



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)

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F. No.

MOST URGENT

F. No. NEIGR-Fin/Accts(A)/01/2014/Pt-II/

Dated Shillong, the 22nd November 2016.

CIRCULAR

In pursuance of OM No. 25(30)/E. Coordn/2016 dated 17th November 2016 issued by the Department of Expenditure, Ministry of Finance, the advance salary amounting to Rs.10,000/- (Rupees Ten thousand only) in cash will be disbursed to all non-gazetted employees of the Institute (those who have been paid ad-hoc bonus for the accounting year 2015-16 and newly appointed non-gazetted employee upto Grade Pay 4800 who joined on or after 02.10.2015) on 23.11.2016.

Employees who do not wish to receive the cash payout of the part salary advance may submit their option in the prescribed format (copy enclosed and also available on NEIGRIHMS website), to the Assistant Accounts Officer, Accounts Section (A) latest by 12.00 Noon of 23rd November 2016.

In case no option is received by the said time and date, it will be presumed that the employee has opted for cash pay-out for advance salary.

The schedule for cash payment of part advance salary will be as under:-

Date	Time	Venue
23.11.2016 & 24.11.2016	Office working hours	Accounts Section (A)

Employees are requested to note that advance salary will be disbursed by the Accounts Section (A) after submission of the following documents:-

1. Withdrawal proforma (copy enclosed and which is also available on NEIGRIHMS website)
2. Valid official identity card (self attested photo copy)

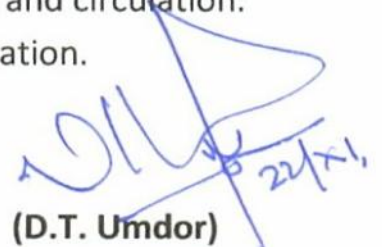

(D.T. Umdor)
Dy. Director (Admn)

Copy forwarded to:-

1. PA to Director, NEIGRIHMS for kind information of the Director.
2. PA to FA, NEIGRIHMS for kind information of the FA.
3. PA to Dean, Academic Section for kind information and necessary circulation.

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4. PA to MS I/c, NEIGRIHMS Hospital for kind information and wide circulation in the Departments/Sections under direct control of MS.
5. PA to all HOD / HOD i/c in the Hospital for kind information and wide circulation in the respective Departments.
6. All Section Heads/In-charge in the Director's Administrative Block, NEIGRIHMS for kind information and circulation.
7. Principal I/c, College of Nursing, NEIGRIHMS for kind information and circulation.
8. Chief Security Officer, NEIGRHIMS for kind information and circulation.



(D.T. Umdor)
Dy. Director (Admn)

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PROFORMA

(Reference Ministry of Finance, Department of Expenditure O.M.
No. 25(30)/E.Coord/2016 dated the 17th November, 2016)

With reference to the above mentioned Office Memorandum, I hereby give my option to **receive/not receive** (*strike out, which is not applicable*) part salary, in advance, amounting to Rs. 10,000/- (Rupees ten thousand) for the month of November 2016 in the form of cash.

Date :

Signature _____

Name _____

Designation _____

Ministry/Department/Office

To

Drawing & Disbursing Officer
Ministry/Department/Organisation

PROFORMA FOR ADVANCE SALARY (WITHDRAWAL)

Name of the Employee :	
Employee Code (as per official ID Card) :	
Designation :	
Name of the Department & Present Posting :	
Contact Number :	
PAN Number :	

(Signature of the Employee)

Name :

Date :

(Checked By)
(Dealing Assistant)

(Verified By)
AAO (A)

I hereby certify that I have received an amount of Rs.10,000/- (Rupees Ten thousand only) in cash on account of advance salary for the month of November 2016.

(Signature of the Employee)

Name :

Date :

Note : Please attach self attested copy of NEIGRIHMS Identity Card as ID proof.