



MISSION DIRECTOR NATIONAL HEALTH MISSION, J&K
Jammu Office: Regional Institute of Health & Family Welfare, Nagrota, Jammu.
Fax: 0191-2674114; Telephone: 2674244. Pin: 181221
Kashmir Office: J&K Housing Board Complex, Chanapora, Srinagar. Pin: 190015
Fax: 0194-2430359; Telephone: 2431167; e-mail: mdnhmik@gmail.com

NHM Help Line for Jammu Division: 18001800104 Kashmir Divisions: 18001800102

Chief Medical Officer,
(Vice-Chairman, District Health Society)
Poonch.

No: SHS/J&K/NHM/FMG/J/ 2947 -53

Dated: 29/06/2016

Sub: Release of funds on account of TA/DA for attending the Training of Peer Educators under Base Flexipool.

Sir,

Sanction is hereby accorded to the release of Grant-in-Aid of Rs. 18,800/- (Rupees Eighteen Thousand Eight Hundred only) on account of TA/DA of below mentioned trainee for attending the Training of Peer Educators under Rashtriya Kishore Swasthya Karyakaram (RKSK) w.e.f. 31st Aug. to 4th Sept. 2015 at HIHT, Dehradun as per detail given below:-

S. No.	Name of District Health Society	Name of Trainee	Place of Posting	Amount
1	District Health Society Poonch	Mr. Sharaz Ahmed Malik	DH Poonch	18,800
Total				18,800

Accordingly, the above sanctioned GIA is hereby electronically transferred to official bank account of District Health Society, Poonch.

You are, therefore, requested to release the above sanctioned funds in favour of above mentioned trainee for disbursement of his TA/DA claim.

The Grant-in-Aid released is subject to following conditions:

1. That the sanctioned funds are strictly meant for the disbursement of TA/DA of above mentioned trainees for attending Training of Peer Educators w.e.f. 31st Aug. to 4th Sept. 2015 at HIHT, Dehradun under RKSK, *after confirmation of Administrative approval.*
2. That the TA/DA be allowed strictly as per the entitlement against each category of employee.
3. That the SRO-458 regarding revised TA rules in respect of J&K State Govt. employees be adhered to.
4. That the journey by air be strictly allowed only to such employees who are entitled as per existing TA rules of State Govt.
5. That after disbursement of TA/DA as per TA rules, remaining funds under this head be refunded to State Health Society, J&K under intimation to this office.

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6. That the monthly Statement of Expenditure & Utilization Certificate are to be sent to the State Health Society regularly.
7. That the proper record of Bank Column Cash books, ledgers, Assets created complete address of beneficiaries and other relevant records are maintained at all levels.
8. That the accounts of the District Health Society shall be opened to inspection by the sanctioning authority and Audit both by the Comptroller and Auditor General of India under the provision of CAG (DPC) Act 1971 and Internal Audit by Principal Accounts Office of the Ministry of Health & Family Welfare, GoI. Whenever the society is called upon to do so.

Yours Faithfully,



(Dr. Mohan Singh)

Mission Director,
NHM, J&K




Copy for information to the:-

1. Director Health Services, Jammu.
2. Medical Superintendent, District Hospital, Poonch for disbursement of TA/DA.
3. Programme Manager, Trainings, NHM, J&K
4. Divisional Nodal Officer, Jammu Division, SHS, NHM, J&K.
5. PS to the Commissioner/Secretary to Govt. Health & Medical Education Deptt, J&K, Civil Secretariat, Srinagar for information of the Commissioner/Secretary.
6. Head Asst/ Ledger keepers SHS, NHM, J&K for entries in the books of accounts/ Tally/PFMS.
7. Office file for record

Travelling allowance bill of the establishment of the

Name with Headquarters	Designation	Pay	Particulars of journey and halts						Kind of journey by rail, road, boat & c.	Railway fare								
			Departure			Arrival				Class	No. of fares	Amount						
			Station	Date	Hour	Station	Date	Hour										
1	2	3	4	5	6	7	8	9	10	11	12	13						
Sharaz Ahmed Malhi	DEC. Manager	26250-	Jammu Dehrodon	6-8-15	5-8-15	8 AM	Jammu	30-8-15	29-8-15	4 AM	Dehrodon	30-8-15	9-8-15	8 PM				
			Jammu Dehrodon	6-8-15	5-8-15	8 AM	Jammu	30-8-15	29-8-15	4 AM	Dehrodon	30-8-15	9-8-15	8 PM				
			Jammu Dehrodon	6-8-15	5-8-15	8 AM	Jammu	30-8-15	29-8-15	4 AM	Dehrodon	30-8-15	9-8-15	8 PM				
			Jammu Dehrodon	6-8-15	5-8-15	8 AM	Jammu	30-8-15	29-8-15	4 AM	Dehrodon	30-8-15	9-8-15	8 PM				


 DEC MANAGER

for the month of _____

Mileage by road			Daily allowance			Actual expenses				Remarks
No. of miles	Rate	Amount	No. of days	Rate	Amount	Particulars	Amount	Purpose of journey	Total of each line	
14	15	16	17	18	19	20	21	22	23	24
245	10	2450	01	300	300	_____	—	9/11/11	2750	
560	10	5600	01	300	300	_____	—	—	5900	
—	—	—	05	300	1500	_____	—	—	1500	
560	10	5600	01	300	300	_____	—	—	5900	
245	10	2450	01	300	300	_____	—	—	2750	
									18800	
<u>Potal</u>										

ABSTRACT

Railway fare			Allocation for	
Road mileage	16100			Expenditure including	
Daily Allowance	2700			this Bill	
Actual expense			Balance	
	Total 18800				
	Deduct already received .NK				
	Net 18800				
(In words)	Rs. eighteen thousand eight hundred only -				

1. Certified that the Establishment billed for did not travel by the conveyance which did not belong to them or which was not hired by them.
2. Certified that I have satisfied myself that the amounts included in bills drawn ^{1 month} 2 months previous to this date, ^{3 months} with the exception of those detailed below (of which the total amount has been refunded by deductions from this bill have been disbursed to the Government servants therein named and their receipts taken in the office copy of the bill or in a separate acquittance roll.
3. Certified that the non-gazetted Ministerial and Manual Officers for whom mileage is charged in the bill were required to travel by public or hired conveyance.
4. Certified that the distances entered in the bill are to the best of my belief, correct and that they are over 8 miles from headquarters.
5. Certified that the Establishment billed for did not perform the journeys by Motor Cycle.
6. Certified that the Establishment billed for, is within the camp scale prescribed under Article 322 (B) J&K C. S. Rs.

Details of Travelling Allowance Refunded

Section of Establishment	Name	Period	Amount

Dated _____

Signature of Head of Office.

COUNTERSIGNED FOR RS. 18800/-

Dated _____

Countersigning Officer.

Treasurer

Please pay Rs. (in words)

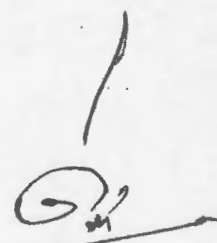


District Health Society Poonch
National Rural Health Mission
Office of Chief Medical Health and Family Welfare Officer
District Poonch-185101
Tele Fax-01965-220111 E-mail:-dpmupoo@gmail.com

Deputation

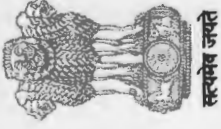
Sharaz Ahmed Malik, (DEIC Manager) Poonch (NHM) is hereby deputed by this office to HIHT Deradun for attending training for peer educator under RKSK w.e.f 31-08-15 to 06-09-15 by using his own vehicles.

No:- DEIC/9/NHM-67-71
Date:-29/8/15


Chief Medical Officer,
Poonch

Copy To

1. Mission Director, NRHM J&K for inf.
2. DDC, Poonch / Chairman District Health Society, Poonch for information
3. DEIC Manager for information
3. Account Manager NRHM Poonch for information
4. Office Record



Ministry of Health & Family Welfare, Government of India

Certificate

Peer Educator Training of Trainers

This certificate is presented to

Dr./Mr./Ms. Sharaz... Ahmad.. Malik

on successful completion of Peer Educator Training of Trainers conducted
from Aug. 31.....to Sep. 4.....2015 at Rural Development Institute-Himalayan
Institute Hospital Trust (RDI-HIHT), Dehradun.

[Signature]
Deputy Commissioner.
(Adolescent Health)
MoHFW, GoI

[Signature]
Director, RDI-HIHT



MISSION DIRECTOR NATIONAL HEALTH MISSION, J&K

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NRHM Help Line & MCTS Call Centre for Jammu Division 18001800104; Kashmir Division 18001800102

**Director Health Services
Jammu/Kashmir.**

No: SHS/NHM/J&K/6097-6106

Dated 20-08-2015

Subject: Nomination for National Level Training of Trainers for training of Peer Educators under Rashtriya Kishore Swasthya Karayakara (RKSK).

Sir,

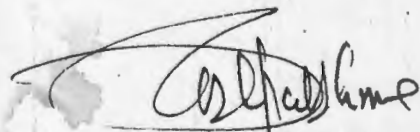
The Ministry of Health and Family Welfare, GoI., has conveyed the training dates vide File No. M.12015/244/2015-MCH(AH) dated: 17th August 2015 for training of Peer Educators. .

In this regard, 2nd batch of five days regional level training of trainers for Peer Educators is sheduled from 31st August to 4th September 2015 at Himalayan Institute Hospital Trust (HIHT) campus, Dehradun, Uttarakhand.

The deputation in favour of following nominated officers/officials from Anantnag and Poonch districts have been sanctioned by Chairman Executive Committee State Health Society /Secretary to Govt. Health and Medical Education Department:

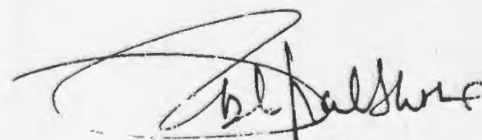
Name of the District	Name of the Participant	Designation	Place of Posting
Anantnag	Dr. Raja Waseem	RMNCH+A	CMO's Office Anantnag.
	Dr. Mufti Mujtaba	Medical officer	PHC Achabal.
	Dr. Mufeed	Medical officer	Block Mattan.
	Dr. Kaiser	Medical Officer	Block Larnoo.
	Dr Muzaffar	Medical officer	Block Verinag.
Poonch	Shehraz Malik	DEIC Manager Poonch	District Hospital Poonch
	Dr. Vikaram	Medical officer	CHC Mandi
	Dr. Wajahat	Medical officer	CHC Surankote
	Dr. Mukesh	Medical officer	CHC Mendhar
	Dr. Ajaz	Medical officer	PHC Bhatadurian

The Officers/ Officials be relieved and directed to attend the training as per schedule. The TA/DA shall be borne as per their entitlements under NHM budget.


Mission Director
for NHM, J&K

Copy to the:

- 1 Secretary to Govt.; Health & Medical Education Department. :for information.
- 2 Director P&S, NHM, J&K : for information.
- 3-4 Chief Medical Officer Anantnag/ Poonch :for Information & necessary action
- 5-6 Divisional Nodal officer NHM Jammu/Kashmir. :for information
- 7 ~~Programme Manager P.K.S.K.~~ :for information and follow up
- 8 Office Copy.


Mission Director
for NHM, J&K