



# 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  
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**NHM Help Line for Jammu Division 18001800104: Kashmir Division 18001800102**

**Principal,  
Govt. Medical College,  
Jammu,**

No: SHS/J&K/NHM/FMG/K/ 2399-2407

Dated: 07/09/2018.

**Sub: Release of GIA for referral support for secondary/tertiary care under RBSK Scheme for the financial year 2018-19.**

**Madam,**

As per approval of Executive Committee, State Health Society, NHM, J&K, sanction is hereby accorded to the release of Grant-in-aid of Rs. **1,50,000/- (Rupees One lac Fifty Thousand only)** as financial assistance for the treatment of below mentioned patients at the associated hospitals of Govt. Medical College, Jammu as per the estimated certificate issued by the concerned department of your institution and model costing of MoH&FW, GoI under referral support for secondary/tertiary care for the management of identified health conditions under Rashtriya Bal Swasthya Karaykarm (RBSK) Scheme during the year 2018-19. The detail of beneficiaries is as under:-

S.No	Name & Address of Patient's	Disease/ Surgical Processor	Amount Released
1.	Vishali D/o Sh. Peera Ditta, age 13 years, R/o Sohanjana, district Jammu J&K.	Rheumatic Heart Diseases (Mitral Valve Replacement).	1, 50,000/-
<b>Total</b>			<b>Rs. 1, 50,000/-</b>

Accordingly, Rs. **1,50,000/- (Rupees One lac Fifty Thousand only)** is hereby electronically transferred to your Official Bank account No **037304050000027** of J&K Bank Ltd, Govt. Medical College Jammu.

**The Grant-in-Aid is subject to the following conditions:**

1. That the sanctioned funds are exclusively meant for the treatment of the above mentioned beneficiaries under referral support for secondary/tertiary care for the management of identified health conditions under Rashtriya Bal Swasthya Karaykarm (RBSK) Scheme at the associated hospitals of Govt. Medical College, Jammu during the year 2018-19.
2. That the funds sanctioned are to be utilized strictly as per the guidelines issued by the MoH&FW, GoI after observing all codal formalities required under rules.
3. That the monthly statements of expenditure and utilisation certificate are to be sent to the State Health Society regularly to book the expenditure alongwith physical achievements.
4. That the proper record of Bank Column cash books, ledgers, Assets created complete address of beneficiaries and other relevant records are to be maintained.
5. That the accounts of the Health Institution shall open to inspection by the sanctioning authority and Audit 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.


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6. That the above sanctioned funds are to be immediately transferred to treating Department of Hospital.
7. The funds released should be utilized within the periods of 12 months, if not utilized during the said period the same has to be refunded back to this office along with justifications.

**Sd/-**  
**Mission Director**  
**NHM, J&K**

**Copy for information to the:-**

1. Director Health Services, Jammu
2. Director (P&S) SHS, NHM, J&K.
3. Programme Manager Child Health & RBSK, NHM J&K.
4. Divisional Nodal Officer, NHM, Jammu/Kashmir will collect the UC through Divisional Account Manager.
5. Asstt. Accounts Officer, SHS, NHM, J&K.
6. PS to the Principal Secretary to Govt. Health & Medical Education Department, Civil Secretariat, Srinagar for information to Principal Secretary.
7. I/C website (www.nrhmk.com) uploading on website.
8. Cashier/Ledger Keepers for recording in books of accounts/Tally/PFMS.
9. PA to Mission Director, SHS, NHM, J&K for the information of the Mission Director.
10. All the concerned.
11. Office File for record

  
**Financial Advisor,**  
**& Chief Account Officer,**  
**SHS, NHM, J&K.**