

No.F.
NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi-110067.

Date:

OFFICE ORDER

In exercise of powers conferred upon him under Bye-law 52 of the Bye-Laws of NIHFW and in accordance with the project guidelines approved by the Governing Body of the Institute regarding creation of post in various Projects, the Director, NIHFW is pleased to create/extend the term of creation of the following posts(s) in the project viz.

“ _____
_____ as per details given below:

S.No.	Name of the post	No.of posts	scale of pay	Duration
1.				
2.				
3.				

The expenditure involved will be met out of the funds of the abovesaid project budget.

DEPUTY DIRECTOR (ADMN.)

To

1. Sh. _____, Project officer
2. Accountant (project)
3. Accounts Officer
4. Recruitment Assistant, Shri _____

No.F.
NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi-110067.

Date:

OFFICE ORDER

With the approval of the Governing Body of the Institute, sanction to the creation of following Group "A" posts in the prescribed scale of pay together with usual allowances as admissible from time to time in the Institute with effect from _____ is hereby conveyed:

S.No. Name of the post No. of posts scale of pay Deptt. to which sanctioned

- 1.
- 2.
- 3.

The expenditure involved will be met out of Institute's Non-Plan/ Plan Budget Head 'SALARIES & ALLOWANCES' for the year ____ to ____.

Concurrence of the Ministry of Finance (Department of Expenditure) has been obtained by the Ministry of Health and F.W. vide their U.O.note no. _____ dated _____ .

DEPUTY DIRECTOR (ADMN.)

To

1. Head, Department of _____
2. Accounts Officer
3. Recruitment Assistance, Shri _____

No.F.
NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi-110067.

Date: _____

CIRCULAR

Applications are invited for the following group 'B' post of Asstt. Research Officer in _____ of NIHFWS for a period of _____ months/years or till further orders whichever is earlier.

1. Asstt. Research Officer: one
2. Rs.9300-34800/- G-P- Rs- 4600/-

3. Qualifications and Experience

Essential

- 1.
- 2.

Desirable

4. Job Requirement
5. Age limit: 35 years

Note:

Application on plain paper, giving full Bio Data including details of age proof, educational qualifications and experience with copies of the certificate may please be forwarded to the undersigned immediately latest by _____ .

It is requested that this circular may kindly be brought to the notice to all the eligible employees working in your department.

DEPUTY DIRECTOR (ADMN.)

Copy to:-

- 1.
- 2.
- 3.

Registered A.D.

No.F.
NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi-110067.

Date: _____

To,

The Employment Officer,

_____.

SUBJECT: NOTIFICATION OF VACANCY FOR THE POST OF _____ .

Sir,

I am directed to forward herewith a requisition form, duly filled in, for notification of the vacancy for the post of _____ in this Institute. It is requested that a list of names and addresses of suitable candidates may kindly be sent to this Institute within fifteen/sixty days, in order to enable us to make selection for the said post. If suitable candidates are not available, a 'Non-Availability Certificate' may kindly be issued to this Institute, so as to enable us to make recruitment through other permissible sources.

In case no response is received from your end latest by _____ , it will be presumed that your office has no objection to this vacancy being filled in by way of open advertisement in the press.

Yours faithfully,

DEPUTY DIRECTOR(ADMN.)

Copy forwarded for information and necessary action to:

- 1.
- 2.

Urgent/By Hand

No.F.
NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi-110067.

Date:

To

The Director
Directorate of Advertising
and Visual Publicity,
Ministry of Information and Broadcasting,
PTI Building, 3rd Floor, Parliament Street,
New Delhi-110001.

Subject: NIHFW – Advertisement for filling up of vacant posts in the Institute.

Sir,

I am directed to forward herewith a draft advertisement for the following vacant posts in the National Institute of Health and Family Welfare. It is requested that an advertisement may kindly be published in the following leading Newspapers on all India basis at an early date:

- 1.
- 2.
- 3.

2. The last date given in the draft advertisement for receipt of applications is on the presumption that the advertisement will appear in the papers immediately.

3. Bill in triplicate may be sent for payment in due course. The newspapers, publishing advertisement relating to the above posts, may also please be advised to send newspaper cutting to the Institute direct for our record.

4. The number of newspapers may kindly be kept to the minimum required for an advertisement to be published on all India basis.

This may kindly be treated as Urgent.

Yours faithfully,

Deputy Director(Admn.)

Copy for information to:

The Central Employment Exchange, 2A/3, Kunden Mension Building, Asaf Ali Road, New Delhi.

Adv.No._____

NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi-110067.

National Institute of Health and Family Welfare, is an Autonomous Body under the Ministry of Health and Family Welfare. The objective of the Institute is to act as an apex Technical Institutes for promotion of Health and Family Welfare Programmes in the country through Education, Research, Training, Evaluation and services.”

.....

Applications are invited for the following post in this Institute. Application form is obtainable from the Section Officer (Administration-I) of National Institute of Health and Family Welfare, New Mehrauli Road, Munirka, New Delhi either personally or by sending self addressed envelop (9”x4”) duly stamped, with Indian postal order, for Rs... payable to Accounts Officer of this Institute. Format of application form can also be downloaded from the Institute’s web-site www.nihfw.org.

1. Post:
2. Matrix:_____
3. Qualifications and Experience:

Essential:

- 1.
- 2.
- 3.

Desirable:

4. Job requirements:
5. Age limit:

Note:

1. Candidate working in Govt./Semi Govt. organisation must apply through proper channel.
2. The complete application form alongwith the crossed Indian Postal Order worth Rs._____-/- (No fee for SC/ST candidates and female condidates) for the post payable to the Accounts Officer, NIHFW, New Delhi, should reach the Deputy Director (Admn.), National Institute of Health and Family Welfare, New Mehrauli Road, Munirka, New Delhi – 110067, latest by the _____ .

REGISTERED

No.

NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi-110067.

Date: _____

MEMORANDUM

With reference to his/her application for the post of _____ in this Institute, Shri/Smt./Dr./Km. _____ is requested to appear for an interview on _____ at _____ in the Administrative Block of the Institute.

He/She is requested to bring with him/her the original certificates and testimonials in evidence of his/her date of birth, qualifications and experience etc.

Unemployed candidates will be paid single second class Rail Fare, both ways, by the shortest route on production of Railway Cash receipt subject to the condition that initial fare upto 250 kms., both ways, will be borne by the candidate.

He/she should also bring a 'No Objection Certificate' from his/her employer, if he/she is in service and his/her application was not received in this Institute through proper channel, failing which his/her candidature for the post will not be considered.

Please acknowledge receipt and intimate whether he/she will be appearing for interview.

Dy. Director (Admn.)

No.
NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi-110067.

Date:_____

MEMORANDUM

A meeting of the Selection Committee for conducting the interview of candidates for the post of _____ in the scale of pay of Rs._____ in this Institute will be held on _____, at _____ in Room No. _____ .

You have been nominated as a member of Selection Committee, constituted by the Director. You are, therefore, requested to kindly make it convenient to attend the meeting of the Selection Committee on the date and time mentioned above.

Dy. Director (Admn.)

Confidential

No.
NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi-110067.

Date: _____

Tel.No.26165959

To,

Subject: Filling up the post of regarding.

Sir,

I am directed to invite a reference to this Institute's/your 'letter No..... dated _____ and to request you to kindly send the Confidential Report Dossiers of Sh./Ms _____ for the meeting of the Selection Committee for the post of _____ scheduled to be held on _____ in NIHFV, Munirka, New Delhi. This may kindly be treated as MOST URGENT.

Dy.Director (Admn.)

No.
NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi-110067.

Date: _____

To

The Civil Surgeon,
Lady Harding Medical College and Hospital,
New Delhi.

SUBJECT: MEDICAL EXAMINATION OF SHRI _____

Sir,

Shri/Ms./Dr. _____, is being considered for appointment to the post of _____ in the Institute. It is requested that he may be medically examined and report be sent to this Institute at an early date.

Shri/Ms./Dr. _____ has be directed to report to your office immediately for medical examination.

Necessary copies of the blank forms of declaration and medical certificate are enclosed. Kindly obtain his signature on the declaration form etc. in your presence.

Dy. Director (Admn.)

No.F. _____

Copy forwarded to Shri/Ms./Dr. _____ . He is directed to report to the Civil Surgeon, Lady Harding Medical College and Hospital, New Delhi immediately for his medical examination.

Dy. Director (Admn.)

Regd.

No.
NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi-110067.

Date:_____

OFFICE MEMORANDUM

Director, National Institute of Health and Family Welfare is pleased to offer Sh./Smt./Km. _____, appointment as _____ in the Institute on a basic pay of Rs. _____ per month in scale of Rs. _____. The appointee will also be entitled to draw dearness and other allowance at the rates admissible and subject to the conditions laid down in Rules and orders governing the grant of such allowances in force from time to time.

2. The terms of appointment are as follows:-

- i The post is temporary at present but likely to continue.
- ii He/She will be on probation for a period of one/two year(s) from the date of joining.
- iii The appointment may be terminated at any time by a Month's notice given by either side viz the appointee or the appointing authority without assigning any reason. The Appointing Authority however, reserves the right of Terminating the services of the appointee forthwith or before the expiration of the stipulated period of notice by making payment to him a sum equivalent to the pay and allowances for the period of notice or the unexpired portion thereof. During the period of probation however the appointment can be terminated at any time without any notice.
- iv Other condition of service will be governed by the relevant rules and orders in force from time to time.

3. The appointment will be further subject to:-

- i Submission of a declaration about his/her martial status in the prescribed form. In the event of the candidate having more than one wife living, or being married to a person having more that one wife, the appointment will

be subject to his being exempted from the enforcement of the requirement in this behalf.

- ii Production of a certificate of fitness from the competent medical authority.
 - iii Taking an oath of allegiance/faithfulness to the Constitution of India in the prescribed form (enclosed).
 - iv Production of the following original certificates:-
 - a) Degree/Diploma/Certificates of Educational and other technical qualifications.
 - b) Certificate of age.
 - c) Character certificate in the prescribed form enclosed.
 - d) Certificate in the prescribed form in support of candidate's claim to belong to a Scheduled Caste/Scheduled Tribe/OBC.
 - e) Discharge Certificate from the previous employer, if any.
4. It may please be stated whether the candidate is serving or is under obligation to serve another Central Government Department, a state Government or a Public Authority/PSU/Autonomous Body.
5. If any declaration given or information furnished by the candidate proves to be false or if any the candidate is found to have willfully suppressed any materials, information he will be liable to removal from service and such other action as may be deemed necessary.

If _____ accepts the offer on the above terms, he/she should communicate his/her acceptance to the undersigned by the _____. If no reply is received or the candidate fails to report for duty by the prescribed date, the offer will be cancelled.

No travelling allowance will be allowed for appearing for Medical Examination and/or for joining the appointment.

Deputy Director (Admn.)

To

CONFIDENTIAL/REGISTERED

No.

NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi-110067.

Date:_____

To

Subject: Verification of character and antecedents of Sh. _____
applicants for the post of _____ .

Sir,

I am to say that Sh./Smt./Km. _____, whose particulars are entered in the enclosed Attestation Form (in triplicate), is a candidate for the post of _____ . To enable this Institute to determine the suitability of the candidate for employment in the Institute, you are requested to certify on the basis of the information available in your records, whether he/she has come to any adverse notice or not and whether there are any facts about him/her on record which would render him/her unsuitable for employment in the Institute. In this connection, it may be stated that the criteria to be observed for determining suitability of candidates as prescribed by the Govt. of India are that no person should be considered unfit for appointment solely because of his/her political opinions, but care has to be taken not to employ persons who are likely to be disloyal/and to abuse the confidence placed in them by virtue of their appointment. Persons who are actively engaged in subversive activities including members of any organization the avowed object of which is to change the existing order of society by violent means, should be considered unfit for appointment under Govt. An individual may be considered unsuitable for public employment only on the ground of his/her actual participation in or association with any objectionable activity or programme. Specifically, the following shall be considered undesirable for employment in civil posts in the public services;

- a) those who are or have been members of or associated with anybody or association declared unlawful after it was so declared or
- b) those who have participated in, or associated with, any activity or programme:

1. aimed at the subversion of the Constitution.
2. Aimed at the organised breach or defiance of the law involving violence.
3. Prejudicial to the interests of the sovereignty and integrity of India or the security of the state. or
4. Which promotes on grounds of religion, race, language, caste or community feelings or enmity or hatred between different sections of the people.

Participation in such activities at any time after attaining the age of 21 years and within three years of date of inquiry should be considered as evidence that the persons is still actively engaged in such activities unless in the interval there is positive evidence of attitude.

2. It is requested that it may be specifically indicated whether or not the candidate is suitable for Govt. service in the light of the criteria mentioned above and if he/ she is considered unsuitable, a brief statement of the grounds for the opinion expressed may be added. The result of the scrutiny may be communicated immediately to this Institute and within a period of six weeks.

3. Steps may kindly be taken to establish the candidate's identity and after this is done, a certificate may please be recorded to this effect alongwith your report on the suitability of the candidate.

Yours faithfully,

Deputy Director (Admn.)

Encl: as above

No.
NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi-110067.

Date: _____

OFFICE ORDER

The Director, NIHFV is pleased to appoint Shri/Smt./_____ as _____ by promotion on ad-hoc basis in the pay scale of Rs. _____ plus other usual allowances as admissible under the rules from time to time for a period of _____ month/year w.e.f. the forenoon of _____ or till further orders, whichever is earlier. His/her pay will be fixed in accordance with the normal rules.

The above ad-hoc promotion will not confer any right on him/her _____ to hold the said post on regular basis or absorption in the same post.

Dy. Director (Admn.)

Copy to:

1. Sh./Ms./Dr. _____
2. Head, Deptt./Sec. of _____ Deptt./Section
3. Accounts Officer
4. Section Officer (Stores)
5. W.M.O.
6. Personal file of Sh./Smt. _____
7. SPA to Director
8. PA to DDA

No.
NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi-110067.

Date: _____

OFFICE ORDER

With the approval of the Director, NIHFW, Sh./Smt./ Kum. _____ of this Institute is appointed to the post of _____ in the scale of pay of Rs. _____ plus other allowances as admissible under the rules on purely ad-hoc basis for a period of _____ months w.e.f. the forenoon/afternoon of _____ or till the regular incumbent to the post joins or until further orders, whichever is earlier.

The above said adhoc appointment will not confer any right on the said appointee to hold the post on regular basis. His/Her pay will be fixed under normal rules.

The expenditure involved will be met out of Institute's Non-Plan budget.

He/she is posted in the Deptt./Section of _____ .

Dy. Director (Admn.)

Copy to:

1. Sh./Ms./Dr. _____
2. Accounts Officer
3. Personal file of Sh./Smt. _____ for making necessary entries in the personal file/ service book and for fixation of pay.
4. All Heads of Deptt./Sectional Heads, NIHFW
5. SPA to Director, NIHFW
6. PA to DDA, NIHFW

No.
NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi-110067.

Date: _____

OFFICE ORDER

With the approval of the Chairman of the Governing Body of the National Institute of Health and Family Welfare, New Delhi, Shri/Smt./Dr./Km. _____ is appointed to the post of _____ on the pay of Rs. _____ in the pay scale of Rs. _____ and other allowances as admissible under rules from time to time with effect from the forenoon of the _____. The terms and conditions of appointment will be the same, as communicated vide institute's letter no. _____, dated _____.

He/She will be on probation for a period of _____ year from the date of appointment.

Dy. Director (Admn.)

Copy to:

1. Sh./Ms./Dr. _____
2. All Heads of Deptt./Sectional Heads
3. Accounts Officer, NIHFW. He/She had already been examined by the Medical Board and found fit.
4. Personal File of Sh./Ms./Dr.
5. SPA to Director
6. PA to DDA
7. Appointment Register
8. Master file

Confidential

F.No.
NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi-110067.

Date: _____

Subject: Completion of Probation Period

Shri/Miss/Smt./Dr. _____ is due for completion of probation period on _____. Head of the Department/Section is requested to give his/her Assessment report about the work and conduct of _____ for the period _____ to enable the Appointing Authority to assess the suitability of the Officer for further retention in service on completion of his/her probation. The report may kindly be sent to the undersigned immediately. A prescribed proforma for the Assessment report is enclosed.

Dy. Director (Admn.)

No.
NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi-110067.

Date:_____

ORDER

For some time past it was under consideration to review the functioning of the Department of _____ so as to make it more responsive to the achievement of goals set forth in the Institute's Training Programmes. Accordingly it has been decided by the Director to constitute a committee, which could look into Department's functioning and make suitable recommendations in this regard. The Committee consists of the following:

- | | | |
|----|-------------|------------------|
| 1. | Prof. _____ | Chair-person |
| 2- | Prof. _____ | Member |
| 3. | Sh _____ | Member |
| 4. | Sh. _____ | Member-Secretary |

2. The terms of reference of the Committee will be as under:

1. To examine the Present workload of the Department vis-à-vis sanctioned staff strength of the Department and delineate the areas where strengthening/change is required.
2. To make suitable recommendations.

The Committee will devise its own procedures to review the functioning of the Department. It may call for all such information from the Head of the concerned Department as it may require from time to time. Concerned Head of Department and other officers will furnish such information to the Committee as may be required.

Committee shall submit its report, together with recommendations, if any, within 90 days from the date of issue of this communication.

Dy. Director (Admn.)

To

- 1.
- 2.
- 3.
- 4.
- 5.

No.
NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi-110067.

Date: _____

NO OBJECTION CERTIFICATE

Certified that Shri/Smt./Dr./Km. _____ is employed in this Institute as _____ in the scale of pay of Rs. _____ w.e.f. _____. This Institute has no objection to his obtaining a passport to visit _____, subject of following conditions:-

- a) that he/she will not receive any financial assistance from foreign Govt./Bodies/Organizations.
- b) That he/she will not seek any employment or receive any remuneration from any agency.
- c) That the leave which may be sanctioned to him/her for the above purpose will not be utilised by him for any purpose other than for which this certificate is issued.
- d) That he/she will not visit any country with which India has no diplomatic relations.

This certificate is issued to _____ at his/her own request.

Deputy Director (Admn.)

No.
NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi-110067.

Date:_____

OFFICE MEMORANDUM

With reference to his letter dated_____, Shri_____,
is hereby informed that explanation submitted by him is not found satisfactory.
Inspire of repeated oral warnings he has not shown any improvement in his
attendance and is in the habit of taking leave very frequently without prior
permission. He is, therefore, hereby warned that he should improve his
attendance, failing which disciplinary action will be taken against him.

Deputy Director (Admn.)

Copy forwarded for information to:

- 1.
- 2.

No.
NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi-110067.

Date:_____

OFFICE ORDER

Attention of all the staff is invited to Institute's office order no._____ dated _____, wherein it has been laid down that lunch break will be observed from 1.00P.M. to 1.30 P.M. on all the working days. It has however been noticed that a number of employees are found wandering even after 1.45 P.M. in the lawns. They are, accordingly advised to observe the lunch hours strictly and they should be in their seat immediately after the lunch break. Heads of Departments/Sections are also requested to ensure punctuality.

Deputy Director (Admn.)

To
All HODs/Sectionl Heads

Copy to:

- 1.
- 2.

No.
NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi-110067.

Date: _____

MEMORANDUM

Shri _____ is hereby informed that it is proposed to take action against him under rule 16 of CCS (CCA) Rules, 1965. A statement of imputations of misconduct or misbehavior on which action is proposed to be taken as mentioned above, is enclosed.

2. Shri _____ is hereby given an opportunity to make such representation as he may wish to make against the proposal.

3. If Shri _____ fails to submit his representation within 10 days of the receipt of this Memorandum, it will be presumed that he has no representation to make and orders will be liable to be passed against Shri _____, ex-parte.

4. The receipt of this Memorandum should be acknowledged by Shri _____.

Signature
Name and Designation of the Competent Authority

To

Shri _____

No.
NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi-110067.

Date:_____

ORDER

Whereas an inquiry under rule 14 of the CCS(CCA) Rule, 1965 is being held against Shri _____.

AND WHEREAS the undersigned considers that an Inquiry Officer should be appointed to inquire into the charges framed against him.

Now, therefore, the undersigned in exercise of the powers conferred by sub-rule (2) of the said rule, hereby appoints Shri _____ as Inquiry Officer to inquire into the charges framed against the said Shri _____.

Signature
Name and Designation of the Competent Authority

Copy to:

1. Shri _____ , (employee concerned)
2. Shri _____ , Inquiry Officer
- 3.
- 4.

No.
NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi-110067.

Date: _____

MEMORANDUM

The undersigned is directed to enclose herewith a copy of the inquiry report submitted by the officer appointed to inquire into the charges against Shri _____ .

On a careful consideration of the inquiry report aforesaid, the undersigned agrees with the findings of the Inquiry Officer and holds that the article(s) of charge is/are proved. The undersigned has, therefore, provisionally come to the conclusion that Shri _____ is not a fit person to be retained in service and so the undersigned proposes to impose on him the penalty of dismissal from service/compulsory retirement.

Shri _____, is hereby given an opportunity of making representation on the penalty proposed, but only on the basis of the evidence adduced during the inquiry. Any representation which he may wish to make on the penalty proposed will be considered by the undersigned. Such representation, if any, should be made in writing and submitted so as to reach the undersigned not later than fifteen days from the date of receipt of this Memorandum by said Shri _____ .

The receipt of this Memorandum should be acknowledged.

Signature
Name and Designation of the Competent Authority

To

Shri _____

No.
NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi-110067.

Date:_____

ORDER

Whereas a disciplinary proceeding against Shri _____ is contemplated/pending.

Now, therefore, the undersigned in exercise of the powers conferred by sub-rule (1) of rule 10 of the Central Civil Services (Classification, Control and Appeal) Rules, 1965 hereby places the said Sh. _____ under suspension with immediate effect.

It is further ordered that during the period that this order shall remain in force the headquarters of Shri _____ shall be New Delhi and said Shri _____ shall not leave the headquarters without obtaining the previous permission of the undersigned.

Signature
Name and Designation of the Suspending Authority

Copy to:

1. Shri _____, orders regarding subsistence allowance admissible to him during the period of suspension will issue separately.
- 2.
- 3.

No.
NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi-110067.

Date: _____

ORDER

Whereas an order placing Shri _____ under suspension was made by the undersigned on _____ vide this Institute's order of even number dated the _____ .

Now, therefore, the undersigned in exercise of the powers conferred by clause (c) of sub rule 5 of rule 10 of the CCS (CCA) Rules, 1965, hereby revokes the said order of suspension with immediate effect.

Signature
Name and Designation of the authority making the Order

Copy to:

1. Shri _____ (suspended officer)
- 2.
- 3.

Signature
Name and Designation of the authority making the Order

No.
NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi-110067.

Date:_____

MEMORANDUM

The undersigned proposes to hold an inquiry against Shri _____ under Rule 14 of the Central Civil Services (Classifications, Control and appeal) Rules, 1965. The substance of the imputations of misconduct or misbehavior in respect of which the inquiry is proposed to be held is set out in the enclosed statement of articles of charge (Annexure I). A statement of the imputations of misconduct or misbehaviour in support of each article of charge is enclosed (Annexure II). A list of documents by which, and a list of witness by whom, the articles of charge are proposed to be sustained are also enclosed (Annexure III & IV).

2. Shri _____ is directed to submit within 10 days of the receipt of this Memorandum a written statement of his defence and also to state whether he desires to be heard in person.

3. He is informed that an inquiry will be held only in respect of those articles of charge as are not admitted. He should, therefore, specifically admit or deny each article of charge.

4. Shri _____ is further informed that if he does not submit his written statement of defence on or before the date specified in para 2 above, or does not appear in person before the inquiring authority or otherwise fails or refuses to comply with the provision of Rule 14 of the CCS(CCA) Rules, 1965 or the orders/directions issued in pursuance of the said Rule, the inquiring authority may hold the inquiry against him ex-parte.

5. Attention of Shri _____ is invited to Rule, 20 of Central Civil Services (Conduct) Rules, 1964 under which no Government Servant shall bring or attempt to bring any political or outside influence to bear upon any superior authority to further his interests in respect of matters pertaining to his service under the Government. If any representation is received on his behalf from another person in respect of any matter dealt with in these proceedings, it will be presumed that Shri _____ is aware of such a representation and that it has been made at his instance and action will be taken against him for violation of Rule 20 of the CCS (Conduct) Rules, 1964.

6. The receipt of the Memorandum may be acknowledged.

Signature
Name and Designation of the Competent Authority

To

Shri _____

ANNEXURE I

**‘Statement of articles of charge framed against
Shri _____
(name and designation of the Government servant).**

Article of Charge I

That the said Shri _____ while functioning as
_____ during the period _____.

Article of Charge II

That during the aforesaid period and while functioning in the aforesaid office, the
said Shri _____ - .

Article of Charge III

That during the aforesaid period and while functioning in the aforesaid office, the
said Shri _____ - .

ANNEXURE II

**‘Statement of imputations of mis-conduct or mis-behaviour in support
of the articles of charge framed against
Shri _____
(name and designation of the Government Servant).**

Article of Charge I

Article of Charge II

Article of Charge III

ANNEXURE III

**List of documents by which the articles of charge framed against
Shri _____
(name and designation of the Government Servant)
are proposed to be sustained.**

- 1.
- 2.
- 3.
- 4.

ANNEXURE IV

**List of the witnesses by whom the articles of charge framed against
Shri _____,
(name and designation of the Government servant)
are proposed to be sustained.**

- 1.
- 2.
- 3.
- 4.

NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi-110067.

**Subject: Next meeting of the Governing Body of the NIHFW – Request
for fixing up of a date and time for the meeting.**

The present bye-laws of the Institute regarding holding of meetings of the Governing body inter-alia provide that Governing Body may meet as often as may be considered necessary, but meet at least once in a year. Rules further states that the venue, date and time will be fixed by the Chairman and a notice of not less than 21 clear days is required to be given for convening the meeting of the Governing Body. The last meeting of the Governing Body was held on _____. Since then, a number of important matters have come up, which need immediate consideration of the Governing Body.

2. Some of the important items which need consideration and clearance of the Governing Body include (I) Training Programme, Research Project and Evaluation studies _____, (2) Annual Budget _____, (3) _____ and (4) _____. A tentative list of Agenda items, which are proposed to be included in the Agenda of the next meeting, is enclosed.

3. The Chairman of the Governing Body (Union Minister of Health and Family Welfare) is accordingly requested to kindly fix the venue, date and time for convening the next meeting of the Governing Body. In case it meets the approval of the Chairman, it is also proposed that the meeting may be held at the premises of the NIHFW.

DIRECTOR

Vice chairman of the G.B., NIHFW (Secretary, Min,of Health and F.W.)

Chairman, G.B. NIHFW (Union Minister of Health and F.W.)

NIHFW U.O. No. _____ / _____

NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi-110067.

Tentative list of the Agenda items for consideration of the Governing Body of the
NIHFW

1. To record appreciation of the services of the outgoing Members and to welcome the new Members of the Governing Body.
2. To confirm the Minutes of the last meeting of the Governing Body held on _____ .
3. To note the follow-up action taken on the decisions taken by the Governing Body in its last meeting held on _____ .
4. To note and approve the training programme, research project/evaluation studies and other activities of the NIHFW for the year _____ .
5. To approve the Revised estimates for the year _____ and budget estimates for _____ both under plan and non-plan.
6. _____

7. _____

8. Any other item with the permission of the chair.

No.
National Institute of Health and Family Welfare
(Accounts Branch)

Dated: _____

ORDER

Sanction of the Dy. Director (Admn.), National Institute of Health and Family Welfare is hereby conveyed to the withdrawal of Rs..... (Rupees..... only) to Sh./Smt./Km./Dr. from his/her G.P. Fund Account No..... for under rule 15 () of G.P. Fund (CS) Rules 1979.

Accounts Officer

1. Shri/Smt./Miss/Dr..... is requested that he/she may please furnish satisfactory evidence/certificate within three months from the date of payment that the amount has been utilised for the purpose for which it has been granted, failing which amount will need to be refunded with interest.
2. Bill Section, NIHF, New Delhi.
3. S.O. (Admn I.)/SO (Admn II./) for placing in the Personal file of

No.
National Institute of Health and Family Welfare
Baba Gangnath Marg, Munirka, New Delhi-110067

Dated:.....

To,

Subject: Course on Hospital Administration from to
.....,

Sir,

You are well aware that this Institute has the responsibility to provide training in Managerial Processes, Educational Technology, Communication Strategy etc. to senior health administrators of health services. With these objectives in view, this Institute is organizing a training course for Senior Health Administrators from 19..... Introductory document giving the rationale, objectives, methodology etc. is enclosed for your reference.

2. You are requested to depute two officers for the course. The nomination for this may kindly be forwarded to the Professor & Head, Department of, National Institute of Health and Family Welfare, New Mehrauli Road, Munirka, New Delhi-110067, by Your early nominations will help us to communicate with them.

3. There is no fee for the course. However, the expenditure on TA/DA of the participants will need to be borne by the sponsoring state Govt./ organisation.

4. Boarding and lodging facilities for the participants are available in the Hostel of the Institute on payment of scheduled tariff.

5. I shall be highly thankful to you for an early action in deputing the participants for the above mentioned course.

Thanking You,

Yours faithfully,

Course Director

INTRODUCTORY DOCUMENT

PART-A

1. Title of the Course : Course of
2. Participants/Category Of Personnel : Senior Medical and other professionals directly involved with
3. Number to be nominated : Two to three.
4. Duration : to
5. Venue : National Institute of Health and Family Welfare, Baba Gang nath marg, Munirka, New Delhi – 110067.
6. Last date of nomination :

PART-B

1. Rationale :
.....
2. Objectives : At the end of the Course the participants should be able to:
 1. _____
 - a.....
 - b.....
 2. _____
 3. _____
3. Major content Areas:
 1. _____
 2. _____
4. Methodology
 1. Lecture discussion.
 2. Group Work
 3. Field visits.
 4. Organisational Behavioural Laboratory.

No.
NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi-110067.

Date: _____

To

Subject: Regarding nomination of officers for participation in _____
course from _____ to _____

Sir,

With reference to your letter no. _____ dated _____
on the subject mentioned above, I am directed to inform you that nomination of following
officials of your organization for participation in the above said course have been
accepted subject to the condition that formal clearance of your State Government is
conveyed to us:

- 1.
- 2.

After formal clearance of the nomination by your State Government, kindly
advise the abovesaid officers to report at the Teaching Block of this Institute on
_____, exact at 9.00 A.M. for registration. During the
period of the training course, Hostel accommodation at the NIHFW Hostel will be made
available, if required by the participants, on our scheduled charges. It may please be
noted that only single room will be available for the participant and in no case their
requests for family-suit will be accepted.

Yours faithfully,

Course Director

Copy to:

- 1.
- 2.

No.
NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi-110067

Date: _____

NO DEMAND CERTIFICATE

Certified that in so far as this Institute is concerned there is nothing outstanding against Shri _____, who is due to retire on the afternoon of _____ from the service of the Institute.

Section Officer

Shri _____

Copy forwarded for information and necessary action to:

1. Accounts Officer, NIHFW
2. Section Officer (store), NIHFW

No.
NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi-110067.

Date: _____

MEMORANDUM

Permission of the Director is hereby conveyed to Dr. _____, to participate/attend the under mentioned meeting/conference/workshop/seminar scheduled to be held at _____ on _____:

No TA/DA will be paid by this Institute. The absence for this purpose will be treated as 'DUTY'. Any remuneration received for the above purpose can be accepted with the prior approval of the Director. An intimation about acceptance or even non-availability of such remuneration should be conveyed to Accounts Section as well as Academic Section within a week's time of his/her return from tour for the purpose.

Deputy Director (Admn.)

Copy to:

- 1.
- 2.

No.

NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi-110067.

Date: _____

To

RATE ENQUIRY FOR _____

Sir,

Please furnish your quotation (which can be sent by post or dropped in the tender box at Administrative Block, New Mehrauli Road, Munirka, New Delhi-110067) on your letter head duly signed and stamped subject to the terms and conditions stipulated in the enclosed document for supply of the articles under mentioned/enumerated in the schedule attached, inclusive of packing and forwarding charges, in SEALED COVER indicating on it "RATE ENQUIRY NO." _____ and DATE OF OPENING ON _____" addressed to Director, NIHF, so as to reach this office by 3.00 p.m. on _____ which may be opened on the same day in the presence of the attending tenderers if any.

STORES OFFICER
FOR DIRECTOR, NIHF

S.No.	Name & Description of Articles	Qty.required	Accounting Unit

No.
NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi-110067

TERMS AND CONDITION FOR SUPPLY

1. Any tenderer responding to this Rate enquiry shall be deemed to be agreeable to the terms and condition herein contained. No separate contract will be entered into with successful tenderer and therefore, terms and conditions herein contained shall be binding on the part of the successful tenderer, conditional tenders are liable to be rejected. In the event of any dispute Director's decision will be final.
2. Your quotations should be sent in SEALED COVER, superscribed with words "QUOTATION FOR _____ DATE OF OPENING _____" and addressed to the Director, NIHF, New Mehrauli Road, Munirka, New Delhi-110067 to reach him on or before the prescribed date. Quotations received late after the due time and date are liable to be ignored/rejected.
3. When a quotation runs into several pages, each page, must be signed by you. Against those item for which you cannot quote, please mark "NOT QUOTED" Unsigned quotations are liable to be ignored.
4. No figures or words should be overwritten. Overwritten figures or words should be scored out and rewritten under your full signature. Quotations which do not fulfil this condition will not be considered.
5. The prices quoted must be net per unit and must include all charges for packaging and delivery at the Stores Branch, Academic Block, New Mehrauli Road, Munirka, New Delhi-110067. Categories of stores offered whether imported or indigenous make, type and all other particulars should be stated in detail. No facility regarding Import, Licence etc. can be afforded.
6. Rates should be written legibly in ink against each item mentioned in this rate enquiry. Full specifications, size etc. of the item quoted should be furnished in your quotation. Technical and illustrative leaflets must be enclosed with your Qt.
7. Sales tax/General tax, etc. where legally leviable and intended to be claimed, should be distinctly shown alongwith the price quoted. Where this is not done, no claims for S.T./G.T. will be admitted at any stage and/or any grounds.

8. Rates quoted against this Rate Enquiry shall remain valid upto last day of March month of following year. During this period it will be obligatory on the part of the tenderer to honour supply orders placed/with him for the quantities and goods shown in this rate inquiry or for further quantities that may be needed by this Institute from time to time upto last day of March month. No request for increase in the rates, if any, will be allowed or entertained during this period after the opening of tenders of the Committee.
9. Samples against your quotation when called for, should be furnished promptly by the date stipulated which would be sealed/stamped with particulars, failure to do so, will entail your quotation being ignored.
10. As soon as the acceptance of tender is communicated to the successful tenderers, the contract shall be complete and binding on him (Tenderer/s) to honour the terms and conditions herein contained which shall be enforced by Director, NIHFW, and thus no fresh or regular contract will be drawn separately.
11. Quantities shown in this Rate Enquiry are only approximate requirements and are subject to alternations at the time of placing supply orders and during the pendency of the quotation, it will be binding on the part of successful tenderers to honour and comply such orders placed by this Institute.
12. Each successful tenderer will be required to deposit earnest money of Rs. _____, in the form of Demand Draft payable at New Delhi in favour of the Director, NIHFW, New Delhi-110067.
13. Please note that the date of delivery indicated in the supply order must be adhered to strictly, if for any special reason delivery cannot be effected within the stipulated period, application for extension of delivery date should be made well in advance stating full reasons. Extension may be granted at the discretion of the Director or he may cancel the order at his discretion. Repeated instances of failure to supply stores ordered by the due dates of delivery may result in not issue of our future enquiries without reference to you and also may result in purchase at your risk and responsibility.
14. Any loss sustained by Institute as a result of non-compliance of delivery schedule, questionable quality of stores and short delivery during the pendency of the contract shall be recoverable from the tenderer besides forfeiture of his earnest money/Security which may be lying in this Institute. Failure to comply with the supply orders shall authorise the Director, NIHFW, to effect purchase at the RISK AND RESPONSIBILITY of the tenderer/s as a consequence of which the increase in the purchase cost shall be realized by way of liquidation of earnest money lying with NIHFW and or by the retrenching the resultant increase in cost from the pending bills of the successful tenderer/s.

15. The Director, NIHFV reserves the right to accept or reject any of the tenders. He also reserves the right to cancel the supply order placed on the successful tenderer/s summarily without assigning any reason or whatsoever.
16. Decision of the Director, NIHFV with regard the enforcement of these terms and or waiver of the terms and conditions and rejection of acceptance of tenders shall be final and the Director, NIHFV shall not be liable for any damages/liabilities to the tenderers on account of the enforcement of herein contained terms and conditions.
17. Payment will be made within a reasonable period through a crossed cheque drawn on State Bank of India, R.K.Puram, Sector-1, New Delhi-110022, after inspection and acceptance of supplies and presentation of pre-receipted bill. No condition/clause with regard to interest etc. shall be entertained.

Director, NIHFV, New Delhi.

No.
NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi-110067.

Date: _____

To

Sir,

With reference to your quotation no. _____ dated _____ on the subject, I am to request you to supply the following items at the rate quoted by you:-

S.No.	Item	Quantity	Rate	Amount

Local sales tax, if applicable, will be allowed extra provided you record necessary S.T. Certificate on your bill.

The stores should be supplied from fresh stock and be free from any defect. Defective/Sub-standard stores will not be accepted at any cost.

The delivery should be effected at above address immediately without any delivery charges, but not later than _____ .

After supply and acceptance of stores, you are advised to submit your pre-receipted bill in triplicate with words "Received Payment" to this Institute for arranging payment.

STORE OFFICER
For DIRECTOR, NIHFV

No.
NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi-110067

Date: _____

To

S.D.O.,
Mahanager Telephone Nigam Ltd.,

New Delhi.

Subject: Request for repair of telephone No. _____, installed at the premises of NIHFV.

Sir,

I am to state that telephone no. _____, installed at the premises of our Institute is not in working order for the last _____ days. In this connection a complaint was lodged (complaint no. _____) with your Repair Section on phone no.2189. However the telephone connection has not been set in order. You are, therefore requested to kindly make arrangements for getting the telephone connection in order immediately.

Yours faithfully,

(_____)
Workshop & Maintenance Officer

Copy to:-

No.
NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi-110067

Date: _____

To

Subject: Shifting of Telephone no. _____

Sir,

In continuation of this Institute's letter of even number, dated the _____. I am to request that our telephone no. _____ which was kept under your safe custody, may now kindly be installed at the residence of Professor _____, at _____ immediately, who has joined this Institute on _____.

The payment of shifting charges will be made by this Institute.

Yours faithfully,

Workshop and Maintenance Officer

Copy forwarded for information to:

- 1.
- 2.
- 3.
- 4.

No.
NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi-110067

Date: _____

To

Subject: HOSTEL ACCOMMODATION

Sir,

Kindly refer to your letter dated _____ on the above subject. In this connection, I am to inform you that it will not be possible to provide hostel accommodation during the period mentioned therein, as our hostel will be full with our own trainees. It is therefore, requested that you may kindly make some alternative arrangement.

Thanking you,

Yours faithfully,

Hostel I/c

DIRECTOR
NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Cordially invites you to attend the

ANNUAL DAY FUNCTION OF THE INSTITUTE

On Friday, the 9th March, at 4.00P.M.

At the Institute Campus, Baba Gangnath Marg, Munirka, New Delhi-110067

SHRI _____
(Chairman, Governing Body, NIHFW)
Union Minister for Health and Family Welfare

has kindly consented to be the Chief Guest.

PROF. _____
Member, Planning Commission
Will deliver the Annual Day Oration.

PROGRAMME

Welcome and Highlights Of Institute's Activities	Prof. _____ Director, NIHFW
Annual Day oration	Prof. _____ Member Planning Commission
Distribution of Prizes and Address by Chief Guest	Shri _____ (Chairman, Governing Body, NIHFW) Union Minister of Health and Family Welfare
Vote of Thanks	Prof. _____

TEA

DIRECTOR
NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Request your presence at the
INAUGURATION
OF THE
WHO ASSISTED WORKSHOP ON HEALTH
ECONOMICS AND MANAGEMENT

On

Wednesday, the 19th March, 1983 at 10.00 A.M. in the Teaching Block, /NIHFW Baba
Gangnath Marg, Munirka, New Delhi-110067
R.S.V.P. 26166562, 26150538

PROGRAMME

Welcome	Prof. _____ Director, NIHFW
Background & objectives Of the Workshop	Prof. _____ Coordinator
Inaugural Address	Dr. _____
Vote of Thanks	Shri _____

Coffee

NOTES

1. In his present representation Shri _____ has reiterated the same points as were mentioned in his earlier representation and which have already been considered. There appears to be no justification to alter our earlier decision. This representation may, therefore, be rejected and Shri _____ be informed that in future no further representation on this subject will be entertained.
2. Shri _____ has applied for two months earned leave which is at his credit. No substitute has been asked for. The leave may, therefore, be sanctioned. Draft office order is put up for approval.
3. Shri _____ who was granted earned leave from _____ to _____ vide this Institute's memorandum of even number dated _____, has resumed duty on _____.
4. Director of _____ may consider the question of reemployment of Shri _____ in accordance with the prescribed principles.
5. Ministry of Finance may be requested kindly to reconsider.
6. The application seems to be in order. We may have no objection to accord necessary permission as in the draft sanction put up.
7. In the circumstances, we may issue a revised order in supersession to the one at page 5/c.
8. We may inform the applicant that recruitment against all non-gazetted posts is made out to candidates sponsored by the Employment Exchange.
9. He may be advised to get his name registered in the nearest Employment Exchange if not already done.
10. Character and antecedents of candidate have been verified and found to be satisfactory.
11. The Pension papers of Shri _____ have been completed. These may be forwarded to the Accounts Section for necessary action.

12. The D.G.H.S. may be requested to issue another C.G.H.S. identity card.
13. Patel reaching Calcutta 2nd June 18-10 hours. Meet airport.
14. Director reaching Rampur twentieth morning Lucknow Express.
15. Committee meeting will be held on 22nd and 23rd August at NIHFWS instead 21st and 22nd.
16. Please confirm if all delegates invited conference have accepted.
17. Please inform whether Shri _____ has been admitted to training course.
18. A statement showing the latest position of sanctioned temporary and permanent posts in the Institute is placed on the file as directed.
19. Service from _____ to _____ verified from the office copies of the pay bills.
20. The bill has been verified. This is in order. May be passed for payment.
21. The period of security deposit as per agreement is over. The security deposit may be refunded. The Hand Receipt has been passed for payment.
22. The bill is returned herewith with the following objections.
23. The G.P. Fund Account statement for the year _____ of the under mentioned officer is forwarded herewith. It is requested that the statement may kindly be removed and the acknowledgment portion thereof returned to this Section duly completed.
24. Placed below are four entertainment bills, which are in order and may be passed for payment.
25. It has been verified from the old records that no payment has been made so far in respect of bill no. _____ dated _____.
26. The statement has been checked. The cost comes to Rs.500/-. This is a schedule item and is in order. There was slight error in the calculation of the rate, which has been corrected in this office.

27. The expenditure involved is chargeable/debitable to head_____.
28. Shri_____has applied for the withdrawal of a sum of Rs.two hundred from his General Provident Fund to meet the expenses incurred during his illness. His application is covered by the rules. It may be accepted.
29. The trunk calls(s) in respect of which the bill been received was (were) made from office/residential telephone no._____. Before the payment is made P.S./P.A. to _____ may see and kindly say whether the call(s) was/were official. The amount in respect of private calls may be deposited in cash section.
30. Shri_____, has been allotted quarter no._____in the Institute. In this connection he may please state whether the allotment offered to him is acceptable to him.
31. If adequate precautions had been taken to safeguard Govt. interests, this infructuous expenditure could have been avoided.
32. It would be necessary to fix the responsibility before the amount is written off.
33. This amount has become irrecoverable. May be written off.
34. _____Section has reported that both the typewriters in that section are not in working order. They have requested for early arrangements to get the typewriters repaired. M/s_____ may be asked to furnish an estimate for the repairs.
35. The _____ company may be requested to send their mechanic to examine the defects in the duplicating Machine.
36. The furniture required by _____section is not in stock at present. He may call for quotations for their purchase from at least half a dozen firms of repute.
37. Two of the chairs in this room need recaning. This may be got done at an early date.
38. The office table of Deputy Director needs some repairs. The carpenter may be asked to attend to it.
39. We have only two tyres left in the stock. Necessary action may be taken to purchase 30 tubes and 30 tyres.

40. An electric call bell may kindly be got installed in Room No.265.
41. Shri_____ has joined this office today. We may ask the Security Officer to issue him a temporary pass for a month.
42. There are several rooms in this office, which have not been provided with iron grills. Various articles of stationary, forms, important papers, files, etc. are kept in such rooms unprotected. There is always a risk of theft of article from these rooms.
43. The premises may kindly be inspected and arrangements be made for the repair of the rooms and for attending to other items of work enumerated in the attached note.
44. _____ may see and kindly certify that all the issues of newspapers/magazines, which are mentioned in the enclosed bill, were received during the month of _____. This may kindly be treated as urgent.
45. Certified that purchases have been made at the lowest market rate.
46. I certify that no portion of the accommodation in respect of which the house rent allowance is claimed is sublet or occupied normally by adults other than those belonging to my family.
47. Room Nos_____ have becomes considerably dirty. Arrangement may be made to have them white-washed early.
48. Several glass panes of the windows in the committee room are broken. These may be got replaced.
49. Our call bell is not in working order. Please get it repaired at an early date.
50. Shri_____, holder of identity card no_____, is authorized to take out the following articles from premises of this Institute.