

प्रदीप कुमार सिन्हा  
PRADEEP K. SINHA



सत्यमेव जयते



एक कदम स्वच्छता की ओर

मंत्रिमंडल सचिव  
भारत सरकार  
CABINET SECRETARY  
GOVERNMENT OF INDIA

D.O. No. 272/1/3/2016- CA.V

Dated, the 20<sup>th</sup> September, 2017

Dear Secretary,

As you are aware, the Hon'ble Prime Minister has been emphasizing the selection of sites for various projects / institutions / schemes through the "Challenge Method". In this context, a Group of Secretaries (GoS) was constituted to formulate Guidelines with a view to encouraging healthy competition amongst States / UTs as well as to ensure stakeholders commitment for timely execution and to promote transparency. Guidelines recommended by GoS have been finalized in consultation with NITI Aayog who have also consulted the various States / UTs. A copy of these Guidelines is enclosed.

2. These Guidelines provide a generic framework for adopting the Challenge Method in site selection for Central Sector projects / institutions / schemes both in greenfield & brownfield. The Guidelines also include an indicative list of sectors and projects wherein the Challenge Method can be adopted. Further, it lays down the process to be followed along with the indicative criteria for evaluation of proposals. Illustrative parameters along with suggested weights have also been suggested. However, these Guidelines offer adequate flexibility to Ministries / Departments who may appropriately adapt them, keeping in view their specific sectoral requirements.

3. It is requested that these Guidelines may henceforth be adopted wherever applicable. These may also be disseminated to all concerned under your administrative jurisdiction for guidance and compliance.

With regards,

Yours sincerely,

Office of Secretary (H&FW)  
e-office No. 670855  
21/09/2017

*(Signature)*  
(P. K. Sinha)

Shri C.K. Mishra  
Secretary,  
Deptt. of Health and Family Welfare  
New Delhi

SHFW-on loan

JS(85)

DN(SM)

*(Signature)*  
21/9/17

*copy to me. ✓*



F. No. 272/1/3/2016 – CA.V

Government of India

Cabinet Secretariat

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**GUIDELINES FOR SELECTION OF SITES/LOCATIONS FOR PROJECTS/INSTITUTIONS/SCHEMES THROUGH CHALLENGE METHOD****BACKGROUND**

The inclusive economic development of a nation necessitates improvement in the socio economic infrastructure such as education, health, housing, civic amenities, food parks etc. The Governments both at the centre and the state are committed to provide facilities/institutions/infrastructure that support sustainable development and improve the living standards of the citizenry. As per existing practice the location of projects /institutions / schemes is decided on various considerations often without due diligence in terms of suitability of the location or project readiness. In many instances projects along with locations are announced in the Budget or as a Development package. The formulation of the scheme, land selection and acquisition etc., are done after the announcement. Such projects often face risks such as non-availability of suitable land, delay in land acquisition, delay in clearances, political opposition, lack of supporting infrastructure, lack of urban agglomeration to attract high end technical and managerial expertise etc. The result is delay in implementation along with cost and time overruns leading to sub optimal utilisation of scarce resources. Thus, there is a need to evolve an objective criterion for selection of sites for various projects. It is, therefore, proposed that the Challenge Method may be adopted for site selection across various sectors to ensure transparent, objective and merit based decision making in selection of sites for projects/institutions/schemes.

**2. OBJECTIVES OF INTRODUCING CHALLENGE METHOD IN SITE SELECTION**

These guidelines have been formulated to provide a framework to help the Ministries/Departments to select the most suitable site for projects through a challenge based process. The framework for site selection indicated in these guidelines is generic in nature and applicable across various sectors. Appreciating the variation in requirements across sectors, the framework has been designed to offer adequate flexibility to Ministries to customise it to best suit their sectoral and project requirements. This would encourage competition among States/UTs to offer the best suited sites and commit resources in terms of land, utilities, infrastructure support, financial contribution etc. This in turn would help in timely completion of projects, optimum utilisation of scarce resources and achievement of the following desired outcomes.

- Selection of the most suitable site
- Commitment of the stakeholders
- Encourage innovation in financing & use of technology
- Speedy implementation
- Transparency and Accountability
- Promoting Competitive federalism

**3. COVERAGE OF SECTORS/PROJECTS FOR SITE SELECTION**

3.1 Challenge method for site selection can be adopted for projects/institutions/schemes both in the Social as well as Physical Infrastructure sectors. This method can be applied to both Greenfield projects such as setting up of new institutions/facilities as well as Brownfield projects

like expansion/upgradation of existing facilities etc. In addition, the Challenge Method may be used for Selection of States/UTs or sites for holding national or major events such as National Games, Youth Festivals etc.

**3.2** An indicative list of sectors and projects where the Challenge Method can be adopted for site selection is as follows:

- Higher Education:
  - Setting up institutions such as IITs, IIMs, NITs, Central Universities
  - Upgradation/Expansion of existing institutions or selection as centres of excellence
- Health Infrastructure:
  - Setting up of institutions such as AIIMS, Upgradation of Medical Colleges etc
  - Upgradation/expansion of existing healthcare institutions
- Information Technology:
  - Setting up of IT Parks
- Textiles Sector
  - Setting up of Mega Textile Parks
  - Expansion of existing Textile Parks
- Power sector:
  - Setting up of Thermal Power Plants
- Civil Aviation:
  - Setting up New airports
  - Setting up small airports for regional connectivity
  - Upgradation of existing airstrips
- Railways:
  - Construction/Upgradation of Railway stations
  - Doubling of existing railway lines
- Roads:
  - Laying new roads/upgradation of existing roads
- National Games and National Youth Festivals

The Guidelines would be applicable only for the Central Sector Projects/Institutions/Schemes both in the Greenfield and Brownfield. The guidelines will be applicable for future projects only.

#### **4. PROCESS FOR SITE SELECTION THROUGH CHALLENGE**

**4.1** The site selection process would begin with Ministries/Departments identifying the projects to be taken up; initiate preparation of feasibility studies and project agreements for project execution with the help of legal, financial and technical experts and obtaining necessary administrative approvals as per laid down financial delegation for undertaking the project. It would also initiate process for obtaining clearances from the Central Agencies wherever necessary at the central level such as Environmental Clearances and make necessary budget provision. It would also lay down timelines for each stage of the project and also fix the key performance indicators for the project for monitoring the progress.



4.2 The Challenge method for site selection would involve three stages:

- Stage 1: The grouping and eligibility of States/UTs
- Stage 2: Receipt of proposals from eligible States/UTs based on pre-determined criteria
- Stage 3: Evaluation of proposals by Selection Committee for site selection.

#### 4.3 Stage 1 of the Challenge- Grouping of States

4.3.1 With a view to having a transparent and fair selection, challenge is to be conducted amongst States that are similarly placed. States may be grouped on the basis of economic and social development, size, region etc so as to create a level playing field. In certain cases, grouping may be done on the basis of presence/absence of proposed facility/institution to address the issues of equity and regional balance. Ministry may form more than one group for the proposed Challenge depending on the number of projects to be implemented. Challenge is to be conducted among the States so grouped. States in the group will be eligible to participate in the challenge once they have given their commitment to provide the required land either in terms of FAR/FSI or required piece of land as per parameters for project and supporting utilities like water, power and drainage. The eligible States so identified will be invited to participate in the challenge and furnish proposals. For hosting events such as National Games and Youth Festivals, commitment of the State/UTs as regards provision of infrastructure support, financial resources as well as maintenance of facilities created is essential.

4.3.2 For North Eastern States, LWE affected States/other disturbed areas, Hill States of Jammu & Kashmir, Uttarakhand and Himachal Pradesh, which have difficult terrain, sparse population and other peculiar characteristics, compensatory weightage may be considered if they are to participate in the Challenge along with other States.

4.3.3 The grouping of States will be done by Selection Committee under the Chairmanship of Secretary of the Department. The Selection Committee will comprise the following members:

- i. Secretary of the Administrative Ministry- Chairperson
- ii. Representative of Niti Aayog
- iii. 2-3 Subject/Sector experts of repute and credibility
- iv. Any other member

#### 4.3.4 The Selection Committee will

- i. Finalise the grouping of States
- ii. Approve the Challenge parameters for evaluation and assign weights for parameters in consultation with States. The Selection Committee shall be free to alter the challenge criteria.
- iii. Review and evaluate the proposals.
- iv. Make recommendations regarding selection of the best suited site(s).

4.3.5 A Project team comprising suitable officers may be constituted by the Administrative Ministry/Department to assist the Selection Committee. The entire process of Site selection through challenge is to be completed within three months.



#### 4.4 Stage 2 -Challenge Round

4.4.1 The eligible States will be invited to participate in the challenge and furnish proposals. The proposals will be based on the Challenge parameters worked out by Ministries in consultation with experts and State governments. The States/UTs will furnish the proposals by a stipulated date to be indicated by the Ministries. These will be evaluated by the Selection Committee as referred in 4.3.3 of the guidelines on the basis of Generic and sector specific criteria. The same are elaborated in Section 5.

#### 4.5 Stage 3- Evaluation and Selection

4.5.1 The proposals received from the States/UTs will be evaluated by the Selection Committee on the basis of the predefined Challenge parameters and score. The locations would be ranked from the most suitable to the least suitable. This will be done in a transparent and objective manner. The proposal(s) securing the highest overall score out of 100 will be recommended for selection.

4.5.2 The concerned Ministry/Department will enter into an MoU with the selected State(s)/UT(s) for the implementation of the proposal.

### 5. CRITERIA/CHALLENGE PARAMETERS FOR EVALUATION WITH ILLUSTRATION

5.1 Proper site/location selection is essentially a multi criteria decision making process which is critical for successful implementation of any development project. It should be based on factors like suitability of location, benefit to the community, environmental sustainability etc. The Challenge criteria/parameters need to be designed in a manner so as to bring out relevant high level information, promote a spirit of competition among the aspiring States/UTs and obtain their commitment for the project.

5.2 Indicative Generic parameters that would apply across all sectors may include:

- i) Early Availability of suitable land/area as per FAR/FSI and provision of utilities: Aspects such as location, land use, accessibility of the identified land along with rehabilitation and resettlement, wherever required, may be considered. Provision of utilities such as power, water supply, drainage facilities etc., by the State is also critical.
- ii) Socio Economic indicators: Indicators such as per capita income, literacy levels, health index etc. may be considered to factor in the existing gaps. These have been included for equity consideration and higher weightage may be given to States where there is a greater need for the project.
- iii) Connectivity: Connectivity of the proposed site by road, rail, air or ports, may be considered.
- iv) Financial contribution by States for the project.
- v) Innovative financing and mode of delivery: States may come up with innovative and creative proposals for reducing cost and implementation period of the project.
- vi) Fast track Single window for clearances which facilitate ease of doing business including environment and forest clearance to expedite implementation may be included. Some weightage for past track record in ease of doing business and clearances may also be included.

- vii) Availability of school/college and medical facilities and employment opportunities for family nearby could be considered so as to ensure that there are adequate facilities/opportunities for the families of persons employed in the projects/institutions/schemes.
- viii) Financial viability/Economic Internal Rate of Return may be included especially in case of infrastructure projects.
- ix) Employment generation potential of the project could be also be considered.
- x) Sustainability including use of environment friendly practices, energy and water efficient technologies may be included.
- xi) Plan of action for the next 25 years for development of the State.
- xii) Cleanliness in Cities/Villages and performance in EK Bharat Shrestha Bharat.

5.3 Specific weights have not been assigned for all the generic parameters as they will vary from sector to sector and project to project. In the case of brownfield projects, due consideration would have to be given to past track record of the institution, existing capacity utilisation, scope for expansion etc.

5.4 In addition to the generic parameters indicated above, Ministries may also include sector specific parameters that capture the particular requirements of the project which may include availability of skilled/technical manpower; availability of raw material; beneficiary proximity; Healthcare, schooling, employment opportunities and other support facilities for family. Ministries may draw up their own parameters and assign weights according to specific requirements of the projects/institutions/schemes for the Challenge Method. However, for providing guidance to the Ministries, Indicative Challenge Parameters along with weights for both Greenfield and Brownfield projects in various sectors have been suggested in **Annexures**.

5.5 **Multi –State Projects:** For projects involving more than one State, the generic and sector specific parameters would be applicable to all the States involved. However, in case a State in the project area does not fulfil the criteria the project would either be considered for dropping or the scope of the project could be limited to the State fulfilling the criteria. The financial contribution of each of the States will be linked to the cost of the project in the State.



## Annexure -1

## 1. Indicative Parameters and weightage for setting up of IIT/IIM - Greenfield

Parameters	Weightage
Early availability of suitable area/ land	30
Provision of utilities( Power, water supply, Drainage)	15
Financial Contribution by States /Innovation	15
Availability of school/college& medical facilities and employment opportunities for family nearby/other urban amenities	10
Connectivity (Road/Rail/Airport)	15
Presence of Industry in the area	10
Fast track single window for clearances (including environment & forest)	5
Total	100

## Annexure -2

## 2. Indicative Parameters and weightage for setting up of AIIMS - Greenfield

Parameters	Weightage
Early availability of suitable area/ land	20
Provision of utilities( Power, water supply, Drainage)	15
Gaps in Tertiary Health Care Facilities	15
Financial Contribution by States / Innovation	10
Availability of school/college& medical facilities and employment opportunities for family nearby	10
Connectivity (Road/Rail/Airport)	15
Per capita income & literacy level of State/ UT	5
Fast track single window for clearances (including environment & forest)	10
Total	100



## Annexure- 3

## 3. Indicative Parameters and weightage for Up gradation of District Hospital to Medical College - Brownfield

Parameters	Weightage
Availability of clear site of required size within the existing District Hospital	20
Distance of nearest Medical college	15
Doctors Per thousand and Bed Density	20
Financial Contribution by States / Innovation	10
Connectivity (Road/Rail/Airport)	15
Availability of school & college facilities nearby	05
Track record in implementation of MoHFW schemes	15
Total	100

## Annexure- 4

## 4. Indicative Parameters and weightage for upgradation of Govt. Medical Colleges - Brownfield

Parameters	Weightage
Availability of clear piece of land of the required size within the existing campus	25
Gap in Super Speciality care	30
Financial Contribution by States / Innovation	10
Availability of faculty and manpower	20
Track record in implementation of MoHFW schemes	10
Availability of school & college facilities nearby	05
Total	100



## Annexure- 5

## 5. Indicative Parameters and weightage for Mega Textile Parks-Greenfield

Parameters	Weightage
Early availability of area/ land	25
Provision of utilities ( Power, water supply, Drainage	10
Financial Contribution by States / Innovation	15
Fast track single window for clearances (including environment & forest)	15
Availability of skilled manpower & raw material	15
Availability of market linkages	10
Connectivity (Road/Rail/Airport)	10
Total	100

## Annexure- 6

## 6. Indicative Parameters and weightage for Textile Parks-Brownfield

Parameters	Weightage
Early availability of area/land	25
Provision of utilities	10
Financial Contribution by States /Innovation	10
Technology up gradation	15
Infrastructure and logistics improvement	15
Size of existing project in terms of employment /investment	10
Impact on additional employment generation and investment	15
Total	100



## 7. Indicative Parameters and weightage for setting up IT Parks - Greenfield

Parameters	Weightage
Early availability of suitable land	20
Provision of utilities (Power, Water Supply and Drainage)	15
Smart infrastructure including OFC connectivity	15
Financial Contribution by States / Innovation	10
Connectivity (Road/Rail/Airport)	10
Availability of schools, colleges and medical facilities nearby	05
Availability of skilled IT manpower	15
Fast track single window for clearances (including environment & forest & Ease of Doing Business)	10
Total	100

## Annexure- 8

## 8. Indicative Parameters and weightage for National Games

Parameters	Weightage
State's financial Contribution for hosting the Games	35
Maintenance & Utilization Plan of infrastructure by State	35
No. of International level players from the State in disciplines included in the Asian games/Common Wealth Games/Olympics	20
No. of Centres for training of National level Players *	10
Total	100

\* Lesser the No. of Centers, more marks to be allocated



## Annexure -9

## 9. Indicative Parameters and weightage for National Youth Festivals

Parameters	Weightage
Availability of Infrastructure (Stadium, Open Spaces and Auditoriums) & provision of utilities	25
Availability of accommodation & catering facilities (for approx.5000 delegates)	20
Local transport, medical facilities and security arrangements	20
Financial Contribution by States/Innovation	15
Connectivity (Road/Rail/Airport)	15
Weather Condition (12 <sup>th</sup> to 16 <sup>th</sup> January)	05
Total	100

\*National Youth Festival is organized every year from 12-16 January

## Annexure -10

## 10. Indicative Parameters and weightage for Railway Projects - Greenfield

Parameters	Weightage
Early availability of suitable land	20
Provision of utilities (power, water supply and Drainage	10
Traffic potential (Passenger/Freight)	15
Absence of facility	15
Financial Contribution by States / Innovation	15
Financial viability/Economic IRR	10
Fast track single window for clearance (including environment & forest)	15
Total	100



## 11. Indicative Parameters and weightage for Railway Projects - Brownfield

Parameters	Weightage
Early availability of land/ Increase in FAR for Station Redevelopment and provision of utilities	25
Financial Contribution by States / Innovation	25
Capacity Utilization of existing lines	20
Financial viability/Economic IRR	15
Fast track single window for clearance (including environment & forest)	15
Total	100

## Annexure -12

## 12. Indicative Parameters for setting up of new Airports - Greenfield

Parameters	Weightage
Early availability of suitable land	25
provision of utilities	10
Potential for passenger traffic	20
Distance from existing airport	15
Financial Contribution by States /Innovation	15
Connectivity to the site (Multimodal)	10
Fast track single window for clearance (including environment & forest)	05
Total	100



## Annexure -13

## 13. Indicative Parameters and weightages for Upgradation of Airports – Brownfield

Parameters	Weightage
Availability of adequate land and provision of utilities	35
Capacity utilisation of existing airport/ Potential for passenger traffic	30
Financial Contribution by States / Innovation	15
Connectivity to the site (Multimodal)	10
Fast track single window for clearance (including environment & forest)	10
Total	100

Annexure -14

14. Indicative Parameters for Regional Connectivity Airports\*

Parameters	Weightage
Early availability of suitable land and provision of utilities	25
Financial Contribution by States / Innovation	20
Distance from nearest airport	20
Potential for passenger traffic including tourism potentials	25
Connectivity to the site (Multimodal)	10
Total	100

\* To be set up in places where airlines have committed to fly



## Annexure -15

## 15. Indicative Parameters and weightages for Road Projects - Greenfield

Parameters	Weightage
Early availability of suitable land and provision of utilities	30
Existing road network & potential for traffic	30
Financial Contribution by States / Innovation	10
Availability of earth	10
Financial viability/Economic IRR	10
Fast track single window for clearance (including environment & forest)	10
Total	100

Annexure -16

16. Indicative Parameters and weightages for Road Projects - Brownfield

Parameters	Weightage
Early availability of suitable land and provision of utilities	30
Congestion on existing road network & potential for traffic	30
Financial Contribution by States / Innovation	10
Availability of earth	10
Financial viability/Economic IRR	10
Fast track single window for clearance (including environment & forest)	10
Total	100

## Annexure -17

## 17. Indicative Parameters and weightages for Thermal Power Projects - Greenfield

Parameters	Weightage
Early availability of suitable land and provision of utilities	10
Water A.V(flowing Water)	10
Fuel Linkages-Proximity of coal	15
Fast track single window for clearance and past record (including environment & forest)	05
Power Purchase Agreement (at Least 65%)	15
Technology and Size	15
Financial Contribution by States / Innovation	05
Connectivity (Rail, Road, Gas pipeline, port)	05
Evacuation infrastructure	10
Disposal of Fly Ash	10
Total	100



## Annexure -18

## 18. Indicative Parameters weightages for Thermal Power Projects - Brownfield

Parameters	Weightage
Early availability of suitable land and provision of utilities	10
Water A.V(flowing water)	05
Fuel linkages-Proximity of Coal	15
Power Purchase Agreement (at least 65%)	20
Fast track single window for clearance (including environment & forest)	10
Financial Contribution by States/Innovation	10
Disposal of fly ash	15
Technology and size	15
Total	100

Z-28016/196/2016 – SSH  
Government of India  
Ministry of Health and Family Welfare  
PMSSY Division  
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Annexure -II

Nirman Bhawan, New Delhi  
dated the 1<sup>st</sup> March, 2017

ORDER

**SUBJECT : PROCUREMENT PROCEDURE POLICY OF MEDICAL EQUIPMENTS FOR PROCUREMENT OF MEDICAL EQUIPMENTS UNDER PHASES I, II AND III OF PMSSY**

1. The Pradhan Mantri Swastha Suraksha Yojana (PMSSY) Division is looking after establishment of new AIIMS along with upgradation of existing Government Medical Colleges (GMCs) throughout the country. At present, the PMSSY Division has embarked on setting up of 20 AIIMS / AIIMS like institutions and upgradation of 73 existing Government Medical Colleges (GMCs) in the country under different phases of PMSSY. An integral part of setting up of new AIIMS and upgradation of GMCs is procurement of medical equipments which is being handled by the designated Procurement Support Agency (PSA) i.e. HITES a 100% subsidiary of HLL Lifecare Limited, for Phases I, II and III of PMSSY. It is pertinent to mention that HLL Lifecare Limited has obtained ISO 9001:2008 for their Procurement and Consultancy Services Division.
2. Although HLL has been appointed as Procurement Support Agency (PSA) for procurement of medical equipments since 2009 for Phase I and 2013 for Phase II, yet it has been observed that there have been considerable delays in procurement mainly due to several approvals needed from the Ministry in which the PMSSY Division do not have in-house expertise resulting in delay of approvals. This has necessitated revision of existing procedure and policy to simplify the processes with an aim to achieve greater speed, efficiency, transparency and delivery of services at ground level.
3. Accordingly the policy and procedure for procurement of medical equipment is revised as brought out below :

Sl. No.	ACTIVITY	RESPONSIBILITY	REMARKS	Time-line
1	Gap Analysis, preparation of preliminary list of requirement and draft technical specification	PSA	<ul style="list-style-type: none"><li>PSA will be assigned the responsibility of survey, gap-viability analysis and preparing List of Requirements (LoR) for each institution in consultation with the</li></ul>	<ul style="list-style-type: none"><li>The draft LoR and technical specification has been forwarded to all the 39 medical colleges.</li></ul>

*(Signature)*

Sl. No.	ACTIVITY	RESPONSIBILITY	REMARKS	Time-line
			<p>listed institutions in Phase III of PMSSY</p> <ul style="list-style-type: none"> <li>The preparation of specifications of the equipments will be done by the PSA through a Technical Specification Committee (TSC), members of which are to be drawn from the AIIMS and other Institutes of National Importance (INI).</li> </ul>	<ul style="list-style-type: none"> <li>The approved list of equipment has been received from 25 hospitals</li> <li>It is expected to receive the list of equipment from remaining hospitals by the end of January, 2017</li> <li>60 days</li> </ul>
2	Approval of Specifications	PSA	<ul style="list-style-type: none"> <li>The Ministry will obtain list of Speciality wise panel of experts from AIIMS, INIs, and Organizations with outstanding reputation and will make this list available to the PSA. PSA may chose required no. of experts, minimum two, from the panel given by the Ministry for each specialty</li> <li>PSA should keep in view the quality benchmark of equipment vis-à-vis expenditure of the public money and sustainability</li> <li>PSA should take into account different brochures, draft specifications etc. so that multi-vendor and genuine manufacturer participation is achieved in a transparent manner</li> <li>PSA will be conducting the process; including preparing of Technical Specification of equipments through Technical Specification Committee (TSC),</li> </ul>	<ul style="list-style-type: none"> <li>45 days from the date of receipt of approved LoR and technical specification from all medical colleges/institutions</li> </ul>



Sl. No.	ACTIVITY	RESPONSIBILITY	REMARKS	Time-line
			preparation of minutes, clarifying queries / doubts, disposal of representations and any other activity pertaining to the procurement process.	
3	Approval of pre-bid amendments	PSA	<ul style="list-style-type: none"> <li>PSA should get approved any new/changes in technical specification in pre-bid stage from the Technical Specification Committee.</li> <li>For Commercial issues raised by the bidder, the PSA should get the issues examined by its internal Commercial Evaluation Committee and take a decision in accordance with the provisions of GFR, DEPR, CVC /Vigilance notifications and any extant legal / financial / Commercial notification of Govt. of India</li> <li>PSA will be responsible for adherence to all extant Govt. of India guidelines, rules, instructions etc.</li> </ul>	<ul style="list-style-type: none"> <li>15 days from the date of pre-bid meeting</li> </ul>
4	Disposal of representations / complaints	PSA	PSA should examine and suitably dispose the representations / complaints received by it with regard to tendering process. However, the Ministry may, if it considers necessary in the course of examination of any representation / complaint received by it, call for the report / status from PSU and pass orders as appropriate	<ul style="list-style-type: none"> <li>7 days from the date of receipt of representation/ complaint</li> </ul>
<b>NOTE :</b> Time taken from finalization of specification / NIT of equipments to Techno-Commercial bid opening should be completed within two months				

Sl. No.	ACTIVITY	RESPONSIBILITY	REMARKS	Time-line
5	Technical, Commercial and Financial bid evaluation	PSA	Technical, Commercial and Financial bid evaluation will be done by PSA in accordance with the provisions of GFR, DFPR, CVC /Vigilance notifications and any other extant legal / financial / Commercial notification. The final evaluation report will be submitted to the Ministry for concurrence of IFD before submission to IPC.	<ul style="list-style-type: none"> <li>45 days from the date of opening of tender</li> </ul>
6	Placement in IPC	PSA	PSA should make arrangements for convening of IPC in consultation with the Ministry. The Minutes of IPC shall be submitted to Ministry for approval.	<ul style="list-style-type: none"> <li>Two weeks from the date of receipt of IFD concurrence from Ministry</li> </ul>
7	Approval of IPC and release of fund for issue of Notification of Award (NoA)	Ministry	Based on the decision taken in by the IPC, the Ministry shall communicate approval of the competent authority to the PSA with concurrence of IFD for issue of NOA and will also release the necessary funds to PSA with concurrence of IFD	<ul style="list-style-type: none"> <li>Two weeks from the date of submission of IPC minutes</li> </ul>
8	Placement of order	PSA	PSA should place orders in terms of the approval communicated in a reasonable time	<ul style="list-style-type: none"> <li>7 days from the date of receipt of approval for placement of order</li> </ul>
<b>NOTE : Time taken from Techno-Commercial evaluation to Placement of Order should be completed within two months</b>				
9	Submission of CRC and FAC	PSA	Consignee Receipt Certificate (CRC) and Final Acceptance Certificate (FAC) to be procured by PSA and submitted to the Ministry	To be done by the PSA in consultation with user institutes according to their preparedness. Hence no time limit has been fixed.

#### ROLES AND RESPONSIBILITIES OF PROCUREMENT SUPPORT AGENT

- Ensure Procurement of State-of-art, genuine, reliable medical equipment with emphasis on ensuring protection of public interest through savings, quality etc.
- Strict compliance of GFR / CVC Guidelines
- Ensure multi- vendor participation and procurement of Made in India medical equipments wherever applicable



- Provide all possible support to the Ministry as and when required
- Link up process of procurement with construction at sites

### RECEIPTS AND ACCEPTANCE OF THE EQUIPMENTS

Receipts and Acceptance to be done by each Institute duly facilitated by PSA

#### **Consignee Receipt Certificate (CRC)**

- To be furnished by relevant committee / officials as designated by the Institute.
- CRC to be countersigned by the Principal / Dean of the Institute.
- CRC will be in format supplied by PSA

#### **Final Acceptance Certificate (FAC)**

- To be furnished by relevant committee / officials as designated by the Institute.
- FAC to be countersigned by the Principal / Dean of the Institute.
- FAC will be in format supplied by PSA

### FEES AND PAYMENTS

Fees will be paid to the PSA as per agreement

The above order issues with the concurrence of IFD and approval of Hon'ble Minister of Health and Family Welfare for strict adherence by all concerned.

*S. C. Rajeev*  
(S. C. Rajeev)

Director (PMSSY)

Tel : 23062205

Copy to :

- PS to Hon'ble MoHFW / PS to Hon'ble MoS (MoHFW)
- PPS to Secretary/ AS & FA / AS (H) / JS (Procurement) of MoHFW
- CEO HITES, Noida
- CMD, HLL Lifecare Ltd. Thiruvananthapuram
- Principal of all 39 Government Medical Colleges in Phase III of PMSSY
- Director, Directorate of Medical Education & Research of all concerned State Governments
- Director (EPW), MoHFW
- Director (IFD), MoHFW
- NIC, MoHFW for hosting on website



No. Z-28016/69/2018-PMSSY-I (EO-3167517)  
Government of India  
Ministry of Health & Family Welfare  
PMSSY-I Section

Nirman Bhawan, New Delhi-110108  
Dated the 13th August, 2018

To  
CEO, HITES,

B-14A, Sector 62,

NOIDA - 201307 (UP)

Subject: Procurement Procedure Policy for procurement of Medical Equipment for Upgradation Projects under PMSSY.

Sir,

I am directed to refer to HITES' letter No. HITES/PCD/PMSSY/Phase-IV&V/18-19/668 dated 07.05.2018 on the above subject and to say that the Procurement Procedure Policy for procurement of Medical Equipment for projects under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) issued vide this Ministry's Order No. Z-28016/196/2016-SSH dated 1.3.2017 (copy enclosed) will be applicable in the case of procurement of medical equipment for all Upgradation Projects under PMSSY including those under Phase - IV & V(A). It is also clarified that the policy is framed for the procurement of medical equipment to be made through the Procurement Support Agency (PSA) only.

Enclosure: As above.

Yours faithfully,

(Bikramjit Choudhury)  
Under Secretary to the Government of India  
e-mail: b.choudhury46@nic.in

Copy forwarded to:

1. Principal Secretary/ Secretary (HFW/Medical Education) (as per list enclosed)
2. Director/Principal/Dean of GMCIs (PMSSY Phase-IV & V(A))
3. Chief Engineer (WZ-V), CPWD, Raipur.
4. Chief Engineer (EZ-II), CPWD, 1st Floor, Karpuri Thakur Sadan, Patna-800025.
5. Chief Engineer (SZ-V), CPWD, CGO Complex, Poonkulam, Thiruvananthapuram.
6. Project Manager, BIU, CPWD, Varanasi.
7. CMD, HSCC (H.Ltd., E-6(A), Sector 1, Noida - UP - 201301.
8. CMD, HLL, B-14A, Sector 62, NOIDA - 201307 (UP)
9. Bridge & Roof Co. (I) Ltd, B-22, 2<sup>nd</sup> Floor, Himalaya House, 23, KG Marg, CP, New Delhi - 110001.

Z-28016/196/2016 – SSH  
Government of India  
Ministry of Health and Family Welfare  
PMSSY Division

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Nirman Bhawan, New Delhi  
dated the 1<sup>st</sup> March, 2017

ORDER

**SUBJECT : PROCUREMENT PROCEDURE POLICY OF MEDICAL EQUIPMENTS FOR PROCUREMENT OF MEDICAL EQUIPMENTS UNDER PHASES I, II AND III OF PMSSY**

1. The Pradhan Mantri Swastha Suraksha Yojana (PMSSY) Division is looking after establishment of new AIIMS along with upgradation of existing Government Medical Colleges (GMCs) throughout the country. At present, the PMSSY Division has embarked on setting up of 20 AIIMS / AIIMS like institutions and upgradation of 73 existing Government Medical Colleges (GMCs) in the country under different phases of PMSSY. An integral part of setting up of new AIIMS and upgradation of GMCs is procurement of medical equipments which is being handled by the designated Procurement Support Agency (PSA) i.e. HITES a 100% subsidiary of HLL Lifecare Limited, for Phases I, II and III of PMSSY. It is pertinent to mention that HLL Lifecare Limited has obtained ISO 9001:2008 for their Procurement and Consultancy Services Division.
2. Although HLL has been appointed as Procurement Support Agency (PSA) for procurement of medical equipments since 2009 for Phase I and 2013 for Phase II, yet it has been observed that there have been considerable delays in procurement mainly due to several approvals needed from the Ministry in which the PMSSY Division do not have in-house expertise resulting in delay of approvals. This has necessitated revision of existing procedure and policy to simplify the processes with an aim to achieve greater speed, efficiency, transparency and delivery of services at ground level.
3. Accordingly the policy and procedure for procurement of medical equipment is revised as brought out below :

Sl. No.	ACTIVITY	RESPONSIBILITY	REMARKS	Time-line
1	Gap Analysis, preparation of preliminary list of requirement and draft technical specification	PSA	<ul style="list-style-type: none"><li>PSA will be assigned the responsibility of survey, gap-viability analysis and preparing List of Requirements (LoR) for each institution in consultation with the</li></ul>	<ul style="list-style-type: none"><li>The draft LoR and technical specification has been forwarded to all the 39 medical colleges.</li></ul>





Sl. No.	ACTIVITY	RESPONSIBILITY	REMARKS	Time-line
			<ul style="list-style-type: none"> <li>listed institutions in Phase III of PMSSY</li> <li>The preparation of specifications of the equipments will be done by the PSA through a Technical Specification Committee (TSC), members of which are to be drawn from the AIIMS and other Institutes of National Importance (INI).</li> </ul>	<ul style="list-style-type: none"> <li>The approved list of equipment has been received from 25 hospitals</li> <li>It is expected to receive the list of equipment from remaining hospitals by the end of January, 2017</li> <li><b>60 days</b></li> </ul>
2	Approval of Specifications	PSA	<ul style="list-style-type: none"> <li>The Ministry will obtain list of Speciality wise panel of experts from AIIMS, INIs, and Organizations with outstanding reputation and will make this list available to the PSA. PSA may chose required no. of experts, minimum two, from the panel given by the Ministry for each specialty</li> <li>PSA should keep in view the quality benchmark of equipment vis-à-vis expenditure of the public money and sustainability</li> <li>PSA should take into account different brochures, draft specifications etc. so that multi-vendor and genuine manufacturer participation is achieved in a transparent manner</li> <li>PSA will be conducting the process; including preparing of Technical Specification of equipments through Technical Specification Committee (TSC),</li> </ul>	<ul style="list-style-type: none"> <li><b>45 days</b> from the date of receipt of approved LoR and technical specification from all medical colleges/institutions</li> </ul>

*Signature*



Sl. No.	ACTIVITY	RESPONSIBILITY	REMARKS	Time-line
			preparation of minutes, clarifying queries / doubts, disposal of representations and any other activity pertaining to the procurement process.	
3	Approval of pre-bid amendments	PSA	<ul style="list-style-type: none"> <li>PSA should get approved any new/changes in technical specification in pre-bid stage from the Technical Specification Committee.</li> <li>For Commercial issues raised by the bidder, the PSA should get the issues examined by its internal Commercial Evaluation Committee and take a decision in accordance with the provisions of GFR, DFPR, CVC /Vigilance notifications and any extant legal / financial / Commercial notification of Govt. of India</li> <li>PSA will be responsible for adherence to all extant Govt. of India guidelines, rules, instructions etc.</li> </ul>	<ul style="list-style-type: none"> <li>15 days from the date of pre-bid meeting</li> </ul>
4	Disposal of representations / complaints	PSA	PSA should examine and suitably dispose the representations / complaints received by it with regard to tendering process. However, the Ministry may, if it considers necessary in the course of examination of any representation / complaint received by it, call for the report / status from PSU and pass orders as appropriate	<ul style="list-style-type: none"> <li>7 days from the date of receipt of representation/ complaint</li> </ul>
<b>NOTE : Time taken from finalization of specification / NIT of equipments to Techno-Commercial bid opening should be completed within two months</b>				

Sl. No.	ACTIVITY	RESPONSIBILITY	REMARKS	Time-line
5	Technical, Commercial and Financial bid evaluation	PSA	Technical, Commercial and Financial bid evaluation will be done by PSA in accordance with the provisions of GFR, DFPR, CVC /Vigilance notifications and any other extant legal / financial / Commercial notification. The final evaluation report will be submitted to the Ministry for concurrence of IFD before submission to IPC.	<ul style="list-style-type: none"> <li>45 days from the date of opening of tender</li> </ul>
6	Placement in IPC	PSA	PSA should make arrangements for convening of IPC in consultation with the Ministry. The Minutes of IPC shall be submitted to Ministry for approval.	<ul style="list-style-type: none"> <li>Two weeks from the date of receipt of IFD concurrence from Ministry</li> </ul>
7	Approval of IPC and release of fund for issue of Notification of Award (NoA)	Ministry	Based on the decision taken in by the IPC, the Ministry shall communicate approval of the competent authority to the PSA with concurrence of IFD for issue of NOA and will also release the necessary funds to PSA with concurrence of IFD	<ul style="list-style-type: none"> <li>Two weeks from the date of submission of IPC minutes</li> </ul>
8	Placement of order	PSA	PSA should place orders in terms of the approval communicated in a reasonable time	<ul style="list-style-type: none"> <li>7 days from the date of receipt of approval for placement of order</li> </ul>
<b>NOTE : Time taken from Techno-Commercial evaluation to Placement of Order should be completed within two months</b>				
9	Submission of CRC and FAC	PSA	Consignee Receipt Certificate (CRC) and Final Acceptance Certificate (FAC) to be procured by PSA and submitted to the Ministry	To be done by the PSA in consultation with user institutes according to their preparedness. Hence no time limit has been fixed.

#### ROLES AND RESPONSIBILITIES OF PROCUREMENT SUPPORT AGENT

- Ensure Procurement of State-of-art, genuine, reliable medical equipment with emphasis on ensuring protection of public interest through savings, quality etc.
- Strict compliance of GFR / CVC Guidelines
- Ensure multi- vendor participation and procurement of Made in India medical equipments wherever applicable



- Provide all possible support to the Ministry as and when required
- Link up process of procurement with construction at sites

### RECEIPTS AND ACCEPTANCE OF THE EQUIPMENTS

Receipts and Acceptance to be done by each Institute duly facilitated by PSA

#### **Consignee Receipt Certificate (CRC)**

- To be furnished by relevant committee / officials as designated by the Institute.
- CRC to be countersigned by the Principal / Dean of the Institute.
- CRC will be in format supplied by PSA

#### **Final Acceptance Certificate (FAC)**

- To be furnished by relevant committee / officials as designated by the Institute.
- FAC to be countersigned by the Principal / Dean of the Institute.
- FAC will be in format supplied by PSA

### FEES AND PAYMENTS

Fees will be paid to the PSA as per agreement

The above order issues with the concurrence of IFD and approval of Hon'ble Minister of Health and Family Welfare for strict adherence by all concerned.

*S. C. Rajeev* 01/3/17  
(S. C. Rajeev)

Director (PMSSY)

Tel : 23062205

Copy to :

- PS to Hon'ble MoHFW / PS to Hon'ble MoS (MoHFW)
- PPS to Secretary/ AS & FA / AS (H) / JS (Procurement) of MoHFW
- CEO HITES, Noida
- CMD, HLL Lifecare Ltd. Thiruvananthapuram
- Principal of all 39 Government Medical Colleges in Phase III of PMSSY
- Director, Directorate of Medical Education & Research of all concerned State Governments
- Director (EPW), MoHFW
- Director (IFD), MoHFW
- NIC, MoHFW for hosting on website



No.Z-28016/26/2018-PMSSY-II/EO-3187283

Government of India  
Ministry of Health & Family Welfare  
(PMSSY-I Section)

Annexure - III

3<sup>rd</sup> Floor, Indian Red Cross Society Building,  
Red Cross Road, New Delhi-110001  
Dated the 29<sup>th</sup> July, 2019

To

1. Director, AIIMS, New Delhi
2. All AIIMS under Phase IV, V, VI, VII and VIII of PMSSY
3. All Mentor Institutes in respect of the new AIIMS under PMSSY
4. COO, HITES, B-14B, Sector 62, NOIDA – 201307 (UP)

Subject:- Transfer of procurement activity in respect of new AIIMS under PMSSY, from MoHFW to AIIMS, New Delhi/individual AIIMS.

Sir,

I am directed to say that the matter regarding transfer of procurement activity in respect of new AIIMS under PMSSY, from the Ministry to AIIMS, New Delhi has been discussed in the meeting of Central Institute Body of AIIMS held on 24.1.2019 and the following decision has been taken on the matter:

*"AIIMS, Delhi may combine the requirement of other AIIMS with its own, while procuring its own equipment of proposed category, with same specifications for other AIIMS, as per the existing delegated financial powers. However, final decision may be left to individual AIIMS to decide regarding such equipment. Other equipment may be procured by individual AIIMS by themselves with the help of their mentoring Institutes, as required. However, in view of delegated powers of Director, AIIMS, New Delhi being restricted to accept tenders of only upto Rs.50 Crores, procurement of such high end equipment of more than one AIIMS would mean that the matter would have to be taken to SFC, which would mean substantial delays, not only for new AIIMS, but also for AIIMS, New Delhi."*

2. The details of new AIIMS being established under PMSSY Phase-IV to VIII are as under:-

S. No.	Name of State	Name of AIIMS	Phase	Mentor Institute	Allocation of funds approved for medical equipment (Rs. Cr)
1	Andhra Pradesh	Mangalagiri	IV	AIIMS Raipur	285
2	Maharashtra	Nagpur	IV	AIIMS Raipur	285
3	West Bengal	Kalyani	IV	AIIMS Bhubaneswar	285
4	Uttar Pradesh	Gorakhpur	IV	AIIMS Jodhpur	180
5	Punjab	Bathinda	V	PGI, Chandigarh	178
6	Assam	Guwahati	V	AIIMS Bhubaneswar	178
7	Himachal Pradesh	Bilaspur	V	PGI, Chandigarh	185.32

8	Tamil Nadu	Madurai	V	JIPMER, Puducherry	185.5
9	Jammu & Kashmir	Jammu	V	AIIMS Rishikesh	185.32
10		Srinagar	V	AIIMS Rishikesh	185.32
11	Bihar	Location not specified	V	AIIMS Patna	
12	Jharkhand	Deoghar	VI	AIIMS, Patna	185.32
13	Gujarat	Rajkot	VI	AIIMS, Jodhpur	185.32
14	Telangana	Bibinagar	VII	AIIMS, Bhopal	185.00
15	Haryana	Manethi, Rewari	VIII	To be decided	185.32

3. As per the decentralized procurement scheme for procurement of medical equipments under the DPR, the new AIIMS may combine the requirement for major equipment like CT Scan, MRI, LINAC, PET Scan, Cath Lab Equipment, Digital Radiography machine, Biplane DSA and Gamma Camera with that of AIIMS, New Delhi. However, a final decision in this regard may be taken by the individual AIIMS. All other items may be procured by the individual Institute/mentor Institute.

4. In respect of AIIMS projects under PMSSY Phase-IV & V mentioned at S.No.1 to 11 above, M/s HLL Infra Tech Services Ltd. (HITES) has been appointed as Procurement Support Agency for procurement of medical equipment. The role and responsibilities of AIIMS, Delhi, other AIIMS and the PSA with reference to the AIIMS for which M/s HITES has been appointed as PSA will be as under:

- i. The new AIIMS/the respective Mentor Institute will be responsible for overall procurement of medical equipment for the new upcoming AIIMS covered in DPR of the respective Institute(s). For this purpose, they will finalize the list of medical equipment, to be procured under the sanctioned project wherever not yet done. The PSA will provide needed support in this exercise.
- ii. In case of major medical equipments mentioned above, the individual AIIMS/respective Mentor Institute will make a request to AIIMS, Delhi to carry out the procurement along with the timeframe by which delivery and installation of the medical equipment is required. The PSA will provide necessary support to AIIMS, Delhi in procurement of these medical equipment as per the scope of work of PSA in terms of the Agreement between the Ministry and the PSA. If need be, the specifications for these equipments may also be finalized with the support of AIIMS, Delhi.
- iii. In case of medical equipments, other than the major equipments covered under (ii) above, the individual Institute will arrange to make procurement of the medical equipments with the support of PSA.
- iv. The PSA will provide necessary support to the individual Institute/Mentor Institute in terms of the Agreement between this Ministry and the PSA.
- v. Individual Institute/Mentor Institute will seek HEFA funding appropriately on demands of funds from the PSA, from time to time. The requirement of HEFA funding will be made by the individual Institute/Mentor Institute for the procurement of DPR equipment item to be made by it as well as for the procurement to be made through AIIMS, Delhi.
- vi. The PSA shall seek instructions from AIIMS, New Delhi and the respective AIIMS/mentor Institute in the matter of procurement.
- vii. Payment of the consultancy fee to the PSA will be arranged by the PMSSY Division on the approved rates as per the agreement.



5. For new AIIMS taken up in subsequent phases (i.e. beyond Phase-V), where the PSA has not been appointed by the Ministry, there will be no centralized appointment of the PSA in view of the decentralization of the procurement activity to the respective AIIMS/mentor Institutes and to AIIMS, Delhi. Individual AIIMS/mentor Institutes and to AIIMS, Delhi may suitably consider appointment of PSA in case they are not in a position to make procurement through their in-house teams. Funds towards the consultancy fee payable to the PSA, if engaged by the Institute/ mentor institute/ AIIMS Delhi will be arranged from the PMSSY budget.

6. All procurement should be ensured in synchronization with the progress of construction.

Yours faithfully,



(Jitendra Arora)  
Director

Copy to:

1. PPS to JS(PMSSY)
2. File No.Z-28016/1/2018-PMSSY-I/EO-3194062



Z-28016/63/2019-PMSSY-IV  
Government of India  
Ministry of Health and Family Welfare  
PMSSY-IV Section  
\*\*\*

3<sup>rd</sup> Floor, IRCS Building, New Delhi  
Dated the June, 2019

To

1. The Director, AIIMS Bhopal
2. The Director, AIIMS Bhubaneswar
3. The Director, AIIMS Jodhpur
4. The Director, AIIMS Patna
5. The Director, AIIMS Raipur
6. The Director, AIIMS Rishikesh
7. The Director, AIIMS Mangalagiri
8. The Director, AIIMS Nagpur
9. The Director, AIIMS Kalyani

Subject: Forwarding the Standard Staffing Pattern to new AIIMS-reg.

Madam/Sir,

It has come to the notice of this Ministry that many new AIIMS established under PMSSY are advertising posts that have not been recommended in the 2<sup>nd</sup> CIB meeting.

2. In order to have uniformity in major policy matters across all the new AIIMS being setup and existing AIIMS, a Central Institute Body (CIB) has been constituted on 28<sup>th</sup> June, 2018 under the chairmanship of Hon'ble Minister of Health and Family Welfare as an overarching and administrative structure for AIIMS with a view to bring about more efficient governance in new AIIMS and consider major common policy matters.

o/c 3. The CIB in its 1st meeting held on 16.07.2018 approved the proposal based on the recommendations of committee of the Directors of six AIIMS, regarding rationalization & creation of posts in new AIIMS under PMSSY, as standard staffing pattern for new AIIMS, with some modifications (CIB Agenda item no. 1/3). However, a proposal from AIIMS Delhi was received furnishing the projection of staff for 750 bedded new AIIMS and 960 bedded AIIMS. In the 2nd meeting of CIB, the above said proposal from AIIMS Delhi was considered and included.

4. It is stated that proposals for rationalization/creation of posts have been moved and are pending with DoE at present.

5. Therefore, the minutes of the 1<sup>st</sup> and 2<sup>nd</sup> CIB meeting as well as the standard Staffing pattern is being forwarded to the new AIIMS for information and necessary action. The proposal for creation of additional posts recommended for creation by the CIB is still not approved by the DoE. As these posts are not yet created, it would not be in order to fill up such posts. It is also advised that all AIIMS may plan recruitments only in line with the Standard Staffing Pattern as approved in the 2nd meeting of the CIB. If there would still remain some gaps, proposal for creation of additional posts may be considered to be brought before the CIB through AIIMS Delhi.

Yours faithfully,

Encl. as above.

Signature valid

  
Digitally signed by S. SITANSU MOHAN  
ROUTRAY  
Date: 2019.06.20 15:37:15 IST  
Reason: Approved

(Sitansu Mohan Routray)  
Deputy Secretary to the Govt. of India  
Tel. 011-23350005

Copy for information and necessary action:

1. All Directors of new AIIMS
2. Mentor Institutes for all new AIIMS
3. PS to Director, AIIMS New Delhi
4. DD(A)s of all new AIIMS
5. PS to JS(SS)

timely completion of projects, especially in new AIIMS. Addl. Secretary also submitted that the scheduled date of completion of different projects should not be extended without proper justification. He further suggested that the new AIIMS may prepare catch up plans in case of delay and monitor progress of the projects accordingly. DPRs should be prepared carefully and inter departmental issues should be sorted out before approval of DPRs. AIIMS planning to start classes/ OPD next year must send proposals for creation of posts immediately.

In regards to recruitment of faculty, the President desired to know whether any policy level changes are required for improving the positions of faculty in different AIIMS. It was clarified by Directors that faculty has been leaving only if they are on contract and they secure regular appointments. Some have quit on getting appointments in other INIs closer to their home states. No systemic changes are warranted to attract faculty.

**4. Item No.CIB-2/4: Measures to improve faculty strength in new AIIMS**

CIB was intimated that a Committee of Directors under the chairmanship of Director AIIMS, New Delhi has deliberated the issue as decided by CIB in its 1<sup>st</sup> meeting and has preferred two cycles each of regular and contractual recruitment. The regular recruitment may be done at institute level while combined contractual recruitment may be done. Director AIIMS Nagpur suggested that a combined selection committee for regular recruitment may not be desirable, however, the same may be carried out on regional basis to address regional preference of faculty members. The President desired as there are serious shortage at senior level faculty members, all Directors of AIIMS may discuss the issue immediately and suggest suitable methodology without compromising the quality. While devising this methodology, focus on combined regular recruitment at fixed periodicity must be maintained so that critical shortage at senior faculty levels can be addressed.

**5. Item No.CIB-2/5: Standard Staffing Pattern for new AIIMS:** DDA AIIMS, Delhi submitted that the details of posts of faculty and non-faculty members for 960 and 750 bed hospitals have been included. Secretary HF&W desired that the break-up of posts desired in different phases may



also be demarcated with year wise details. It was also decided that the posts of Director, DDA, MS, FA, SE and CAO may also be included in the standard staffing pattern.

6. **Item No.CIB-2/6: Proposal for transfer of procurement of Medical Equipment's activity from Ministry to AIIMS:** DDA AIIMS Delhi submitted that the committee of Directors of different AIIMS have recommended that mentor AIIMS may take up procurement requirement of new AIIMS with M/s HITES as PSA (Procurement Support Agency). Secretary, HF&W desired that the major equipment may be procured by AIIMS Delhi. Director AIIMS submitted that there are constraints in AIIMS Delhi as it has its own requirement of early commissioning of NCI and other new blocks are coming up, which are otherwise getting delayed. Director AIIMS Nagpur stated that some equipment supplied by M/s HITES is of no use at present as the buildings are not ready. She also submitted that equipment procured now would get outdated by the time the infrastructure and faculty is in position. Secretary HF&W stated that M/s HITES must make procurement action in consultation with the users. Additional Secretary stated that NITI Aayog has also mooted the model of wet lease and life cycle cost for procurement of medical equipment. Director AIIMS submitted while concept of life cycle cost has been worked out in some of equipment, the concept of wet lease may not be appropriate in academic institution like AIIMS as wet lease works on outsourced basis and the Resident doctors then will not get any experience of working on such equipment which would be detrimental to education and research. The President desired that suggestion of NITI Aayog may be examined separately and may be included as an agenda note in the next CIB. The President desired that Director AIIMS Jodhpur and Raipur may deliberate and submit their joint recommendation on major (high value) equipment which would be procured through AIIMS Delhi while the rest are procured by the respective Institutes/Mentor Institutes.

### **Agenda No CIB-2/5: Standard Staffing Pattern for new AIIMS**

- I. Introduction:** CIB in its first meeting has approved the standard staffing pattern for new AIIMS, with the condition that creation of posts would be with the approval of Department of Expenditure.
- II. Points for Consideration:** The Ministry has sought the details of breakups in earlier approved staffing pattern for new AIIMS.
- (a) **Faculty Posts:** The details of department wise posts for 750 beds and 960 beds as approved by CIB are mentioned at page 9-11 of main agenda notes, summarized as below:

	<b>750 Beds</b>	<b>960 Beds</b>
<b>For MBBS</b>	<b>159</b>	<b>315</b>
<b>For PG/Super Specialization</b>	<b>86</b>	<b>171</b>
<b>Sr Residents</b>	<b>260</b>	<b>600</b>
<b>Junior Residents</b>	<b>260</b>	<b>600</b>

The details of faculty posts in various departments are mentioned at **Annexure-1**.

- (b) **No of SR/JRs:** The Ministry has sought the justification for proposed strength of SR/JR for 750/960 bedded AIIMS. In this regards, it is submitted that the number of residents for 750 bed hospital (520) is rationalized on bed strength given by the Nagarkar Committee with which AIIMS New Delhi concurs. The number of residents required varies with the type of services being provided and cannot be directly proportional to the beds since a number of services may not require beds but require residents. This is evident in the comparison of services between 960 and 750 bedded where some of the major expansion in faculty is in discipline of Anesthesia, Dentistry, Community Medicine, Pathology and Microbiology, which do not require beds but will require extra residents. Further the recommendation for 1200 residents for 960 bedded AIIMS is based on the actual experience of these new AIIMS

and is within the norms for recruitment of residents at AIIMS, New Delhi.

(c) **Non-Faculty Posts:** The details of non-faculty staff were not worked out for 750 beds. The same has been worked out for both 960 & 750 beds AIIMS and are given in **Annexure-2**.

(d) **Recruitment Rules:** Existing Recruitment Rules (RRs) of AIIMS New Delhi may be followed, except for the posts for which new recruitment rules by new AIIMS may have been approved.

**III. Approval Sought:** The standard staffing pattern for 960 & 750 bedded AIIMS is placed for CIB's approval.



## Annexure-1

## 1. Details of pay scales (post wise):

Professor	A	37400-67000+AGP 10500+NPA
Additional Professor	A	37400-67000+AGP 9500+NPA
Associate Professor	A	37400-67000+AGP 9000+NPA
Assistant Professor	A	15600-39100+AGP 8000+NPA

## 2. No of Posts for 960 beds hospital:

S. No	Department	Designation	No of Posts
1	Anatomy	Professor	1
		Additional Professor	1
		Associate Professor	2
		Assistant Professor	6
2	Physiology	Professor	2
		Additional Professor	1
		Associate Professor	4
		Assistant Professor	4
3	Biochemistry	Professor	1
		Additional Professor	1
		Associate Professor	1
		Assistant Professor	8
4	Pathology/Lab Med	Professor	1
		Additional Professor	1
		Associate Professor	2
		Assistant Professor	12
5	Microbiology	Professor	1
		Additional Professor	1
		Associate Professor	2

		Assistant Professor	11
6	Pharmacology	Professor	1
		Additional Professor	1
		Associate Professor	1
		Assistant Professor	4
7	Forensic Medicine And Toxicology	Professor	1
		Additional Professor	1
		Associate Professor	1
		Assistant Professor	4
8	Community And Family Medicine	Professor	1
		Additional Professor	1
		Associate Professor	1
		Assistant Professor	9
9	General Medicine	Professor	2
		Additional Professor	1
		Associate Professor	2
		Assistant Professor	10
10	Dermatology	Professor	1
		Additional Professor	1
		Associate Professor	1
		Assistant Professor	5
11	Psychiatry	Professor	1
		Additional Professor	1
		Associate Professor	1
		Assistant Professor	7
12	Paediatrics	Professor	1
		Additional Professor	1
		Associate Professor	2
		Assistant Professor	10
13	General Surgery	Professor	3
		Additional Professor	1
		Associate Professor	3
		Assistant Professor	9
14	Orthopaedics	Professor	1

		Additional Professor	1
		Associate Professor	2
		Assistant Professor	6
15	Ophthalmology	Professor	1
		Additional Professor	1
		Associate Professor	2
		Assistant Professor	8
16	Obstetrics and Gynaecology	Professor	1
		Additional Professor	1
		Associate Professor	2
		Assistant Professor	9
17	ENT	Professor	1
		Additional Professor	1
		Associate Professor	1
		Assistant Professor	5
18	Radio Diagnosis	Professor	1
		Additional Professor	1
		Associate Professor	3
		Assistant Professor	12
19	Anaesthesiology	Professor	2
		Additional Professor	2
		Associate Professor	7
		Assistant Professor	43
20	Dentistry	Professor	1
		Additional Professor	0
		Associate Professor	5
		Assistant Professor	14
21	Transfusion Medicine And Blood Bank	Professor	1
		Additional Professor	1
		Associate Professor	1
		Assistant Professor	5
22	Radio Therapy	Professor	1
		Additional Professor	1
		Associate Professor	1



		Assistant Professor	5
23	Physical Medicine & Rehabilitation	Professor	1
		Additional Professor	0
		Associate Professor	1
		Assistant Professor	3
24	Cardiology	Professor	1
		Additional Professor	1
		Associate Professor	2
		Assistant Professor	5
25	Neurology	Professor	1
		Additional Professor	1
		Associate Professor	1
		Assistant Professor	5
26	Gastroenterology	Professor	1
		Additional Professor	1
		Associate Professor	1
		Assistant Professor	5
27	Nephrology	Professor	1
		Additional Professor	1
		Associate Professor	1
		Assistant Professor	5
28	Medical Oncology	Professor	1
		Additional Professor	1
		Associate Professor	1
		Assistant Professor	3
29	Medical Haematology	Professor	1
		Additional Professor	1
		Associate Professor	1
		Assistant Professor	3
30	Pulmonary Medicine	Professor	1
		Additional Professor	1
		Associate Professor	1
		Assistant Professor	5

31	Endocrinology And Metabolism	Professor	1
		Additional Professor	1
		Associate Professor	1
		Assistant Professor	5
32	Cardiothoracic Surgery	Professor	1
		Additional Professor	1
		Associate Professor	2
		Assistant Professor	6
33	Neurosurgery	Professor	1
		Additional Professor	1
		Associate Professor	2
		Assistant Professor	6
34	Surgical Gastroenterology	Professor	1
		Additional Professor	1
		Associate Professor	2
		Assistant Professor	4
35	Urology	Professor	1
		Additional Professor	1
		Associate Professor	2
		Assistant Professor	4
36	Surgical Oncology	Professor	1
		Additional Professor	1
		Associate Professor	2
		Assistant Professor	4
37	Burns And Plastic Surgery	Professor	1
		Additional Professor	1
		Associate Professor	2
		Assistant Professor	4
38	Paediatric Surgery	Professor	1
		Additional Professor	1
		Associate Professor	2
		Assistant Professor	4
39	Neonatology	Professor	1
		Additional Professor	1

		Associate Professor	2
		Assistant Professor	4
40	Nuclear Medicine	Professor	1
		Additional Professor	1
		Associate Professor	1
		Assistant Professor	5
41	Trauma & Emergency	Professor	1
		Additional Professor	0
		Associate Professor	0
		Assistant Professor	12
42	Hospital Administration	Professor	1
		Additional Professor	1
		Associate Professor	1
		Assistant Professor	6
43	Biostatistics	Professor	1
		Additional Professor	1
		Associate Professor	2
		Assistant Professor	4
44	Medical Biotechnology	Professor	1
		Additional Professor	0
		Associate Professor	1
		Assistant Professor	6
45	Rheumatology & Clinical Immunology	Professor	1
		Additional Professor	0
		Associate Professor	1
		Assistant Professor	2
		<b>Total</b>	<b>486</b>



## 3. No of Posts for 750 beds hospital:

Sl. No.	Name of Department	Professor	Additional Professor	Associate Professor	Assistant Professor
1	Anatomy	1	1	2	4
2	Physiology	1	1	2	4
3	Biochemistry	1	1	1	4
4	Pathology/ Lab Med	1	1	1	5
5	Microbiology	1	1	1	3
6	Pharmacology	1	1	1	3
7	Forensic Med/Toxicology	1	1	1	2
8	Community Med/Fam Med	1	1	1	5
9	Gen. Medicine	2	0	3	6
10	Dermatology	1	1	1	2
11	Psychiatry	1	1	1	2
12	Paediatrics	1	1	2	2
13	General Surgery	2	1	3	4
14	Orthopaedics	1	1	3	3
15	Ophthalmology	1	1	1	2
16	Obstetrics &Gynaecology	1	1	3	4
17	E.N.T.	1	1	2	2
18	Radio Diagnosis	1	1	2	4
19	Anaesthesiology	2	2	2	5

Sl. No.	Name of Department	Professor	Additional Professor	Associate Professor	Assistant Professor
20	Dentistry	1	0	0	2
21	Transfusion Medicine & Blood Bank	1	1	1	2
22	Radio Therapy	1	1	1	1
23	Physical Medicine & Rehabilitation	1	0	0	2
24	Cardiology	1	1	1	1
25	Neurology	1	1	2	1
26	Gastroenterology	1	1	2	1
27	Nephrology	1	1	2	1
28	Medical Oncology / Haematology	1	1	2	1
29	Pulmonary Medicine	1	1	1	1
30	Endocrinology Metabolism	1	1	1	1
31	Cardiothoracic Surgery	1	1	2	1
32	Neurosurgery	1	1	2	2
33	Surgical Gastroenterology	1	1	2	1
34	Urology	1	1	2	1
35	Surgical Oncology	1	1	2	1
36	Burns & Plastic Surgery	1	0	2	1
37	Paediatric Surgery	1	1	2	1
38	Neonatology	1	1	2	1

Sl. No.	Name of Department	Professor	Additional Professor	Associate Professor	Assistant Professor
39	Nuclear Medicine	1	1	1	1
40	Trauma & Emergency	1	0	0	10
41	Hospital Administration	1	0	2	0
<b>Total</b>		<b>44</b>	<b>36</b>	<b>65</b>	<b>100</b>



## Annexure-2

	Name of Post	as per 6th CPC	Total No of Posts (960 beds) (revised)	Total No of Posts (750 beds)
<b>1</b>	<b>Scientist Cadre</b>			
1	Scientist E	37400-67000+GP 8700	1	1
2	Scientist D	15600-39100+GP 7600	4	4
3	Scientist C	15600-39100+GP 6600	15	15
<b>2</b>	<b>Administration</b>			
4	Chief Administrative Officer	15600-39100+GP 7600	1	1
5	Senior Administrative Officer	15600-39100+GP 6600	1	1
6	Administrative Officers	15600-39100+GP 5400	3	3
7	Assistant Administrative Officer	9300-34800+GP 4600	6	6
8	Executive Assistant (N.S.) (Post renamed in place of Office Assistant (N.S.))	9300-34800+GP 4200	35	35
9	Upper Division Clerk	5200-20200+GP 2400	60	60
10	Lower Division Clerk	5200-20200+GP 1900	70	70
<b>3</b>	<b>Secretarial</b>			
11	Principal Private Secretary	15600-39100+GP 6600	2	2
12	Private Secretary	9300-34800+GP 4600	10	10
13	Personal Assistant	9300-34800+GP 4200	13	13
14	Stenographer	5200-20200+GP 2400	34	34
<b>4</b>	<b>Finance And Accounts</b>			
15	Chief Accounts Officer	15600-39100+GP 7600	1	1
16	Senior Accounts Officer (Renamed post of Finance and Chief Account Officer)	15600-39100+GP 6600	1	1
16	Accounts Officer	15600-39100+GP 5400	5	5
17	Assistant Accounts Officer	9300-34800+GP 4600	4	4
18	Junior Accounts Officer	9300-34800+GP 4200	6	6
<b>5</b>	<b>Academic Section</b>			
19	Registrar	15600-39100+GP Rs.7600 (+NPA for Med Graduates)	1	1
20	Assistant Controller Of Examination	15600-39100+GP 6600 (+NPA for Med Graduates)	1	1
<b>6</b>	<b>Public Relations</b>			
21	Public Relation Officer	15600-39100+GP 5400	1	1
<b>7</b>	<b>Nursing College</b>			
22	Professor Cum Principal	37400-67000+GP 8700	1	1
23	Reader/Assoc. Professor	15600-39100+GP 7600	4	4
24	Lecturer in Nursing	15600-39100+GP 6600	15	15
25	Tutor/Clinical Instructor	15600-39100+GP 5400	15	15

<b>8</b>	<b>Nursing</b>			
26	Chief Nursing Officer	15600-39100+GP 7600	1	1
27	Nursing Superintendent	15600-39100+GP 6600	2	2
28	Deputy Nursing Superintendent	15600-39100+GP 5400	9	7
29	Assistant Nursing Superintendent	15600-39100+GP 5400	70	55
30	Senior Nursing Officer	9300-34800+GP 4800	315	246
31	Nursing Officer	9300-34800+GP 4600	1050	822
<b>9</b>	<b>Hostels (1 each for Warden and Junior Warden for the sanctioned Hostel)</b>			
32	Warden (Hostel Wardens)	9300-34800+GP 4200	1 per hostel	1 per hostel
33	Junior Warden (House Keepers)	5200-20200+GP 1900	1 per hostel	1 per hostel
<b>10</b>	<b>Stores and Procurement</b>			
34	Senior Stores Officer (Post renamed in place of Senior Procurement & Stores Office)	15600-39100+GP 6600	1	1
35	Stores Officer	15600-39100+GP 5400	6	6
36	Assistant Stores Officer	9300-34800+GP 4800	8	8
37	Junior Stores Officer (Post renamed in place of Store Keeper)	9300-34800+GP 4600	10	10
38	Store Keeper	5200-20200+GP 4200	15	15
<b>11</b>	<b>Engineering Division</b>			
39	Executive Engineer(Civil)	15600-39100+GP 6600	2	2
40	Executive Engineer(Electrical)	15600-39100+GP 6600	1	1
41	Executive Engineer(A/C &R)	15600-39100+GP 6600	1	1
42	Assistant Engineer(A/C&R)	9300-34800+GP 4600	2	2
43	Junior Engineer(A/C&R)	9300-34800+GP 4200	4	4
44	Assistant Engineer(Civil)	9300-34800+GP 4600	4	4
45	Junior Engineer(Civil)	9300-34800+GP 4200	6	6
46	Assistant Engineer (Electrical)	9300-34800+GP 4600	2	2
47	Junior Engineer(Electrical)	9300-34800+GP 4200	4	4
<b>12</b>	<b>Library</b>			
48	Chief Librarian	37400-67000+GP 8700	1	1
49	Senior Library and Information Officer (Post to be renamed (in place of Librarian Selection Grade))	15600-39100+GP 6600	1	1
50	Library and Information Officer (Post name to be changed (in place of Librarian Grade- I (Documentalist))	15600-39100+GP 5400	2	2
51	Assistant Library And	9300-34800+GP 4600	3	3
52	Information Officer			
53	Library and Information Assistant	9300-34800+GP 4200	6	6
<b>13</b>	<b>Legal Cell</b>			
54	Law Officer	15600-39100+GP 5400	1	1



14	<b>AYUSH</b>			
55	Professor (Kaya Chikitsa) (Internal Medicine)	37400-67000+AGP+10500+NPA	1	1
56	Additional Professor (Dravyagun) (Material Medicine & Pharmacology)	37400-67000+AGP+9500+NPA	1	1
57	Associate Professor (Kaya Chikitsa) (Internal Medicine)	37400-67000+AGP+9000+NPA	1	1
58	Associate Professor (PrasutiTantra-StriRoga) (Obst.&Gyn.)	37400-67000+AGP+9000+NPA	1	1
59	Assistant Professor (Kaya Chikitsa) (Internal Medicine)	15600-39100+AGP 8000+NPA	1	1
60	Assistant Professor (PrasutiTantra-StriRoga) (Obst.&Gyn.)	15600-39100+AGP 8000+NPA	1	1
61	Senior Medical Officer (Ayurveda)	15600-39100+GP 6600+NPA (for Medical Posts Only)	1	1
62	Medical Officer	15600-39100+GP 5400+NPA (for Medical Posts Only)	5	5
63	Yoga Instructor (1 Male and 1 female)	9300-34800+GP 4600	2	2
15	<b>Hindi Section</b>			
64	Hindi Officer (renamed in place of Senior Hindi Officer)	9300-34800+GP 4600	1	1
65	Senior Hindi Translator (renamed in place of Junior Hindi Translator)	9300-34800+GP 4200	1	1
66	Junior Hindi Translator (renamed in place of Junior Scale Steno (Hindi))	5200-20200+GP 2400	3	3
16	<b>Medical Social Service (Welfare)</b>			
67	Chief Medical Social Service Officer	15600-39100+GP 6600	1	1
68	Supervising Medical Social Service Officer	15600-39100+GP 5400	3	2
69	Medical Social Service Officer Grade I	9300-34800+GP 4600	12	9
70	Medical Social Service Officer Grade II	9300-34800+GP 4200	20	15
17	<b>Pharmacy</b>			
71	Chief Pharmacist	9300-34800+GP 4600	1	1
72	Sr. Pharmacist	9300-34800+GP 4200	5	4
73	Pharmacist	5200-20200+GP 2800	20	15
18	<b>Information Technology</b>			
74	System Analyst (IT)	15600-39100+GP 7600	1	1
75	Senior Programmer (Post name to be changed (in place of Senior Programmer (Analyst)))	15600-39100+GP 6600	2	2
76	Programmer (Post name to be changed (in place of Programmer (Data Processing Asstt)))	9300-34800+GP 4600	6	6
19	<b>Medical Physics</b>			



77	Senior Medical Physicist	15600-39100+GP 6600	1	1
78	Medical Physicist	15600-39100+GP 5400	8	6
<b>20</b>	<b>Perfusion</b>			
79	Chief Perfusionist	9300-34800+GP 4800	1	1
80	Senior Perfusionist	9300-34800+GP 4600	2	2
81	Perfusionist	9300-34800+GP 4200	6	5
<b>21</b>	<b>Physiotherapy</b>			
82	Sr Physiotherapist	15600-39100+GP 5400	1	1
83	Physiotherapist	9300-34800+GP 4800	4	3
84	Jr. Physiotherapist	9300-34800+GP 4200	16	12
<b>22</b>	<b>PMR</b>			
85	Chief Technical Officer (Prosthetics And Orthotics)	15600-39100+GP 6600	1	1
86	Technical Officer(Prosthetics And Orthotics)	15600-39100+GP 5400	1	1
87	Senior Technician(Prosthetics And Orthotics)	9300-34800+GP 4600	3	3
88	Technician (Prosthetics and Orthotics)	9300-34800+GP 4200	6	5
<b>23</b>	<b>Sanitation</b>			
89	Senior Sanitation Officer	9300-34800+GP 4800	1	1
90	Sanitation Officer	9300-34800+GP 4600	2	2
91	Sanitary Inspector Grade I	9300-34800+GP 4200	18	14
<b>24</b>	<b>Dietetics</b>			
92	Chief Dietician	15600-39100+GP 6600	1	1
93	Senior Dietician	15600-39100+GP 5400	3	2
94	Dietician	9300-34800+GP 4600	4	3
95	Assistant Dietician	9300-34800+GP 4200	8	6
<b>25</b>	<b>Security cum Fire</b>			
96	Chief Security Officer	15600-39100+GP 6600	1	1
97	Security Officer	15600-39100+GP 5400	1	1
98	Assistant Security Officer	9300-34800+GP 4200	6	5
99	Fire Officer	15600-39100+GP 5400	1	1
100	Assistant Fire Officer	9300-34800+GP 4200	4	3
101	Fire Technician (in place of Security –Cum-Fire Jamedar)	5200-20200+GP 2400	10	8
<b>26</b>	<b>Medical Records Section</b>			
102	Chief Medical Record Officer	15600-39100+GP 5400	1	1
103	Medical Record Officer	9300-34800+GP 4800	10	8
104	Junior Medical Record Officer (Post name and GP to be changed in place of Junior Medical Record Officer (Receptionists) & 5200-20200+GP 2800)	9300-34800+GP 4200	12	9
105	Medical Record Technicians	5200-20200+GP 2400	24	18
<b>27</b>	<b>Statistician</b>			

106	Statistician	15600-39100+GP 5400	1	1
107	Jr Statistician	9300-34800+GP 4600	1	1
108	Statistical Assistant	9300-34800+GP 4200	2	2
<b>28</b>	<b>ENT</b>			
109	Chief Audiologist & Speech Therapist	15600-39100+GP 5400	1	1
110	Senior Audiologist / Speech Therapist	9300-34800+GP 4800	2	2
111	Audiologist & Speech Therapist	9300-34800+GP 4600	2	2
112	Jr. Audiologist/Speech Therapist	9300-34800+GP 4200	4	3
<b>29</b>	<b>Blood Transfusion</b>			
113	Blood Transfusion Officer	15600-39100+GP 6600	1	1
114	Assistant Blood Transfusion Officer	15600-39100+GP 5400	1	1
<b>30</b>	<b>Dental</b>			
115	Dental Hygienist/Technical Officer	9300-34800+GP 4200	1	1
116	Dental Technician (Hygiene)	5200-20200+GP 2800	2	2
117	Dental Mechanic/Technical Officer	9300-34800+GP 4200	1	1
118	Dental Technician (Mechanic)	5200-20200+GP 2800	2	2
<b>31</b>	<b>FMT</b>			
119	Mortuary Attendant	5200-20200+GP 1800	4	3
<b>32</b>	<b>Laundry</b>			
120	Laundry Manager	9300-34800+GP 4200	1	1
121	Laundry Supervisor (Rename in case of Assistant Laundry Supervisor)	5200-20200+GP 2400	2	2
<b>33</b>	<b>Nephrology</b>			
122	Transplant Coordinator	9300-34800+GP 4600	1	1
<b>36</b>	<b>Nuclear Medicine</b>			
123	Nuclear Medicine Technologist	5200-20200+GP 2800	2	2
<b>37</b>	<b>OBG</b>			
124	Clinical Embryologist	15600-39100+GP 6600	1	1
125	Embryologist	9300-34800+GP 4200	1	1
<b>38</b>	<b>Operation Theatre/Anesthesia</b>			
126	Sr. Technical Officer (OT)	15600-39100+GP 6600	2	2
127	Technical Officer (OT)	15600-39100+GP 5400	7	5
128	Sr. Technician (OT)	9300-34800+GP 4600	31	23
129	Technician (OT)	9300-34800+GP 4200	98	74
<b>39</b>	<b>Ophthalmology</b>			
130	Chief Optometrist	15600-39100+GP 5400	1	1
131	Senior Optometrist	9300-34800+GP 4600	2	2
132	Optometrist (renamed in place of Technical Officer (Ophthal)(Refractionist))	9300-34800+GP 4200	6	5
<b>40</b>	<b>Psychiatry</b>			
133	Clinical Psychologist	15600-39100+GP 5400	4	3



134	Child Psychologist	15600-39100+GP 5400	4	3
<b>41</b>	<b>Radiology Technicians</b>			
135	Chief Technical Officer (Radiology)	15600-39100+GP 6600	1	1
136	Senior Technical Officer (Radiology)	15600-39100+GP 5400	2	2
137	Technical Officer (Radiology)	9300-34800 + GP 4600	15	11
138	Technician (Radiology)	9300-34800+GP 4200	35	26
<b>42</b>	<b>Radiotherapy / Nuclear Medicine</b>			
139	Chief Technical Officer (Radiotherapy)	15600-39100+GP 6600	1	1
140	Senior Technical Officer (Radiotherapy)	15600-39100+GP 5400	2	2
141	Technical Officer (Radiotherapy)	9300-34800 + GP 4600	6	5
142	Technician (Radiotherapy)	9300-34800+GP 4200	12	9
<b>43</b>	<b>Hospital Support</b>			
143	Multi Tasking Staff (MTS)	5200-20200+GP 1800	100	75
144	Veterinary Officer	15600-39100+GP 5400	1	1
<b>44</b>	<b>Laboratory</b>			
145	Chief Technical Officer (Laboratory)	15600-39100+GP 6600	4	3
146	Technical Officer (Technical Supervisor)	15600-39100+GP 5400	12	9
147	Sr Technician (laboratory)	9300-34800 + GP 4600	41	31
148	Technicians (laboratory)	9300-34800+GP 4200	162	122

## Notes:

1 25% lesser seats have been assumed for 750 beds in followings:

- i Medical Social Service
- ii Pharmacy
- iii Medical Physics
- iv Perfusion
- v Physiotherapy
- vi Sanitation
- vii Dietetics
- viii Security-cum-Fire
- ix Medical Record Section
- x ENT
- xi FMT
- xii OTA
- xiii Ophthalmology
- xiv Psychiatry
- xv Radiology Technicians
- xvi Radiotherapy
- xvii Hospital support
- xviii Laboratory

2 Staff for Medical Gas / Manifold Room and CSSD has been merged into OTA



F.No – Z-28016/114/2018-PMSSY-III (3163614)

Government of India  
Ministry of Health & family Welfare  
PMSSY Division

3rd Floor, Indian Red Cross Building,


New Delhi, 110001

Dated the 1st January, 2019

OFFICE MEMORANDUM

A post of Director is created with the approval of Cabinet for each of the new AIIMS set up in the country. It has been decided with the concurrence of Department of Expenditure that this post can be operated at the level of Executive Director in HAG on short-term contract basis if the Ministry of Health & Family Welfare so decides. The Executive Director so appointed will exercise all the powers of director.

2. The following approach shall be followed for filling up of the posts of Executive Director:-
  - i. The appointment on contract basis can be upto the maximum age prescribed for contract faculty or for 5 years or until further orders, whichever is the earliest.
  - ii. The eligibility criteria in respect of qualification and experience for consideration for appointment as Executive Director will be same as stipulated for the post of Director, except that the upper age limit for eligibility for consideration for the post of Executive Director would be 67 years.
  - iii. Since the post of Executive Director will be in the nature of CEO of AIIMS, the manner of selection for Executive Director will also be the same as followed in the case of Director i.e. selection through a Search-cum-Selection Committee, to be constituted by the Ministry with the approval of DoPT, followed by approval of appointment by the Appointments Committee of Cabinet (ACC).
3. The above approach for filling up of the post of Directors would be applicable to all the new AIIMS (i.e. excluding AIIMS-Delhi) as and when the post of Directors are created or post of Directors fall vacant.
4. This issues with the approval of competent authority.

  
(Jitendra Arora)  
Director (PMSSY)

To

All Directors,  
New AIIMS.

Copy to:

1. All Deputy Director (Admin.), New AIIMS for information and necessary action.
2. Mr. Sandeep Bhatnagar, Director (EO), DoPT, North Block, New Delhi.

No.Z-28016/53/2018-PMSSY-V/EO-3172324

Government of India  
Ministry of Health & Family Welfare  
(PMSSY-II Section)

Nirman Bhawan, New Delhi-110108

Dated the 26<sup>th</sup> October, 2018

To

1. CMD, HSCC(I) Ltd., E-6(A), Sector 1, NOIDA- 201301 (UP)
2. Director (PM&PG), CPWD, Nirman Bhawan, New Delhi.
3. CEO, HITES Ltd., B-14A, Sector-62, NOIDA-201307 (UP)
4. CMD, Bridge & Roof Co. (India) Ltd., B-22, 2nd Floor, Himalaya House, 23, KG Marg, New Delhi.

Subject:- Modification of milestones/stages for release of project funds to Executing Agencies engaged in GMCs being upgraded under PMSSY Phase-III, IV & V(A)  
- Regarding

Sir,

I am directed to inform that payment mechanism for release of funds to Executing Agencies (HITES / HSCC/ CPWD / Bridge & Roof) for civil construction work at various GMCs being upgraded under PMSSY Phase-III, IV and V(A) has been reviewed with a view to have adequate balance of funds with the Executing Agencies in their project accounts and decided to adopt following methodology for release of funds to Executing Agencies engaged in various upgradation projects (as per list enclosed):

S. No.	Milestone	% of release with respect of Total awarded cost	Remarks
1	After approval of DPR	10% of the estimated cost as per DPR	
2	Award of work by EA	30% of cost of awarded work - Advance release	The difference between estimated cost of DPR and actual award cost will be adjusted.
3	2nd installment *	30%	* This installment will be released after 60% utilization of total of all previous funds released.
4	3rd installment *	20%	* This installment will be released after 60% utilization of total of all previous fund released.
5	Final Installment**	10%	** This installment will be released after 85% utilization of total of all previous funds released.
	<b>Total</b>	<b>100%</b>	



2. *The additional release to cater to the additional fund requirement for procurement of Furniture, IT and other miscellaneous items, to be procured by the Executing agency, would be made along with the 3rd or with the final installment, on need basis, as these items are separately procured and installed by the Executing agency towards the end of the project.*

3. *The 2nd installment and beyond releases would also be subject to receiving of the corresponding share of concerned State Governments/ Administrative Ministry (in the case of IMS, BHU, Varanasi and SCTIMST, Thiruvananthapuram).*

4. *The Executing Agencies concerned are requested to submit an addendum to the MOA entered into with MoHFW earlier for undertaking civil construction activities, particularly with reference to clauses 10.1 to 10.4 of the MoA.*

Yours faithfully,



Encl. As above

(Jitendra Arora)  
Director (PMSSY)

Copy to:

1. Principal Secretaries/Secretaries of concerned State Governments
2. Joint Secretary (CU), Department of Higher Education, Ministry of HRD, Shastri Bhawan, New Delhi (in the case of IMS, BHU, Varanasi)
3. Dr. M. Prithviraj, Scientist 'G', Autonomous Institution Division, Department of Science & Technology, Technology Bhawan, Near Mehrauli Road, New Delhi-110016 (in the case of SCTIMST).



### Up-gradation of GMCs under Phase III

Sl. No.	State	Name of GMC	Executive Agency
1.	Andhra Pradesh	SMC, Vijayawada	HSCC
2.	Andhra Pradesh	GMC, Anantpur	HITES
3.	Assam	GMC, Guwahati	HSCC
4.	Assam	AMC, Dibrugarh	HSCC
5.	Bihar	SMC, Muzaffarpur	HITES
6.	Bihar	GMC, Darbhanga	HITES
7.	Goa	GMC, Panaji	HSCC
8.	Gujarat	GMC, Rajkot	HITES
9.	Himachal Pradesh	I.G. M.C, Shimla	HSCC
10.	Jharkhand	PMC, Dhanbad	CPWD
11.	Karnataka	VMC, Bellary	HITES
12.	Karnataka	KIMS, Hubli	HITES
13.	Kerala	MC, Kozhikode	HITES
14.	Kerala	TDMC, Alappuzha	HITES
15.	Madhya Pradesh	GMC, Rewa	HSCC
16.	Madhya Pradesh	NSCB, MC, Jabalpur	HSCC
17.	Madhya Pradesh	GRMC, Gwalior	HSCC
18.	Maharashtra	GMC, Aurangabad	HSCC
19.	Maharashtra	GMC, Latur	HSCC
20.	Maharashtra	GMC, Akola	CPWD
21.	Maharashtra	SVK, GMC, Yavatmal	CPWD
22.	Odisha	MKCG MC, Behrampur	HSCC
23.	Odisha	VSS MC, Burla	HSCC
24.	Punjab	GMC, Patiala	HSCC
25.	Rajasthan	SP MC, Bikaner	HSCC
26.	Rajasthan	RNT MC, Udaipur	HSCC
27.	Rajasthan	GMC, Kota	HSCC
28.	Tamil Nadu	TMC, Thanjavur	HITES
29.	Tamil Nadu	TMC, Tirunelveli	HITES
30.	Telangana	R.G. IMS, Adilabad	HITES
31.	Telangana	KMC, Warangal	HITES
32.	Tripura	AMC, Agartala	CPWD
33.	Uttar Pradesh	GMC, Jhansi	HSCC
34.	Uttar Pradesh	GMC, Gorakhpur	CPWD
35.	Uttar Pradesh	MLN MC, Allahabad	HSCC
36.	Uttar Pradesh	LLR MC, Meerut	CPWD
37.	West Bengal	BS MC, Bankura	CPWD
38.	West Bengal	GMC, Malda	CPWD
39.	West Bengal	NBMC, Darjeeling	HSCC

### Up-gradation of GMCs under Phase IV&V

Phase-IV		
Sl. No.	Name of project	Executive Agency
1.	GMC Agra	HITES
2.	GMC Kanpur	HITES
3.	GMC Cuttack	HITES
4.	GMC Bhavnagar	B&R
5.	GMC Indore	B&R
6.	GMC Jaipur	B&R
7.	GMC Surat	PIU, Govt. of Gujarat
8.	GMC Patna	CPWD
9.	GMC Bhagalpur	CPWD
10.	GMC Gaya	CPWD
11.	GMC Bilaspur	CPWD
12.	GMC Jagdalpur	CPWD
13.	UCMS-GTBH	-
Phase-V(A)		
1.	IMS BHU	CPWD
2.	SCTIMST, Trivandrum	CPWD





**JITENDRA ARORA**

Director (PMSSY)

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सत्यमेव जयते

भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
डी-307, निर्माण भवन, नई दिल्ली - 110011

Government of India  
Ministry of Health & Family Welfare  
307-D, Nirman Bhavan, New Delhi - 110011

No. Z-28016/37/2018-PMSSY-I

Date: 14<sup>th</sup> June, 2018

To,

The Principal Secretary/ Secretary (HFW/Medical Education)  
All States/UTs

(As per list enclosed)

**Sub: Up-gradation of 73 Government Medical Colleges across country under PMSSY Scheme of MoHFW- Guidelines for smooth implementation**

*Sir/Madam,*

The Ministry of Health and Family Welfare has taken up the upgradation of 73 existing Government Medical Colleges across country under Phase-I to Phase-V of the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) scheme as per list given in **Annexure - I**. Executing Agencies (EA) i.e. HLL / HITES / HSCC / CPWD / Bridge and Roof (I) Pvt Ltd have been engaged for construction related activities. The construction work in all the colleges are being undertaken through Executive Agencies (EA) and is under progress in full swing and the projects are targeted to be completed as per the timelines indicated against each projects in this list.

2. These projects also involve procurement and installation of high value medical equipment, which is to be completed in synchronization with the construction work, as a good number of medical equipment require construction and finishing work in the specified area and thereafter installation, testing and commissioning of the equipment of various equipment components are procured and supplied to the GMCs well in advance keeping in view above completion timelines.

3. M/s HITES a PSU under this Ministry has been appointed as procurement support agency to carry out procurement, installation and commissioning of all the medical equipment. The list of medical equipment has already been finalized/ being finalized in consultation with the State Governments/respective GMCs and Purchase Orders(PO) have also been placed on different suppliers for many of the equipment. M/s HITES have informed that based on the various orders already placed by them, the supplier have already started dispatching the equipment to the respective GMCs and several of these have already reached destination. As per the system, the equipment are to be procured in the name of the end user i.e, the concerned GMCs.

4. The Construction Agencies have already been appointed for all the 73 GMCIs up-gradation projects of PMSSY and delivery of equipment by PSA needs to be synchronized with the pace of construction.



(2)

5. In view of the difficulties faced in coordinating various activities amongst the Executing Agency (EA), Procurement Support Agency (PSA) and the Govt. Medical College in the matter of procurement and installation of medical equipment, a need has been felt to clearly spell out the roles and responsibilities of the parties concerned i.e. Executing Agency (EA), Procurement Support Agency (PSA) and the respective Government Medical Colleges (GMC/s) to ensure smooth progress in the matter. In this endeavor, the Ministry has prepared a "Guidelines" to be followed by the EA, PSA and the concerned GMCs and with the objective to bring clarity and synchronization in execution of the GMCIs projects, which may be followed for smooth and timely completion of these projects. (Annexure-II)

*It is requested that the Principal/ Dean of the concerned Govt. Medical Colleges being up-graduated in your state may please be instructed to nominate a Nodal Officer (NO) who may co-ordinate from the side of GMC in line with the enclosed guidelines. The PSA will support and provide guidance for the activity. The Executive Agency and PSA have been advised to make necessary coordination at the ground level to ensure smooth working of the above system so as to complete the projects within the set target dates given in Annexure I. The PSA will also provide necessary authorization certificate in favor of the lead personal/representative of the supplier agencies.*

Yours faithfully,



(Jitendra Arora)  
Director (PMSSY)

Copy to:-

1. Principal/Dean of GMCIs (as per list attached)
2. DG, CPWD, New Delhi
3. CMD, HSCC(I)Ltd., E-6(A), Sector 1, Noida - UP - 201301.
4. CEO, HITES, B -14 A, Sector-62, NOIDA (UP) - 201307
5. Sr. Vice President, HLL, Noida.
6. CMD, M/s Bridge & Roof (I) Ltd, New Delhi
7. CE, CPWD, Jammu (in r/o GMC, Jammu & GMC, Srinagar)
8. CE, CPWD, Lucknow (in r/o IMS, BHU, Varanasi)
9. Chief Engineer (WZ-II), CPWD, A Block, 2nd Floor CGO Complex, Seminary Hills, Nagpur-440006
10. Chief Engineer (NEZ-II), CPWD, GPRA Complex, Gandhigram, Agartala
11. Chief Engineer (NZ-II), CPWD, Kendriya Bhawan, 3rd Floor, Sector-H, Aliganj, Lucknow-226024
12. Chief Engineer (EZ-III), CPWD, Nizam Palace, 234/4, AJC Bose Road, Kolkatta-700020
13. Chief Engineer (EZ-I), CPWD, Nizam Palace, 234/4, AJC Bose Road, Kolkatta-700020
14. Chief Engineer (WZ-V), CPWD, Raipur.
15. Chief Engineer (EZ-II), CPWD, 1st Floor, Karpuri Thakur Sadan, Patna-800025.
16. Chief Engineer (SZ-V), CPWD, CGO Cornplex, Poonkulam, Thiruvananthapuram.
17. EE, CPWD, Ranchi (in r/o RIMS, Ranchi & PMC, Dhanbad)
18. Project Manager, BHU, CPWD, Varanasi.
19. PS to JS(PMSSY)/ Director (SR)

## Annexure I

## LIST OF GMCs UPGRADATION UNDER PMSSY

LIST OF GMCs UPGRADATION UNDER PMSSY												
Sl. NO	State	Name of GMC/ AMC	Phase	Executi ng Agency	Completion Timeline for making front available for work ( to be given by Executing Agency )			Completion Timeline ( to be given by PSA )			Over All Project Completion Timeline - ( to be given by Executing Agency )	
					MGPS Gas Pipe Line	Plant Room	Mot	For laying Pipe Line	For completing Plant Room and MGPS	For competing MOT		
1	Andhra Pradesh	SVIMS, Tirupati	Phase I	HLL	Project completed							
2	Gujarat	BJMC, Ahmedabad	Phase I	HLL	Construction Work Completed					Project will be Completed by June 2018 ( Only Medical Equipment)	Jul-18	
3	Jammu & Kashmir	GMC, Jammu	Phase I	CPWD	Project completed							
4	Jammu & Kashmir	GMC, Kashmir	Phase I	CPWD	Project completed							
5	Jharkhand	RIMS, Ranchi	Phase I	CPWD	Project completed							
6	Karnataka	BMC, Bangalore	Phase I	HLL	Project completed							
7	Kerala	MC, Thiruvananthapuram	Phase I	HLL	Project completed							
8	Maharashtra	Grants, MC + JJ Hospitals	Phase I	HLL	Construction Work completed					Only Medical Equipment will be completed by July 2018	18-Aug	
9	Tamil Nadu	GMC, Salem	Phase I	HLL	Project Completed							
10	Telangana	NIMS, Hyderabad	Phase I	HSCC	Project Completed							
11	Uttar Pradesh	SGPGIMS, Lucknow	Phase I	HSCC	Project Completed							
12	Uttar Pradesh	IMS, Varansi	Phase I	CPWD	Project completed							
13	West Bengal	KMC, Kolkata	Phase I	HSCC	Construction Work Completed					Project Completed with respect to Medical Equipment	September'18	
14	Himachal Pradesh	GMC, Tanda	Phase II	HSCC	Project Completed							
15	Haryana	PDSIMS, Rohtak	Phase II	HSCC	Front Available			Completed	Jul-18	Jul-18	Aug-18	
16	Maharashtra	GMC, Nagpur	Phase II	STATE	State to inform			Sep 18 – only medical equipment			October'18	
17	Punjab	GMC, Amritsar	Phase II	HSCC	Front Available			Medical Equipment pending due to non finalization of list			Building Completed (PSA work pending)	
18	Tamil Nadu	GMC, Madurai	Phase II	HLL	Equipment procurement by the Tamil Nadu Government. Information has been sought					No Medical Equipment by PSA	Jun-18	
19	Uttar Pradesh	JNMC, AMU, Aligarh	Phase II	HLL	Construction Work Completed					Equipment Procurement Completed	Completed	
20	Andhra Pradesh	SMC, Vijayawada	Phase III	HSCC	Front Available			May-18	Jun-18	Aug-18	September'18	
21	Andhra Pradesh	GMC, Anantpur	Phase III	HITES	Front Available			Jun-18	Aug-18	Aug-18	October'18	
22	Assam	GMC, Guwahati	Phase III	HSCC	Jul-18	Jul-18	Jul-18	Sep-18	Oct-18	Oct-18	December'18	
23	Assam	AMC, Dibrugarh	Phase III	HSCC	Jul-18	Jul-18	Jul-18	Sep-18	Oct-18	Oct-18	December'18	
24	Bihar	SMC, Muzaffarapur	Phase III	HITES	30/6/2018	15/6/2018	30/6/2018	Jul-18	Sep-18	Sep-18	October'18	
25	Bihar	GMC, Darbhanga	Phase III	HITES	30/6/2018	15/6/2018	30/6/2018	Jul-18	Sep-18	Sep-18	October'18	
26	Goa	GMC, Panaji	Phase III	HSCC	Work held up for want of clearance from Statutory Body January 2020							
27	Gujarat	GMC, Rajkot	Phase III	HITES	05-10-2018	15/5/2018	05-10-2018	Sep-18	Oct-18	Oct-18	18-Dec	
28	Himachal Pradesh	I.G. M.C, Shimla	Phase III	HSCC	Apr-19	Apr-19	Apr-19	To be furnished shortly			August'19	
29	Jharkhand	PMC, Dhanbad	Phase III	CPWD	Front Available			Sep-18	Oct-18	Nov-18	March'2019	
30	Karnataka	VMC, Bellary	Phase III	HITES	Front Available			May-18	Jun-18	Aug-18	October'18	
31	Karnataka	KIMS, Hubli	Phase III	HITES	Front Available			Jul-18	Sep-18	Sep-18	October'18	
32	Kerala	MC, Kozhikode	Phase III	HITES	15/10/2018	30/9/2018	15/12/2018	Oct-18	Nov-18	Dec-18	April'19	
33	Kerala	TDMC, Alappuzha	Phase III	HITES	19/12/2018	30/11/2018	15/1/2019	Oct-18	Nov-18	Dec-18	April'19	
34	Madhya Pradesh	GMC, Rewa	Phase III	HSCC	Front Available			May-18	Jun-18	Aug-18	September'18	
35	Madhya Pradesh	NSCB, MC, Jabalpur	Phase III	HSCC	Front Available			Apr-18	Apr-18	Apr-18	September'18	
36	Madhya Pradesh	GRMC, Gwalior	Phase III	HSCC	Front Available			Jul-18	Sep-18	Sep-18	October'18	
37	Maharashtra	GMC, Aurangabad	Phase III	HSCC	Front Available			May-18	Jun-18	Aug-18	October'18	
38	Maharashtra	GMC, Latur	Phase III	HSCC	Front Available			Jul-18	Sep-18	Sep-18	October'18	
39	Maharashtra	GMC, Akola	Phase III	CPWD	Front Available			Jul-18	Sep-18	Sep-18	October'18	
40	Maharashtra	SVK, GMC, Yavatmal	Phase III	CPWD	Front Available			Jul-18	Sep-18	Sep-18	October'18	
41	Odisha	VSS MC, Burla	Phase III	HSCC	Nov.'18	Land not yet available	Nov.'18	Dec-18	Feb-19	Mar-19	March'2019	

42	Punjab	GMC, Patiala	Phase III	HSCC	July'18	DERA dispute	July'18	Oct-18	Nov-18	Nov-18	December'18
43	Odisha	MKCG MC, Behrampur	Phase III	HSCC	Front Available			Jun-18	Aug-18	Aug-18	September'18
44	Rajasthan	SP MC, Bikaner	Phase III	HSCC	Front Available			Apr-18	May-18	May-18	August'18
45	Rajasthan	RNT MC, Udaipur	Phase III	HSCC	Front Available			Jul-18	Sep-18	Sep-18	September'18
46	Rajasthan	GMC, Kota	Phase III	HSCC	Front Available			May-18	Jun-18	Jul-18	August'18
47	Tamil Nadu	TMC, Thanjavur	Phase III	HITES	Front Available			May-18	Jun-18	Jul-18	September'18
48	Tamil Nadu	TMC, Tirunelveli	Phase III	HITES	Front Available			May-18	Jun-18	Jul-18	September'18
49	Telangana	R.G. IMS, Adilabad	Phase III	HITES	Front Available			May-18	Jun-18	Jul-18	October'18
50	Telangana	KMC, Warangal	Phase III	HITES	Front Available			May-18	Jun-18	Jul-18	October'18
51	Tripura	AMC, Agartala	Phase III	CPWD	June'19	July'19	Aug'19	Sep-19	Oct-19	Dec-19	January'2020
52	Uttar Pradesh	GMC, Jhansi	Phase III	HSCC	Front Available			May-18	Jun-18	Aug-18	September'18
53	Uttar Pradesh	GMC, Gorakhpur	Phase III	CPWD	Front Available			May-18	Jun-18	Aug-18	August'18
54	Uttar Pradesh	MLN MC, Allahabad	Phase III	HSCC	Front Available			Jun-18	Jul-18	Aug-18	September'18
55	Uttar Pradesh	LLR MC, Meerut	Phase III	CPWD	Front Available			May-18	Jun-18	Jul-18	August'18
56	West Bengal	BS MC, Bankura	Phase III	CPWD	May'18	June'18	June'18	Jul-18	Sep-18	Sep-18	October'18
57	West Bengal	GMC, Malda	Phase III	CPWD	June'18	July'18	July'18	Aug-18	Oct-18	Oct-18	november'18
58	West Bengal	NBMC, Darjeeling	Phase III	HSCC	Performance of construction agency not upto the mark. Being considered for change.			Oct-18	Nov-18	Dec-18	Performance not satisfactory January'19.
59	Bihar	PMCH, Patna	Phase IV	CPWD	Work front clearance not yet decided						Not finalised
60	Bihar	GMC, Bhagalpur	Phase IV	CPWD	Sept.'19	Oct'19	Oct'19	Dec-19	Feb-20	Feb-20	March'2020
61	Bihar	GMC, Gaya	Phase IV	CPWD	June'19	July'19	Aug'19	Sep-19	Oct-19	Dec-19	December'19
62	Chhatisgarh	GMC Bilaspur	Phase IV	CPWD	Work front clearance not yet decided						Not finalised
63	Chhatisgarh	GMC, Jagdalpur	Phase IV	CPWD	Work front clearance not yet decided						Not finalised
64	Gujarat	GMC, Surat	Phase IV	PIU of Guj	Work front clearance not yet decided						Not finalised
65	Gujarat	GMC, Bhavnagar	Phase IV	BRIDGE & ROOF	15/6/2019	15/6/2019	15/7/2019	Aug-19	Oct-19	Oct-19	December'19
66	Madhya Pradesh	GMC, Indore	Phase IV	BRIDGE & ROOF	15/6/2019	15/6/2019	15/7/2019	Aug-19	Oct-19	Oct-19	December'19
67	Odisha	GMC, Cuttack	Phase IV	HITES	Work front clearance not yet decided						Not finalised
68	Rajasthan	GMC, Jaipur	Phase IV	BRIDGE & ROOF	15/6/2019	15/6/2019	15/7/2019	Aug-19	Oct-19	Oct-19	December'19
69	Uttar Pradesh	GMC, Agra	Phase IV	HITES	Work front clearance not yet decided						Not finalised
70	Uttar Pradesh	GMC, Kanpur	Phase IV	HITES	Work front clearance not yet decided						Not finalised
71	Delhi	UCMS-GTB Hospital	Phase IV	To be decided	Work front clearance not yet decided						Not finalised
72	Kerala	SCTIMST	Phase V – (A)	CPWD	Not yet finalised			Not in Scope of PSA			Dec-19
73	Uttar Pradesh	IMS, BHU	Phase V(A)	CPWD	Dec'18	Jan'19	Jan'19	Mar-19	May-19	May-19	June'2019



**GUIDELINES**  
**on**  
**ROLES AND RESPONSIBILITIES**  
**of the**  
**EXECUTING AGENCY (EA), PROCUREMENT SUPPORT AGENCY**  
**(PSA) and GOVERNMENT MEDICAL COLLEGES**  
**in the**  
**“PROCUREMENT, INSTALLATION AND COMMISSIONING OF THE**  
**MEDICAL EQUIPMENT”**



**2018**

## **Background :**

*Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) aims at correcting regional imbalances in the availability of affordable & reliable tertiary services & augmenting facilities for quality medical education. Under this scheme up-gradation of Govt. Medical Colleges/ Institutes is being undertaken apart from setting up of new AIIMS. Recently, up-gradation projects in 73 GMCs/Institutes are being executed.*

*Executing Agencies (EA) i.e. HLL / HITES / HSCC / CPWD / Bridge & Roof have been engaged for construction related activities. Similarly procurement of medical equipment is being carried out through Procurement Support Agency (PSA) (i.e. HLL / HITES) appointed by the Ministry. The Executing Agencies have already been appointed for all the 73 GMCIs up-gradation projects of PMSSY.*

*In view of the difficulties faced in coordinating various activities amongst the Executing Agency (EA), Procurement Support Agency (PSA) and the Govt. Medical College in the matter of procurement and installation of medical equipments, a need has been felt to clearly spell out the roles and responsibilities of the parties concerned i.e. Executing Agency (EA), Procurement Support Agency (PSA) and the respective Government Medical Colleges (GMC/s) to ensure smooth process in the supply, installation and commissioning of the medical equipment. Accordingly, Ministry has prepared guidelines to be followed by the EA, PSA and the concerned GMCs with a view to bring clarity of roles to all the stakeholders and actors in execution of the GMCs project, as detailed below which may be observed by all for smooth and timely completion of these projects.*

### **1. STAGE – I : Planning/ Pre- Construction Stage**

- 1.1 PSA and EA will carry out the GAP analysis along with the Institute (GMC) and finalize the user requirement with respect to Medical equipment and civil construction in consultation with the GMC authorities.*
- 1.2 PSA will communicate to EA about the area requirement, power requirement for major equipment and medical services and any other equipment specific special requirement so as to enable EA to include all the necessary requirement in the DPR.*

- 1.3 EA will ensure inclusion of the above requirements in their works tenders. The user requirement pertaining to the construction work will be communicated to the Ministry by EA.
- 1.4 EA will prepare the DPR incorporating all the requirements indicated by PSA and submit to MoHFW for approval.
- 1.5 PSA will carry out the procurement as per the relevant guidelines issued by MoHFW from time to time.
- 1.6 Institute, EA and PSA will appoint their nodal officers, who will hold joint meetings regularly at the project site for effective coordination of the project activities.
- 1.7 EA, PSA and Consignee will jointly draw out timeline / activity schedule and PERT Chart for construction component, delivery, installation & commissioning of the major medical equipment and handing over of the facility. The timeline / activity schedule will be uploaded in the dash-board by the respective agency (EA & PSA) pertaining to their area of responsibility.
- 1.8 The activity schedule will also include timeline for giving work-front to PSA for allowing them to plan medical equipment supply and installation activities.

## **2. STAGE – II : During Construction and Delivery and storage of Medical Equipment**

- 2.1 The PSA will send the copy of the NOA for various medical equipment/ medical services to the Nodal Officer/ Director of the Institute.
- 2.2 The supplier along with Bio Medical Engineers (BME) of PSA will visit the Institute within **15 days** from issue of NOA along with drawing for medical services, medical equipment like MGPS, MOT, CSSD, MRI, CT, CATHLAB, DR, Mammography etc. for discussion and approval.
- 2.3 Head of the Institute or his authorized representative shall approve the drawing, colour, flooring etc. within **7 days** of submission of drawing to the Institute.
- 2.4 PSA will carry out pre-dispatch inspection for all the domestic supplies and issue inspection note. In case of imported goods, the pre-dispatch inspection shall be done by designated third party from the country of origin of goods.
- 2.5 PSA will send an advance intimation to the institute regarding likely date of delivery of equipment at site



- 2.6 Since the equipment are required to be purchased in the name of Institute, Nodal officer authorized by the Medical College will receive the equipment delivered at site in packed condition along with the Inspection Note issued by PSA or by TPA (third party agency in case of imported goods). While receiving delivery, Lorry Receipt/ Delivery challan shall be signed by the nodal officer of the Institute immediately.
- 2.7 Thereafter, Consignee Receipt Certificate (CRC) shall be signed by Nodal officer/ Store officer as per practice of Institute. Format of CRC is attached.
- 2.8 Guidelines for CRC Signing:
- a) Under the column “name of the item supplied and quantity supplied”, the consignee will endorse the following “as per the packing list attached and certified by the supplier”.
  - b) The packing list shall be counter signed by nodal officer/ store officer.
  - c) Under the column “date of receipt by the consignee” the nodal officer / store officer shall mention the date of receipt of goods by the consignee, which was mentioned while signing the lorry receipt/ delivery challan.
  - d) All the points in consignee receipt shall be filled and signed with name and seal of the signatory”.
  - e) There shall not be any striking or overwriting on the CRC, as the payments are to be released based on this document.
  - f) Consignee Receipt Certificate (CRC) should ordinarily be issued immediately however, not later than **7 days** of the receipt of consignment at site, in any case.
- 2.9 The equipment shall be stored safely in packed condition in the existing store/ designated place in the premises by the Institute.
- 2.10 In case suitable space is not available in existing premises of Institute, EA shall provide suitable storage enclosure with locking facility which will be termed as a temporary store. The temporary store will be under the custody of Institute and shall be operated by the Institute. However, the EA will provide overall security through the construction contractor or in any other manner.
- 2.11 Institute will ensure that items delivered are received and stored in sealed condition till issued for installation.
- 2.12 PSA will coordinate with the supplier for installation.
- 2.13 The items shall be opened at the time of installation in presence of client and supplier who shall be authorized by PSA.

- 2.14 EA will provide temporary power and water supply to medical equipment suppliers at site.
- 2.15 EA will facilitate installation of the medical equipment and will also ensure that construction contractor make available work fronts and make other required facilitation to the medical equipment supplier to enable them to carry out installation and commissioning activities at site. Required power connection upto the room where medical equipment is to be installed will be provided by Executing Agency.

### **3. STAGE – III : Installation of the Equipment**

- 3.1 PSA and Supplier will regularly coordinate with EA and Institute to check the availability of site and power for installation of Equipment.
- 3.2 Institute will issue the stock to supplier for installation.
- 3.3 PSA to ensure that Supplier quickly installs the equipment under monitoring of PSA / Institute.
- 3.4 Upon Satisfactory Installation, Supplier will submit the installation report, Institute will concur the installation report within **3 days**.

### **4. STAGE – IV : Testing and Commissioning of the Equipment**

- 4.1 PSA to ensure that Supplier carries out testing and commissioning of the equipment to the satisfaction of the end user i.e. the Govt. Medical College / Institute.
- 4.2 Institute, upon satisfactory functioning of equipment will sign and issue Final Acceptance Certificate (FAC).
- 4.3 Final Acceptance Certificate shall be issued within **30 days** of Installation, commissioning and training.
- 4.4 On receipt of FAC, PSA will release the balance payment to the supplier within **15 days** subject to complying with the terms and conditions of tender/ NOA.

The EA, PSA and GMC should work collaboratively in close co-ordination so that the delay in installation of medical equipment can be avoided.

\*\*\*\*