



पूर्वोत्तर इंदिरा गांधी क्षेत्रीय स्वास्थ्य एवं आयुर्विज्ञान संस्थान, शिलांग
NORTH EASTERN INDIRA GANDHI REGIONAL INSTITUTE OF HEALTH & MEDICAL SCIENCES, SHILLONG

(भारत सरकार, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, स्वायत्त संस्थान)

(An Autonomous Institute, Ministry of Health and Family Welfare, Government of India)

निदेशक ब्लॉक, मावडीयांगडीयांग, शिलांग - 793018 मेघालय

Director's Block, Mawdiangdiang, Shillong - 793018 Meghalaya

F.No. NEIGR/S&P/B-04/2018-19 (Budget 2019-20)

Date: 10/09/2018

CIRCULAR

All Departments/sections are informed to submit their continuing projected requirements towards creation of assets/ capital expenditure (Budget Estimate: Non recurring), for the period till March' 2020. Departments/sections should prioritize the list in a quarterly phased manner, in the prescribed format according to priority, with the availability of store/equipment, projection of equipment/store with estimated cost, justification of the requirement, availability of manpower and area in the respective departments/sections. The same should be submitted in the prescribed format by e- mail to storeneigrihms@gmail.com and sastoreneigrihms@gmail.com within 17.30 hrs of 25th September, 2018. The estimates of all expenditures for each department shall be projected for Revised Estimate (RE)/ Supplementary Estimate of the FY 2018-19 and projected Budget Estimate of the next financial year 2019-20.

The meeting of the "Internal Technical Committee for assessment/ review of the requirement of high end store/assets in the Institute" under the Chairmanship of Director, NEIGRIHMS and all Professor & HOD/In-charge of Departments, is scheduled to be held in the Conference Room at 14:00 hrs of 27th September, 2018, for perusal of the requirements till March, 2020.

It may be noted that the above, is subject to allocation of budget by the competent authority and no indents in this regard would be received after the above mentioned period, except in case of emergency.

This is issued as per requirement towards Budget Projection, considered by the competent authority.

D.T. Umdor
Deputy Director (Admn.)
NEIGRIHMS, Shillong

Copy for information and necessary action to:

1. P.A. to Director/ DDA/ MS/ Dean/ Principal, Medical College NEIGRIHMS, Shillong.
2. The Financial Adviser, NEIGRIHMS, Shillong
3. All Head /In charge of Departments, NEIGRIHMS, Shillong
4. Superintendent Engineer/Executive Engineer /Estate Officer (C),
5. Store & Procurement Section, NEIGRIHMS, Shillong/ Biomedical Engineer, NEIGRIHMS, Shillong
6. Principal, College of Nursing, NEIGRIHMS, Shillong
7. SO/ AO/ AAO(B), NEIGRIHMS, Shillong
8. Librarian, NEIGRIHMS, Shillong
9. AO Estt-I & GAD, AR-Estt-II, AR-Est-III, AAO-GAD, NEIGRIHMS, Shillong
10. I/C Central/Medical/Ancillary Stores-Sanitary Superintendent, NEIGRIHMS, Shillong
11. Chief Security Officer, NEIGRIHMS, Shillong

Assessment of the requirement of the MCI/Institute related High End Stores/ Assets in the Institute till March, 2020 (for the Financial year 2019-20.)

| Sl. No. on Priority | Name of Equipments/ Assets/ Stores: *For requirement of non-clinical departments; inputs from clinical departments are desirable | Quantity / Units | Estimated value with basic warranty (one year) (4) | Form A | | | | |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------|-------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------------|
| | | | | Is it an MCI requirement? (5) | Detailed justification of requirement to be submitted (6) | Whether additional Manpower required/ Availability of Manpower (7) | Availability of space in the Department (8) | How will the patients benefit?/ Benefits to the Institute (9) |
| 1 | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |

It is certified that no additional manpower and space/ area would be required for operation of the above systems/ equipments.

Name of the Department: _____
 Signature of Head of Dept./In-charge with Seal _____