



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
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MOST URGENT

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

Dated Shillong, the 28th November 2016.

CIRCULAR

In continuation of this Section's Circular No.NEIGR-Fin/Accts(A)/01/2014/Pt-II/ Dated 22.11.2016 and considering the difficulty of non-gazetted employees who were having off and availing leave during the days of disbursement of advance salary for November 2016, the disbursement of advance salary is hereby extended as per schedule indicated below :-

Date	Time		Venue
	From	To	
28.11.2016	10:00 AM	5:30 PM	Accounts Section (A)
29.11.2016			
30.11.2016			

It is reiterated that for employees who have not submitted their option (in prescribed format) on or before 23rd November 2016 in Accounts Section (A), it has been presumed that they have opted for cash pay-out for advance salary in accordance with Ministry of Finance OM No.25(30)/E.Coord/2016 dated 17.11.2016.

This part advance salary of Rs.10,000/- (Rupees Ten thousand only) shall be adjusted from the salary bill for the month of November 2016.

Therefore, for employees who have already proceeded on long leave before issue of the first Circular on 22.11.2016 for payment part advance salary (in cash), the concerned HOD / HOD i/c / Sr. Nursing Officers / Section Heads / Section i/c are requested kindly to bring this circular to their notice/information for necessary compliance with the aforesaid Ministry of Finance order at the earliest.

Employees are advised to collect the advance salary (in cash) by themselves.

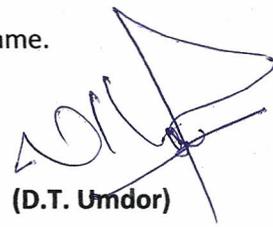
However, in exceptional circumstances due to illness or for other genuine reasons to be recorded in the Authorization Letter, they may duly authorize any member of the Staff or any family member to receive the advance salary on his/her behalf after producing following documents :-

1. Concerned employee's formal quittance along with signed Withdrawal Proforma duly attached with self-attested photo copy of official ID.
2. Self-attested photo copy of official ID of the authorized NEIRIHMS Staff OR any valid identity proof like official ID, EPIC, etc. in case of the authorized person being a non-staff member.
3. Authorized messenger/person's signature is required to be attested by the concerned employee on his/her Authorization Letter.

Contd.....2/-

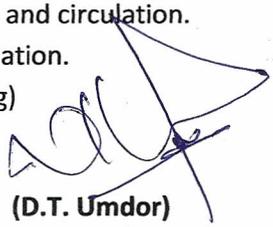
In case of any doubt as to the procedure for collecting advance salary through authorized persons as indicated above, employees may contact the Assistant Accounts Officer, Accounts Section (A) at Tel No. 0364-2538038, Extn No. 241 and Tel No. 0364-2539243.

The other terms and conditions of the earlier circulars shall remain the same.


(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.
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, NEIGRIHMS for kind information and circulation.
9. Notice Board (Administrative Block / Hospital / College of Nursing)


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

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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.

Proforma of formal quittance for advance salary for November 2016
(in case of payment through authorized messenger/persons)

I Shri./Smti. _____ Designation _____ 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
(please affix Re.1 revenue stamp)

Full Name :

Designation :

Department/Present Posting :

Contact No. :

PAN No. :

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