

## 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, स्वायत 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-04/2019-20

Date: 02/09/2019

## **CIRCULAR**

Reference Institute's Circular of even reference dated 15/02/2019.

In continuation to our earlier circular, all Departments/sections are informed to submit their continuing projected requirements towards creation of assets/ capital expenditure (Revised Budget Estimate: Non recurring), for the period till March' 2021. 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 23<sup>rd</sup> September, 2019. The estimates of all expenditures for each department shall be projected for Revised Estimate (RE)/ Supplementary Estimate of the FY 2019-20 and projected Budget Estimate of the next financial year 2020-21.

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 during the fourth week of September, 2019, in Director's Conference Room, for perusal of the requirements till March, 2021.

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.

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

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, 2021 for the Financial Year 2020-21.

| It is   |   |   |   |   |   |     |                           |  |                          |                       |                     |
|---|---|---|---|---|---|-----|---------------------------|--|--------------------------|-----------------------|---------------------|
| certified t   | 5 | 4 | ω   | 2 | 1 | (1) |                           |  | Priority                 | on                    | Sl. No.             |
| It is certified that no additional manpower and space/area would be required for operation of the above systems/equipments. |   |   |   |   |   | (2) | departments are desirable | clinical departments; inputs from clinical | *For requirement of non- | Assets/ Stores:       | Name of Equipments/ |
| nd spac   |   |   |   |   |   | (3) |                           | Unit  <br>S                                | _                        | ntity                 | Qua                 |
| e/ area wou   |   |   |   |   |   | (4) | (one year)                | basic<br>warranty                          | with                     | d value               | Estimate            |
| ld be required t  |   |   |   |   |   | (5) |                           | .9   | requirement              | Is it an MCI          |                     |
| for operation of the  |   |   |   |   |   | (6) |                           | requirement to be submitted                | justification of         | Detailed              |                     |
| above systems/ ec   |   |   |   |   |   | (7) | Availability of Manpower  | Manpower required/                         | additional               | Whether               | Form A              |
| luipments.  |   |   |   |   |   | (8) |                           | Department                                 | space in the             | Availability of       |                     |
|   |   |   | \$ the second sec |   |   | (9) |                           | the Institute                              | benefit?/ Benefits to    | How will the patients |                     |

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 Deptt./In-charge with Seal