtime where such work is necessary for the maintenance of any essential service.

(iii) any other conduct which is likely to result in, or results in, ceassation or substantial retardation of work of any essential service.

(B) Engaged in essential service in connection with storage, possession, transport, distribution or disposal of any article in the maintenance of supplies of which is necessary for the life of the community, or any other conduct of persons has so engaged which is likely to result in ceassation or substantial retradation of work in any essential services.

Explanation : - For the purose of this act persons engaged in any essential service shall also included the registered owner or any other person having possession or control or any vehicle or vessel used in connection with that essential service.

2. Every notification issued under clause (a) of subsection (1) shall be laid before the legislatively assembly after it is made if it is in session and on the first day of the commencement the next session of the Legislative Assembly if it is not in session, and shall cease to operate at the expiration of 40 days from the date of its being so laid, unless before the expiration of that period, a resolution approving the issue of the notification is passed by the Legislative Assembly.

3. Powers to prohibit strikes in Essential Services : (1) If the Government are satisfied that in the public interest it is necessary or expedient so to do they may, by general or special order, prohibit strike, in any essential service specified in the order. (2) an order made under subsection (1) shall be published in such manner as the government considers sufficient to bring it to the notice of the persons affected by the order. (3) an order under subsection (1) shall be in force for a period of three months only, but the government may, by a like order extend it for any period not exceeding three months if they are satisfied that in the public interest it is necessary or expedient so to do. (4) upon the issue of an order under subsection (1) - (a) no person employed or engaged as the case may be in any essential service to which the order relates shall go or remain on strike. (b) any strike declared or commence before or after the issue of the order, by persons employed or engaged, as the case may be, in any such service shall be illegal.

4. Penalty for illegal strikes : Any person who commences a strike which is illegal under this act or goes or remains on, or otherwise takes part in any such strike shall be punished with imprisonment for a term which may extend to 6 months, or with a fine which may extend to One thousand Rupees or with both.

5. Penalty for instigation etc. : Any person who;

(a) instigates or incites other person to take part in, or otherwise acts in furtherance of a strike which is illegal under this act; or (b) knowingly expends or supplies any money in furtherance or support of any such strike, shall be punished with imprisonment for a term which may extend upto 6 month or with fine which may extend to one thousand rupees or with both.

6. Offences to be cognizable and non-bailable : any police officer may arrest without warrant any person who is reasonably suspected of having committed any offence under this act and such person shall not be granted bail by a police officer or a court.

7. Offences to be tried summarily : All offences under this Act shall be tried in a summary way by any judicial magistrate of the first class specially empowered in this behalf by the govt. and the provisions of sections 262, 263, 264 and 265 of the code of criminal procedure 1973 (Central Act of 1974) shall, as far as may be, apply to such trial.

8. Repeal and Saving : (1) The Kerala Essential Services Maintenance Ordinance 1993 (Ordinance No. 7 of 1993) is hereby repealed. (2) Notwithstanding such repeal, anything done or any action taken under this ordinance shall be deemed to have been done or taken under this Act.

* * * * *

**MANUAL OF OFFICE PROCEDURE ISSUED BY GOVT. OF KERALA
(ALSO TO BE PURCHASED IN EVERY INSTITUTION)**

Registers to be kept in institutions.

A GENERAL

- | | |
|--|---|
| 1 . Attendance Register. | 2 . Inward or Distribution Register. |
| 3 Despatch Cum stamp account Register. | 4. Local Delivery Book. |
| 5 . Personal Register. | 6. Fair Copy Register. |
| 7. Casual Leave Register, | 8 . Register for Stationery. |
| 9. Register for printed forms Registers. | 10. Register for Trunk calls and Phonogram's. |
| 11. Register of Periodicals. | 12. Register of furniture . |
| 13. Register of Land and Buildings. | 14. Register of Books and periodicals |
| 15 . Register of Rented Buildings. | 16 Register of trees .infacts |

17. Register of baseline data.

B) ESTABLISHMENT

1. Register of Details of posts Sanctioned

3. Register of Service Books.

5. Register of personal Establishments.

7. FB.S Register cum-broad sheet.

9. Abstract of pay bill register.

11. Increment register. .

C). Accounts and Stores.

1 Treasury Bill Book.

3. Acquittance Roll.

5. Permanent Advance Register.

7. Register of Drafts.

9. Register of Audit Objections.

11 Order Book of Contingent Charges.

13. Register of appropriations

15. Acquittance of P.T.C.

17. Register of Tenders and auctions .

19. Register of advance contingent bills.

21. Cash book of Panchayath accounts

23. Register for authentication of international vaccination certificate

Registers in Hospital with beds :

2. Hospital stoppage Register.

4. Casualty Register

6. Ward Register of patients.

8. Register for patients property

10. Ward instruction on register.

12. Disease Clarification register of inpatients.

14. Register showing recovery of X-Ray charges,

16. Ward Stock register of equipment and instruments.

C. Additional registers in Medical institutions with inpatient and special services including dieting.

1. Register of dieting patients.

3. Provision Register.

5. Wastage Register.

7. Register for samples.

9. Laboratory Register.

11. Register for X-Ray materials.

13. Register Blood transfusion

15. Register for medical termination of pregnancy

18. Register of incumbents .

2. Register of Temporary Establishment.

4. Register of Last pay certificates.

6. Register for declaration of probation.

8. Arrears Register.

10. Salary Certificates register.

12. Cheque book register.

2. Cash Book,

4. Register of undisbursed Pay.

6. Contingent Register.

8. Register of Challans.

10. Salary Register.

12. Cash received and Despatch Register.

14. Stock register of Receipt Books

16. Register of Securities

18. Register of miscellaneous and sundry articles

20. Register for Establishment pay bills

22. Stock Register of Tender forms and schedule

3. Register for major Operations.

5. Register for day and night reports.

7. Ward Stock Register of medicines.

9. Ward register of linen.

11. Costly medicine register of wards.

13. Register of deaths.

15. Cost of medicines and laboratory Services.

2. Diet register Consolidation

4. Register for controlled items like rice, sugar etc.

6. Weight Register.

8. Register for ash

10. Register for tender forms

12. Register for X-Ray and E.C.G. Examination.

14. Register for tender dictary and non dictary articles.

16. Separate out patient register for specialities.

D. Additional register for medical Institutions with paywards.

1. Pay ward registers (Separate Registers for K.H.R W.S and Government pay wards

2. Register for reservation of pay ward.

3. Register for accounting collections of donated pay wards.

4. Register for pay ward collection of K.H.R.W.S.

E. Additional register for institutions issuing international vaccination certificate

1. Register for issue of international Certificate.

* * * * *

TREASURY TRANSACTIONS

WITHDRAWAL FROM THE GOVERNMENT ACCOUNT

A bill presented to the treasury as a claim should contain the following details:--

1. Nature of claim.
2. Amount claimed
3. The period to which the claim relates.
4. The order sanctioning the charge, if it is incurred under special orders.
5. The authority for any deduction made in the bill.
6. The major head, minor head, sub head, detailed account head and unit of appropriation to which the charge is debitible.
7. The name of Treasury from which the bill is encashed.

PRINCIPLES

1. It should contain in the above details viz., the, nature of claim the amount claimed, the period to which the claim relates, the order or authority sanctioning the claim, authority for deductions, if any, the major, minor, sub head, detailed account head and unit of appropriation to which the expenditure is debitible.
2. Every bill should be prepared in the prescribed printed form and the total amount claimed should be written both in words and figures in red ink.
3. A protective clause to the effect that the amount of the bill is below a specified amount the amount being the whole number just above the net amount claimed-should invariably be recorded (in words & figures) in-red ink.
4. The bill should be free from any erasure, every correction and alteration in the total of the bill shall be attested by dated full signature of the drawer.
5. When an expenditure is debited to more than one Unit of appropriation separate bills for the amounts debitible to each unit of appropriation shall be prepared. As also, in the case of more than one major/minor head of account separate bills for each head of account are necessary.
6. The bill should be signed by the head of office or a Gazetted Officer under him authorised to sign bills. Bills that need countersignature shall be presented at the Treasury only after getting it duly countersigned.
7. When a bill relates to a charge incurred under a special order or sanction the particulars of the order duly attested should invariably be attached with the bill.
8. of law shall be deducted from name of person from whose salary it is deducted and the amount deducted should be attached to the bill.
9. Deductions on account of GPF, State Life Insurance, Postal Life Insurance Family Benefit Scheme etc. must be supported by schedules in the prescribed form.
10. Deductions towards the rent of Government Residential Buildings, two copies of the Demand Statement in form T.R.43 should be attached to the pay Bill.
- 11 Recoveries on account of Advance Pay, or House building advance or purchase of motor Car/ Bicycle/Mosquito net or festival advance must be supported by a schedule in the prescribed form. In the case of deduction towards the advance for the purchase of Handloom Cloth and House building advance in addition to the prescribed schedules, a chalan in triplicate toward:* the deduction should be attached.
12. A formal application denoting the manner of payment should be presented along with the bill if payment is desired wholly or partly in Bank Drafts.
- 13 The bill should contain an endorsement indicating the amount and the name and designation of the person to whom the payment should be made and the specimen signature of the endorser should invariably be attested by the drawer.

A. SALARY OF GAZETTED OFFICERS:

1. The salary of Gazetted officers may be claimed in Form T.R.46 based on the Pay Slip or leave salary certificate issued by the Accountant General.
2. While claiming the salary for the first time, necessary health certificate should be attached with the bill.
3. Claims on Travel expenses are to be made in form T.R.47. This bill should be got countersigned by the controlling officer, unless the drawing officer has been declared to be his own controlling officer.
4. Claims payable to a Gazetted officer in India shall be paid on his personal claim and against his personal receipt. This payment can be made through a messenger, but the responsibility for any fraud or misappropriation in respect of the amount rests with the Office.
5. An Officer presenting a leave salary claim must either appear in person or must produce a life certificate.
6. Except as in the case of revision of D.A. no changed rate of pay or leave salary can be claimed unless it is pre-audited or authorised by the Accountant General.
7. The Bill should be supported by the copy of L.P.C. issued by the Treasury in case the officer is transferred from one place to another and there is change in Treasury consequent on this transfer.

B. NON-Gazetted Officers:-

1. The salary of an establishment should be drawn by the Head of Offices or a Gazetted Officer under him authorised to sign bills and the claims should be preferred in Form T.R.51. Separate bills shall be used for permanent and Temporary Establishments. For temporary establishment pay Bills, Certificate to the effect that sanction for the continuance of the post for which salary is claimed in the bill should be recorded in the body of the bill under full signature of the drawer and Government order in which sanction accorded for the continuance of the temporary posts should be noted in the bill.
2. The bill should contain the names of every non-gazetted officer of the establishment and the pay and allowance of each should be shown separately. As also deductions and recoveries on account of G.P.F., Life Insurance Premium, Court attachments, festival advance etc. should be made in the bill against the names of concerned persons along with proper schedules and chalangans.
3. Arrear claims should be drawn in a separate bills.
4. Office copies of bills should be prepared, initialed and kept by the officer.
5. The pay of menials charged to contingencies shall not be included in the establishment bills.
6. If the bill includes the pay of an officer transferred from another place; the claim should be supported by his L.P.S. and in the case of first appointments, certificate of physical fitness in the prescribed form should be attached with the bill.

PREPARATION OF ARREAR BILLS

Arrear pay bills shall be prepared separately and should not be included in the current pay bills except in the case of claiming of arrear D.A. due to revision. The claims relating to each month should be entered separately in the bill. Reference should be to the main bill in which the amount has been withheld. If the claim is due to any special amount sanctioned, the number and date of sanction and the name of authority which sanctioned the amount shall be entered in the bill. The Drawing officer shall make a certificate in the bill to the effect that the amounts claimed in the bill has not been drawn previously and that the references have been made in the main bills concerned regarding the arrear claims, the particulars of main bills such as gross and Net amount of the bill, date of encashment etc. Should be noted in the arrear bill.

8. Claims on Travel Expenses of the establishments are to be made in Form T.R.56. This bill should be get countersigned by the controlling officer.

CONTINGENCIES:

1. Permanent advance are granted to certain officers to meet contingent charge relating to their office before drawing bills on the amount. It is drawn in Form T.R.42. at the first time.
2. Separate contingent bills should be preferred for the expenditure under different kinds of units

of appropriation. It should be ensured that there is sufficient budget provision in the concerned unit of appropriation except wages, to meet the charges, before presenting the bill.

3 Full details regarding any expenditure shall be entered in the bill (or in a separate detailed statement attached with the bill). The sub vouchers amounting to Rs. 1000/-or more, should be attached with the bill. The sub vouchers chronologically numbered and entered in the contingent register should be cancelled and kept along with the office copies of the Contingent bills, immediately after the claiming of the bill.

4. When a contingent charge exceeding Rs. 1000/- is payable to a firm or a single party etc. separate contingent bill shall ordinarily be prepared for the amount and endorsed for payment by Reserve Bank Remittances drafts if the Drawing officer is attached to a Banking Treasury, if not, the bill shall be drawn in cash and disbursed for the payee. 5 Detailed contingent bills against the advance drawn should be presented immediately after the advance is exhausted. 6, The Contingent expenditure that require countersignature should be claimed in Form T.R.59 and that do not require countersignature shall be presented in Form T.R.61. 7 The budget provision under the unit of appropriation, expenditure so far incurred and balance available should be noted in the bill clearly.

ADVANCES : Advance like House Construction advance etc. can be claimed in Form T.R.42.

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14-1 -1999

**No-ESI-113 794/DHS. dtd 14-1 -1999 from the Director of Health Services,
Thirvananthapuram addressed to All Dist. Medical Officers (H)**

Sub:- Estt - H.S.D - Sanction of P.G. Allowance, Compensatory allowance etc. to Medical Officers - Instructions issued -

Ref:-1) G.O. (P) 325/95 (41) Fin. dtd 7-4-1995. 2) G.O. MS No. 377 (88)/96/Fin. dtd. 6-5-1996.

It has been brought to the Notice of the undersigned that no uniformity is followed in applying for sanction of P.G Allowance compensatory allowance etc., causing difficulty in processing the request at this end. Hence the following instructions are issued in this regard.

- 1) All the request for P.G. allowance/Compensator allowance for working in rural areas etc. should be routed through the DMOH concerned.
- 2) Option form in duplicate should be forwarded to this office along with the PG Degree/Diploma Certificate in original, if the request is for sanction f PG Degree/Diploma allowance.
- 3) PG Diploma/PG Degree allowance will not be admissable to those who has acquired PG Diploma/ Degree on deputation basis on or after 1-1-995.
- 4) Copy of the order sanctioning deputation benefit should also accompany the request if he/she has enjoyed deputation benefit for undergoing his/her PG Diploma/Degree etc.
- 5) Persons having more than one PG Diploma/Degree should also declare not he/she is availing the benefit of one PG Diploma/Degree.
- 6) A Medical Officer will be granted at his/her option ANY One of the following three allowance.
 - a) Specialist Allowance.
 - b) PG Diploma/Degree Allowance.
 - c) Compensatory Allowance for working in the Rural Areas.
- 7) Above directions should be strictly adhered to. Specimen of declaration is enclosed.

Dr. V.K. Rajan,

Addl. Director of Health Service i/c of Director of Health Services.

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The Director of Health Science

Sub : System of giving state award to Doctors is Modern Medicine application called for :

Ref. : 1 G.O. (MS) No. 315/98/H&FWD Dt. 6-11-98

2. Endt. No. EH2- 87489/97/DHS Dt. 12.12.98

**APPLICATION FOR THE SELECTION OF THE
BEST DOCTOR IN THE STATE 2000**

- | | | |
|---|---|------------------------|
| 1. Name of the Applicant | : | |
| 2. Qualification | : | |
| 3. Official Address | : | |
| 4. Additional Qualifications | : | |
| a | | |
| b | | |
| c | | |
| 5. Papers published in India / Abroad | : | |
| 6. Whether the applicant is an office
bearer of state association | : | |
| (President / Secretary) | | |
| 7. Whether the applicant is an office
bearer of National Association | : | |
| (President / Secretary) | | |
| 8. Details of Special Activities if any | | |
| a. Medical Camp | : | |
| b. Seminar / workshop | : | |
| c. Any other special activities
/ social activities | : | |
| d. Rural Service | : | |
| 9. Role in development of Institution department | : | |
| 10. Whether the applicant is a winner of
national/international awards in the
field of Medicine/any other awards | : | |
| 11. Details of involvement in new
innovatives methods in Medical field in the state | : | |
| 12. Details of participation / involvement in
relief work in the event of natural
calamities/out break of communicable disease. | : | |
| 13. Details of outstanding service in the
difficult tribal areas | : | |
| Signature of Head of Office/Department | | Signature of applicant |

N.B.: 1. The applicant should possess minimum 10 years working experience or service and should work in the state at the time of submission of application.

2. Service candidates should have been in service as on 31.12.2000.

3. Relevant documents in support of claims to be attached.

4. The documents with performa duly filled up with 10 copies should be forwarded.

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**FORM FOR EXERCISING OPTION AND RULE FOR FIXATION OF PAY AND
OPTION FOR ALLOWANCES**

(As per G.O. (P) 600/93/Fin. dated 25.09.1993, G.O. (P) 930/93 (2) Fin. dt. 8.12.1993 and G.O.(P) 325/95 (41) Fin. dt. 7.4.1995.

1. Name and Official Address
 Holding the Post of on Rs. Basic
 Qualification..... and post graduation qualification do hereby elect.
- a) To opt for the revised scale of pay with effect from
- b) To Retain the existing scale of pay for the period upto and come under the revised scale with effect from
- c) Option for allowance (any one of the following)
- (i) Specialist allowance / Senior Specialist Allowances Rs. 300/Rs.500
- (ii) PG Diploma / Degree Allowances Rs. 200/- Rs. 300/-
- (iii) Compensatory Allowances Rs. 300/- (Strike off which is not applicable)

G.A.D. Ref.

Audit No. (if Known)
 Place : Signature
 Date : Name & Designation

For Office use only

Verified with relevant records in the office and he / she is eligible for

Place : Director of Health Services/
 Date : Authorised Signatory with Designation

FORM FOR EXERCISING OPTION FOR CHARGE ALLOWANCE

(As per G.O. (MS) 377(88)/96 Fin. dt. 6-5-96

I, Dr. holding the post of Medical Officer in-charge hereby claim charge allowance for the following period from onwards for holding the post of Medical Officer in charge as per order No.

Audit No.

Place : Signature
 Date : Name & Designation

FOR OFFICE USE ONLY

Verified with relevant records in the office. He is eligible for charge allowance from to at p.m.

Place : Signature
 Date : District Medical Officer of Health

Declaration

I, Dr. Address do hereby declare the following.

- I have not availed the benefit of deputation on or after 1-1-95 for acquiring my PG Diploma / Degree.
- I have not availed the benefit of any other PG Diploma / Degree allowance previously.
- I opt for one of the following three allowances.

a) Specialist Allowance.	b) PG Diploma / Degree Allowances
c) Compensatory Allowance for working in rural area.	

Place : Signature
 Date : Name & Designation

Countersigned

Place :
 Date : District Medical Officer of Health

..... strike off portion not applicable.

* * * * *

Ref. No. M.I.

Date.....

EXAMINATION OF POTENCY

Requisition received from the vide his letter crime No. dt.
through PC / HC No. for examination of potency of aged
yrs. involved in crime No. of police station.

1. Name & Address of the subject

2. Age yrs. (as stated by the subject) 3. Occupation

4. Date, time & place of examination

5. Accompanied by PC/HC No.

6. Consent

7. Marks of identification

8. Clinical History : Diabetes / Drug addiction / Trauma / Exposure to venereal diseases /
others if any.....

9. History of sexual developmet : Masturbation / night emission / homosexual practises /
sexual intercourse

10. Physical examination

A) General-Height cms Weight cm Build : good / moderatre / poor

Hair Pubic / Axilliary / facial / chest

B) Local a) Penis: Present / absent. length cms circumference cms. (Both in
flaccid state) disease / deformity / injury (if any)

Foreskin : Retractable / non retractable / circumcised. Sensations :

b) Scrotum : Pendulous / Non pendulous. Right testes : present / absent. Left testes : present /
absent

Development of testes : small / medium / adult size

Sensations Disease deformity / injury if any

Epididymis and cord

C) Systemic examination : Pulse / minute. BP mm Hg.

Other Findings : (CNS/CVS/RS/GIS).....

11. Special Examinations (If relevent)

12. Opinion

* There is nothing to suggest that the above percent is incapable of performing the sexual act.

* The above subject is incapable of performing sexual act because of the following impedi-
ments.

Name of the Institution

Place :

Date :

Signature

Name

Designation

Forwarded to

* Delete which ever is not applicable

* * * * *

**ORIGINAL
ACCIDENT REGISTER-CUM-WOUND CERTIFICATE**

1. Serial No.2. Date and hour of examination.....

3. Name4. Age : Years Sex : Male / Female

5. Address

6. Identification Marks 1.

2)

7. By whom brought and issuing authority of the requisition if any

8. History and alleged cause of injury

9. Details of injuries / chemical features :

(Space for recording 15 cms.)

10. No. of Additional Sheets if any 11. Whether admitted or not.....

12. Opinion as to cause of injury

Signature of Medical Officer

Name of Medical Officer

Station Designation

Date Name of Institution

Issued to as per his request No. dated

Date Signature of the issuing officer

* * * * *

POLICE INTIMATION

To : The S.I./ S.H.O. of Police Station

I write to inform you that a person by name male/female aged

years address

..... came to this institution with alleged history of

He/She is being treated as inpatient in ward / out patient. Please do the needful.

Signature

Place : Name :

Date : Designation :

Name of Institution

* * * * *

CERTIFICATE OF DRUNKENNESS

Requisition received from the of police station dated for the examination and certification of drunkenness of aged years and accompanied by HC/PC No.

Name : age : years Sex : Male/Female

Address

Consent

Date & time of arrest (as specified in requisition)

Date & time of examination

Identification Marks 1.

2.

History :

(a) Relevant to consumption of Alcohol

(b) Relevant to illness if any

Smell of alcohol in breath : Absent / Present

General appearance and behaviour :

(a) Clothing : Decently dressed / Disordered / Soiled / Torn.

(b) General Disposition : Calm / talkative / abusive / aggressive

(c) Speech : Normal / thick & slurred / incoherent

Eyes :

(a) Conjunctive : Normal / congested (b) Pupils : Normal / Dilated / Sluggishly reacting.

Higher Functions :

(a) Self Control : Normal / impaired (b) Memory : Normal/impaired

(c) Orientation in time & Space : Normal / impaired (d) Reaction time : Normal/delayed

Muscular Co-ordination

(a) Gait : Normal / Unsteady / Unable to stand upright

(b) Finger nose test : Positive / Negative

(c) Romberg's Sign : Positive / Negative

(d) Systemic Examination Findings : Pulse/min. BP mm of Hg.

Reflexes : Normal / Exaggerated / Sluggish

Any other Findings

Smell of alcohol in breath : Persisting / Not persisting

Special Examination Blood and Urine : Preserved / Not Preserved

Opinion :

*1) The person examined has not consumed alcohol

*2) The person examined has consumed alcohol, but is not under the influence of alcohol.

*3) The person examined has consumed alcohol and is under the influence of alcohol.

Date :

Signature :

Place :

Name :

Name of Institution

Designation :

* Strike off which is not applicable.

Received the certificate

(Signature and P.C.No.)

* * * * *

Ref. ML. No. :

Date

FORM OF EXAMINATION AND REPORT OF VICTIM OF RAPE

Requisition received from the for the examination and certification of a rape victim named aged years vide Crime No. of police station dated and accompanied by WHC / WPC No.

Name & Address :

Age : Years, Marital Status : Married / Unmarried . Occupation :

Consent :

Date , Time & place of examination :

Identification Marks (1) (2)

History related to the incident (as stated by the subject)

Whether urinated since the incident : Yes / No

Whether changed clothing since the incident : Yes / No

Whether having pain on walking urination or defecation : Yes / No

Age of Menarche : Years / not attained.

Whether menstruating now : Yes / No Date of Last Menstrual Period

Physical Examination

a) General 1. Height cms. Weight Kg. Build : Good / Moderate / Poor.

Mental Dispositon : Calm / Excited / depressed. Clothes : Intact / disordered / torn

b) Local : 1. Pubic Region, Perineum and Thighs

2. Vulva - : 3. Hymen

4. Fourchette and posterior commissure 5. Vagina

c) Injuries on the body if any

d) Systemic Examination Findings :

Laboratory Examinations :

Viginal smear and swab : Preserved / Not preserved. Nail clippings : Preserved / Not preserved

Loose Hair from combings of pubic region and pubic hair samples (cut) : Preserved / Not preserved

Clothes : Preserved / Not preserved. Any other.....

Reasons for not preserving the specimens :

Opinion :

* There is evidence / no evidence or recent / past vaginal penetration.

* There is evidence / no evidence of resistance.

* There is evidence / no evidence of recent sexual intercourse (Based on results of laboratory examinations)

Name of Institution

Place :

Signature :

Date :

Name :

Designation :

Forwarded to :

*Strike off whichever is not applicable

* * * * *

Office of the
 dated

REPORT TO BE FORWARDED WITH THE MATERIAL OBJECTS SENT FOR CHEMICAL EXAMINATION (COLLECTED FROM THE VICTIM OF RAPE)

1. Ref. ML No. Dated.....
2. Name of the Subject age years.
3. Address
4. Crime No. of Police station
5. Material Objects

a) Vaginal Swab	b) Vaginal Smear
c) Loose hair from combing of pubic Region	d) Pubic hair samples (Cut)
e) Nail clippings	f) Clothes
g)	h)
6. Mode of packing : Collected in glass bottles / wrapped in paper , Tied and sealed.
7. Copy of labels affixed to bottles / packages : Attached
8. Impression seal affixed to bottles : Yes / No.
9. History related to time of incident :
10. Whether washed genitalia after the incident : Yes / No
11. Whether menstruating now : Yes / No
12. Findings of examination

(12. Examination required : To look for semen in the vaginal swab and smear, to look for foreign hairs in the hair samples; to look for foreign hairs, epithelial cells or fibres in the nail clippings; to look for seminal and other stains in the clothes.)

Signature :

Name :

Designation :

* * * * *

To

The Regional Chemical Examiner to Govt.,

Sir,

I am forwarding the above mentioned material objects through Sri.
 PCNo. for chemical examination and certificate. I request that 3 copies of your certificate may be sent to me at an early date.

Yours faithfully,

Name :

Designation :

* * * * *

STATEMENT FOR THE DECLARATION OF COMPLETION OF PROBATION

- Sri/Smt
1. SI No: :
 2. Category of post :
 3. Name of Probationer :
 4. Date of joining duty :
 5. No and date of the order of the appointment :
 6. Period of probation prescribed :
 7. Nature and period of leave other than casual leave during the period of probation :
 8. Other non qualifying service
 9. Period of service in the category which counts for probation :
 - 10 Date of Completion of probation if further service continues :
 - 11 Whether passed the Department test within the period of probation
If exempted from the test qualification authority for the same :
 - 12 Date of Birth :
 - 13 Last date of department test examination in which the incumbent passed the test completely :
 - 14 Date of retirement in the case of persons already retired :
 - 15 Work and conduct :
 - 16 Recommendation of the controlling office
 - 17 Remarks :

HEAD OF INSTITUTION

* * * * *

FORM OF DECLARATION

I,.....
hereby give an undertaking to the effect that. -I will not refuse regular promotion as and when it become due.

Signature :

Place:

Name :

Date:

Designation :

* * * * *

FORM OF OPTION

I,.....
hereby elect to in revised scale of with effect from

Signature :

Place:

Name :

Date:

Designation :

* * * * *

**PROPOSAL FOR THE SANCTION OF TIME BOUND HIGHER GRADE ON COMPLETION OF.....
YEARS OF QUALIFYING SERVICE**

1. Sl. No
2. Name and Designation
3. Present Station
4. Date of Birth
5. Qualification 1) General :
- ii) Technical :
6. Qualification/Departmental Tests prescribed for promotion in the normal line
7. Whether acquired the above qualification/Departmental test for promotion
8. Date of commencement of continuous service (F.NorA.N)
11. Details of promotion already enjoyed with designation of the post, date of joining in each post and scale of the posts
 - a) first promotion :
 - b) second promotion:
 - c) third promotion :
12. Details of higher grades already granted with scale of pay and date of effect
13. Total length of service as on the date of application
14. Whether an undertaking has been obtained from the incumbent to the effect that he/she will not refuse regular promotion as and when it becomes due (declaration to be enclosed)
15. Whether promotion had already been relinquished, if so, furnished details
16. If relinquished, whether the incumbent had tendered declaration to the effect that he/she will accept the promotion in future after getting higher grade (if so enclose declaration duly attested by the Head of Office)
17. Details of service if any which will not count for sanctioning of higher grades
18. Next promotion post in the normal course if any and scale of pay
19. Whether the incumbent is eligible to get higher grade sanctioned in the G.O (P) 515/85/Findt16-9-1985 and G.O. (P) 480/89/Fin dt 1-11-1989 i) From which date ii) On which scale of pay
20. Remarks

Certified that I have verified the service book of the incumbent and that the details furnished above are correct. Also certified that the incumbent is eligible to get higher grade sanctioned in the G.O.(P) 515/85/Fin dt. 16-9-1985 and G.O. (P) 480/89/Fin dt 1 -11 -1985 w.e.f the date and the scale of pay noted in column No: 19. Place:

Date:

Signature,
Name and Designation
of Head of institution

(counter signed)
Dist. Medical Officer of Health

* * * * *

FORMAT OF LETTERS DURING STRIKES

To

The District Medical Officer

.....District

Sir,

Sub: Strike by Medical Officers - Reg :

The Emergency State Committee Meeting of KGMOA held on, at has decided to resume strike by Medical officer of Health Services Department, protesting against.....

As per the above decision, all duties other than hospital duties will be boycotted by the Medical Officers from Additional charge/administrative charge will not be assumed henceforth and existing additional charges are being handed over to the DMOH. We are herewith handing over the Report of Transfer of Charge from the following Medical Officer in the district, with effect from A.N. We request you to do the needful.

A copy of the agitational methods and the demands are enclosed herewith.

Requesting your co-operation,

Yours sincerely,

District President

District Secretary

..... Dist

.....Dist

* * * * *

To

The Panchayat President

..... Panchayat.

Sir/Madam,

Sub :- Strike by Medical Officer - Reg:

The Emergency State Committee Meeting of KGMOA held on, at has de-cided to resume the suspended strike from at by Medical Officers of Health Services De-partment, protesting against the by Government.

All duties other than hospital duties will be boycotted by the Medical Officers from at: As part of the decision, Medical Officer will not be attending the meeting covered by the Panchayats till the agitation is over. We would like to state that Medical Officers of Health services depart-ment are not against implementation of People's Planning programme, but only protesting against the Government's decision to neglect the doctors. Health Services doctors and KGMOA are in the forefront in implementing various programmes under the decentralised health planning in the State. We request all support and co-operation from you and your Panchayat for our agitation.

Yours sincerely,

District President

District Secretary

.....Dist

.....Dist

* * * * *

PRIVILEGES OF PART-TIME CONTINGENT

RENUNERATION TO PART TIME CONTINGENT EMPLOYEES :

Part time contingent employees will be paid remuneration at the following rates.

PTC Employee Category	Existing Rate	Revised Rate
1. Part-time sweepers/cleaners whose are is 400 sq.mts. and above but below 800 sq.mts. and parttime contingent employee other than those in category (1) whose remuneration cannot be determined based of sweeping area.	Rs. 460/- p.m plus D.A. plus Interim relief	Rs. 1500/- p.m. plus D.A.
2. Part-time sweeper/cleaner whose are of work is 100 sq.mtrs and above but below 400 sqmts.	Rs. 370/- p.m. plus D.A. plus interm relief	Rs. 1250/- p.m. plus D.A.
a. 1. For those who have put in a total of 10 years of service as part-time contingent employee an increase of Rs. 100/- in the basic pay will be allowed.		
2. For those who have put in a total years of service an increase of Rs. 200 (Rs. 100+100) in the basic pay will be allowed.		
3. Those who havfe put in an increase of 25 years of service Rs. 250 (Rs. 100+100+50) in the basic pay will be allowed.		

As per GO(P) 1562/99 (27) Fin. dated 12-07-99 contingent employees will be allowed grades on completion of 10 years, 18 years and 23 years and increment at Rs. 100 (10 years), Rs. 100 (18 years), and Rs. 125 (23 years.)

They will be entitled to :

- b) 1. Earned leave at the rate of 1/22 for the period spent on duty subject to a maximum of 15 days in a year.
2. Surrender leave facilities as available to other govt. employees.
3. CCA at the rate Rs. 12 per month for those working in designated cities.

Other privileges for part-time contingent work :

Joining time as per rules

Leave and Holidays :

- a) 20 days casual leave in a calender year. : Including holidays casual leave at a time should not exceed 15 days.
- b) LWA : In a calender year in special circumstances a total not exceeding 30 days leave without allowance.
- c) Maternity Leave : For women employees 3 months maternity leave with full pay and DA for a maximum of two pregnancies.
- d) Sterilization Leave : For male employees maximum six days special casual leave for undergoing sterilization operation and for women 14 days special casual leave.
- e) Superannuation : at the age of 70 years.

* * * * *

ANNEXURE - V BOND

(50 Rupees Kerala Stamp Paper)

To be executed by all candidates admitted to Postgraduate Courses in the State Medical Colleges. TO KNOW ALL MEN BY THESE PRESENTS that weresiding at hereinafter called 'the 'Bounden' (which expression shall unless excluded by or repugnant to the context include his heirs, executors, administrators and legal representatives) and hereinafter called the first Surety and second surety respectively (which expression shall unless excluded by repugnant to the context include their respective heirs, executors, administrators and legal representatives) bind ourselves jointly and Severally to pay the Governor of Kerala (hereinafter called the Government) on demand without demur a sum of Rs. (Rupees.....) the probable amount that Government may have to spend for paying stipend to the Bounden and a further sum of Rs 37,500 / 1.50,000 (Rupees Thirty Seven Thousand Five Hundred / Rs One Lakh Fifty Thousand) as liquidated damages.

Signed this..... day of..... in the year Two thousand by the Bounden Shri..... In the presence of witnesses. : 1.....2.....

WHEREAS the Bounden has been under the (H.E.) the name of the rules which will form part of this deed as if incorporated herein, hereinafter called the Rules, selected to undergo the course of study in Government have agreed to give. the Bounden the stipend per month sanctioned in G.O.

(MS) No. I 54/99/H&FWD dated 30-04-1999 for the study of at the on condition of his executing a bond supported by two sureties in the terms appearing hereinafter which the Bounden has agreed to do.

Now the condition of the above written obligation is that in the event of the Bounden not conforming to or observing the rules and conditions, regarding the progress of his study or interrupting or discontinuing his course, at any time within the expiry of the validity of the Post Graduate select list or after its expiry or participating in a strike or leave the training course on account of indiscipline or misconduct on his part or failing to serve the Government for a period of five years if required to do so within a period of six months after qualifying for full registration after completing the 'course, or for other reasons not considered valid and satisfactory by the Secretary to Government of Kerala, Health and Family Welfare Department whose decision in this behalf shall be final, the Bounden and the sureties shall jointly and severally pay and refund to the Government on demand and without demur all the amount spent on the Bounden on account of the said course of studies, together with the liquidated damages of Rs. 37,500 if the bounden discontinues the courses 'within the validity period of the select list or Rs 1.50,000 (Rs One Lakh Fifty Thousand only) if the bounden discontinues the course after the expiry of the validity of the select list. This decision of the Secretary to Government of Kerala, Health' and Family Welfare Department as to the commission of a breach or as to any indiscipline or misconduct on the part of the Bounden as also the amount of compensation payable and as to whether the Bounden has or has not performed and observed the conditions and Bounden obligations under these presents shall be final and binding on the Bounden and the sureties.

And upon a making such payment the above written obligation shall remain null and void.

It is further agreed and declared that in the event of the Bounden being unsuccessful in any of the qualifying examinations conducted in the said Institute, the Government may at their discretion, withhold the payment of stipend for the continuance of further studies and the decision of the Secretary to Government of Kerala, Health and Family Welfare Department! in this behalf shall be final and binding.

Provided further that the Bounden and the Sureties do hereby agree that all, sums found due to the Government under or by virtue of this bond may be recovered jointly and severally from them and their prospective movable and immovable as if such sums were arrears of land revenue under the provisions of the Revenue Recovery Act for the time being in force or in such other manner as to the, Government may deem fit.

It is agreed that the liability of the sureties hereunder shall not be impaired, or discharged by reason of time being granted or any forbearance, act or omission of the Government (whether with or without the knowledge or consent of the sureties) in respect or in relation to the several obligations and conditions to be performed or discharged by the Bounden or by any other matter or thing whatsoever which, under the law relating the sureties, shall but for this provision have the, effect of releasing the sureties from such liability not shall it be necessary for the Government to sue the Bounden before doing either of the sureties for amounts due hereunder.

It is agreed that the expense of Stamp duty to this document shall be borne by the Bounden, IN WITNESS WHEREOF the Bounden and..... and sureties have put their respective hands the day and year herein above written Signed by the Bounden in the presence of witnesses:

(Signature of the Bounden)

1 Signed by (Signature of the first surety)

2 Signed by (Signature of the second surety)

In the presence of witnesses: 1 2

DECLARATION

I, employed. as in the Department or do hereby declare that I have more than Years of Service left for Super annuation My audit number is.....

Signature :
Name :
Designation:
Department :

Date:

OFFICE SEAL

* * * * *