

GOVERNMENT OF WEST BENGAL
HEALTH & FAMILY WELFARE DEPARTMENT
NATIONAL HEALTH MISSION (NHM)
GN-29, 2nd FLOOR, GRANTHAGAR BHAWAN,
SWASTHYA BHAWAN PREMISES, SECTOR -V
SALT LAKE, BIDHANNAGAR, KOLKATA - 700 091.

☎ 033 - 2333-0432, ☎ 033 - 2357 - 7930,

Email ID: spmu.nuhm@gmail.com; website: www.wbhealth.gov.in

Memo No. HFW/NUHM-621/2016/ 990

Date: 06.03.2018

ORDER

Administrative approval and financial sanction is hereby accorded for an amount of ₹7,26,000/- (Rupees Seven Lakh Twenty Six Thousand) only in favour of Society for Health and Demographic Surveillance (SHDS) out of NUHM fund under Training of Medical Officers NUHM(P.03.03) for capacity building training of Medical Officers under NUHM, which is under progress at Institute of Public Health, Kalyani.

Accordingly ₹7,26,000/- (Rupees Seven Lakh Twenty Six Thousand) only is to be hereby released in favour of Society for Health and Demographic Surveillance (SHDS) out of NUHM fund under Activity Code P.03.03

Sl.No	Institute	Total Batch	Unit cost(₹)	Amount Release (₹)
1	SHDS	5	1,45,200	7,26,000


Sr. Accounts Officer, NHM will act as Drawing & Disbursing Officer for the purpose.

The utilization will be incurred as per norms of NUHM. Utilization Certificate GFR 12C to be submitted in due course under proper head of account.

This order has been issued with the approval of Mission Director, National Health Mission & Secretary, Health & Family Welfare Department, Govt. of West Bengal.

All concerned are being informed.

Encl: GFR-12C

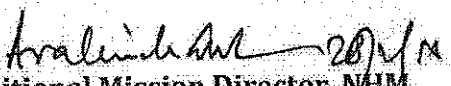

Additional Mission Director, NHM
West Bengal

Memo No. HFW/NUHM-621/2016/990 /1(5)

Date: 06.03.2018

Copy forwarded for information and necessary action to:

1. **Sr. Accounts Officer, NHM**, Health & Family Welfare Department, Govt. of West Bengal with the request to release ₹7,26,000 (Rupees Seven Lakh Twenty Six Thousand) only in favour of Society for Health and Demographic Surveillance (SHDS).
2. **State Nodal Officer, NUHM**, Health & Family Welfare Department, Govt. of West Bengal.
3. **Registrar**, Institute of Public Health, Kalyani.
4. **Administrative Officer**, Institute of Public Health, Kalyani.
5. **IT Cell**, Swasthya Bhawan for Web-posting.


Additional Mission Director, NHM
West Bengal

(Name of the institution with address)

GFR 12-C
[[See Rule 239]]

UTILIZATION CERTIFICATE
(Where expenditure incurred by Govt. bodies only)

For _____ for the F.Y. _____

Sl. No.	Letter No. and date	Amounts Rs.	
			Certified that out of _____ (Rupees _____ only) of grant sanctioned during the year 2016-17 in favour of _____ Letter No. _____ given in the margin and _____ (Rupees _____ only) on account of unspent balance of previous year, a sum of _____ (Rupees _____ only) has been utilized for the purpose of _____ for which it was sanctioned and that the balance of _____ (Rupees _____) remaining unutilized at the end of the year will be adjusted/utilized in next year.
	Total		

2. Certified that I have satisfied myself that the conditions on which the grants-in-aid was sanctioned have been duly fulfilled and that I have exercised the following checks to see that the money was actually utilized for the propose for which it was sanctioned.

Kinds of checks exercised:

Examination of 1. Vouchers, 2. Cash Book, 3. Ledger, 4. Statement of Expenditure & 5. Statement of Fund Position