



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/s-07/2017-18 (Policy)

Date: 17/06/2020

✓ 23

OFFICE ORDER

In compliance to Institute's Notification No.NEIGR-GAD/97/2012/Pt dt: 30/08/2019, Standard Operating Procedure was finalized for department of cardiology for processing requirement of stores/implants, stents etc on "consignment basis". All other departments were advised to finalize the processing of implants, valves, catheters, oxygenators, Intra ocular lens, specialized oncology stores, prosthesis , implantable devices, imaging/ intravascular catheters, patient centric therapy consumables/ accessories etc on similar lines , on the principle of cost recovery from the beneficiaries availing services, along with the notified hospital user charges.

The Standard Operating Procedure as finalized by the respective committee, considered by the Internal Purchase Committee and Competent Authority in the Institute are as under:

- I. The Head of department may send demand for stores with their technical specifications in accordance with current regulation of Government of India with cost and tentative annual requirement. As per General Financial Rule, public procurement should confirm to description in respect of functional, generic, technical and performance characteristic of requirements from the users. Further, the specification, quality with quantity of goods needs to be spelt out for specific needs of procuring entities.
- II. The stores as detailed above, subject to modification by the authority for time to time shall include implants, valves, catheters, oxygenators ,Intra ocular lens, specialized oncology stores, prosthesis , implantable devices, imaging/ intravascular catheters, patient centric therapy consumables/ accessories etc "on consignment basis" .
- III. Department shall raise demands/ indents on quarterly basis for above stores for being included in the open e-tender rate contract/ GeM. Further, rate contract on consignment basis shall be concluded as per procedure by Medical stores section of the Institute.
- IV. The "hospital user charges" for the services, procedure shall be remitted to the respective payment counter/MRD, prior to the commencement of the service/ procedure, receipt / e-receipt shall be verified by the Nursing Officer/ senior most technicians on duty and concerned Faculty. Copy of the financial record shall be retained in the respective departmental and MRD records.
- V. The cost of consumables, accessories, implantable devices etc "on consignment basis" shall be recovered on case-to-case basis, as per notified prevailing rates through open e-tender rate contract/ GeM, which shall be available with the department, MRD, Hospital administration and the Institute's website.
- VI. The cost of consumables, accessories, implantable devices etc "on consignment basis", shall be remitted by the beneficiary to Bank of Baroda, Mawdiandiang (S/B Account

Circular related to store 2015

Signature of Deputy Director (Administration)
North Eastern Indira Gandhi
Regional Institute of Health &
Medical Sciences, Shillong

no. 30270100005127, IFSC Code: BARBoMAWDIA, Name: NEIGRIHMS Hospital revolving Fund”) by Challan or RTGS, prior to the commencement of the procedure. Receipt / e-receipt shall be verified by the Nursing Officer/ senior most technicians on duty and concerned Faculty. The challans under “NEIGRIHMS Hospital Revolving Fund” shall be available with the stores, user department and on the website of the Institute. The same can be deposited with the consent of user department /stores to Bank of Baroda, NEIGRIHMS campus branch by Challan or RTGS. Copy of the receipt/ e-receipt of financial transaction shall be retained in the respective department and copy forwarded by the department to Central Medical Stores / MRD for records.

- VII. The Department should maintain a log book of stores, assistive devices instrumentation set, service details, equipment etc provided to the department by the rate contracted vendor in order to fulfill the medical procedures as may be required/ certified by the Head of department/ Faculty In charge. All details in regard to the vendor/ supplier name, address, contact no, stores provided with cost, warranty period, services provided, repair and maintenance requirement should be clearly recorded.
- VIII. In the process of replenishment of stores thereafter, the Pharmacist / Superintendent Pharmacist , Central Medical Stores shall verify receipt/ e-receipt/challan the procedure/services performed in the respective department, cost of stores utilized from the “ consignment basis /buffer stock “ as per record and the inventory of the user department shall be processed for replenishment as per notified prevailing rates through open e-tender rate contract/ GeM, with certification of the concerned Faculty In charge and MS/DMS. The Pharmacist / Superintendent Pharmacist and concerned department shall ensure receipt of stores of the quantity required quantity /specifications based on usage. Pharmacist/ Storekeeper will take necessary steps to replenish stocks well in time to avoid any difficulty in supply on account of any item going out of stock.
- IX. Central Medical stores, Purchase and Accounts shall ensure processing at the the earliest and expedite order processing, finalizing the rate contract as and when required

The Standard Operating Procedure is being notified for implementation on immediate priority and the respective department/section may kindly initiate necessary action at the earliest.

This is issued with approval of the competent authority and circulated for the information of all concerned.


23/06/2015

D. T. Umdor

Deputy Director (Admn.)

NEIGRIHMS, Shillong

Tel: 0364-2538010

Deputy Director(Administration)
North Eastern Indira Gandhi
Regional Institute of Health &
Medical Sciences, Shillong

Copy for information to:

1. PA to Director
2. PA/P.S. to DDA/ Dean/MS NEIGRIHMS, Shillong.
3. Deputy Financial Adviser, NEIGRIHMS, Shillong
4. All Head /In-charge of Departments, NEIGRIHMS, Shillong
5. Store & Procurement Section/ Biomedical Engineer, NEIGRIHMS, Shillong
6. Sr. Accounts Officer/ Accounts Officer/ Assistant Accounts Officer, NEIGRIHMS, Shillong
7. Manager, Bank of Baroda, Mawdiangdiang and Chief Manager, Bank of Baroda, Shillong

Circular related to store 2015

NEIGRIHMS :: SHILLONG

Bank's Copy
Bank of Baroda, S.R. A/c No. 307210000122
Mumbai, Maharashtra

Hospital Branching Fund
In Bank copy/End Registered Patient/End I/C Pharmacy copy/End Account copy/In user department

Challan No. _____ Date _____

Name (in capital letters): _____

CR No. _____ IP No. _____

1. Department: _____

2. Consultant: _____

Sl. No.	Item	Qty	Rate/Cost
01.			
02.			
03.			
04.			
05.			
06.			
07.			
08.			
09.			
10.			

3. Bank Charges _____

4. Amount (in Figure) _____

5. Amount (in words) _____

6. Description of notes _____

7. Bank Branch in which for deposited _____

8. Bank Transaction ID No. (For Bank use only) _____

Bank Seal & Signature of Authorised Bank Officer _____ (Signature & Acceptance of the Patient Party)

NEIGRIHMS :: SHILLONG

Registered Patient Copy
Bank of Baroda, S.R. A/c No. 307210000122
Mumbai, Maharashtra

Hospital Branching Fund

Challan No. _____ Date _____

Name (in capital letters): _____

CR No. _____ IP No. _____

1. Department: _____

2. Consultant: _____

Sl. No.	Item	Qty	Rate/Cost
01.			
02.			
03.			
04.			
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07.			
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09.			
10.			

3. Bank Charges _____

4. Amount (in Figure) _____

5. Amount (in words) _____

6. Description of notes _____

7. Bank Branch in which for deposited _____

8. Bank Transaction ID No. (For Bank use only) _____

Bank Seal & Signature of Authorised Bank Officer _____ (Signature & Acceptance of the Patient Party)

NEIGRIHMS :: SHILLONG

I/C Pharmacy Copy
Bank of Baroda, S.R. A/c No. 307210000122
Mumbai, Maharashtra

Hospital Branching Fund

Challan No. _____ Date _____

Name (in capital letters): _____

CR No. _____ IP No. _____

1. Department: _____

2. Consultant: _____

Sl. No.	Item	Qty	Rate/Cost
01.			
02.			
03.			
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4. Amount (in Figure) _____

5. Amount (in words) _____

6. Description of notes _____

7. Bank Branch in which for deposited _____

8. Bank Transaction ID No. (For Bank use only) _____

Bank Seal & Signature of Authorised Bank Officer _____ (Signature & Acceptance of the Patient Party)

NEIGRIHMS :: SHILLONG

Accounts Copy
Bank of Baroda, S.R. A/c No. 307210000122
Mumbai, Maharashtra

Hospital Branching Fund

Challan No. _____ Date _____

Name (in capital letters): _____

CR No. _____ IP No. _____

1. Department: _____

2. Consultant: _____

Sl. No.	Item	Qty	Rate/Cost
01.			
02.			
03.			
04.			
05.			
06.			
07.			
08.			
09.			
10.			

3. Bank Charges _____

4. Amount (in Figure) _____

5. Amount (in words) _____

6. Description of notes _____

7. Bank Branch in which for deposited _____

8. Bank Transaction ID No. (For Bank use only) _____

Bank Seal & Signature of Authorised Bank Officer _____ (Signature & Acceptance of the Patient Party)

NEIGRIHMS :: SHILLONG

User Department Copy
Bank of Baroda, S.R. A/c No. 307210000122
Mumbai, Maharashtra

Hospital Branching Fund

Challan No. _____ Date _____

Name (in capital letters): _____

CR No. _____ IP No. _____

1. Department: _____

2. Consultant: _____

Sl. No.	Item	Qty	Rate/Cost
01.			
02.			
03.			
04.			
05.			
06.			
07.			
08.			

3. Bank Charges _____

4. Amount (in Figure) _____

5. Amount (in words) _____

6. Description of notes _____

7. Bank Branch in which for deposited _____

8. Bank Transaction ID No. (For Bank use only) _____

Bank Seal & Signature of Authorised Bank Officer _____ (Signature & Acceptance of the Patient Party)

COPY TO: