**Government of Rajasthan**
**NATIONAL HEALTH MISSION (NHM)**
**RAJASTHAN STATE HEALTH SOCIETY (RSHS)**
**SWASTHYA BHAWAN, TILAK MARG,**
**JAIPUR-302005**

# RFP BID FORM

## For Appointment of Statutory Auditor for Rajasthan State Health Society (SHS) and District Health Societies (DHSs) for Audit of all Programs under NHM including NUHM, NDCPs and NCD for the Financial Year 2015-16

NIB No.: 1 Dated: 18/03/2016

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# OFFICE OF THE MISSION DIRECTOR,
# NATIONAL HEALTH MISSION,
# RAJASTHAN STATE HEALTH SOCIETY, JAIPUR-302005

**Ph. No. 0141-2220289, 2221590, Fax No. 0141-2225827 E-Mail –fa.NHM@yahoo.co.in**

## Request For Proposal Notice

NIB No.: 1 Date :18/03/2016

1. One Stage- Two-envelop unconditional Bids, as listed below, are invited on behalf of Rajasthan State Health Society (RSHS), Jaipur for the Statutory Audit of Accounts of Rajasthan State Health Society (RSHS) and District Health Societies (DHSs), including National Urban Health Mission (NUHM), National Disease Control Programs and Non-Communicable Disease Programs (NCD) from Chartered Accountants firms those are empanelled with C & AG for the year 2015-16 and eligible for doing major audits 2015-16, up to 02.00 PM of 07/04/2016:-

| S.No. | Name of Work/services | Brief scope of Work/services | Amount of Bid Security (Rupees) | Validity period of Bids/Financial Proposals |
|---|---|---|---|---|
| 1. | Appointment of Statutory Auditor for Rajasthan State Health Society (RSHS) and District Health Societies (DHSs) for Audit of all Programs under NHM, including NUHM, NDCPs and NCDs for the Financial Year 2015-16. | Statutory Audit of Accounts of Rajasthan State Health Society and 34 District Health Societies, National Urban Health Mission, National Disease Control Programs and Non-Communicable Disease Programs - State level & district level Committees, 15 unit offices for Civil works and at least 40% of the Block Level CHCs/PHCs for the Financial Year 2015-16. Audit for the Financial Year 2015-16 shall include all components under NHM. | Rs. 40,000/- (Rs. Forty Thousand Only) | 90 days |

2. The scope and coverage of work includes, but not limited to, an assessment of adequacy of the project financial systems, including financial controls, funds have been spent as per prescribed guidelines, maintenance of records/accounts as per norms etc., as detailed in this RFP Bid Document.

3. The Bid is for Appointment of Statutory Auditor for Rajasthan State Health Society (RSHS) and District Health Societies (DHSs) for Audit of all Programs under NHM, including NUHM, NDCPs and NCD and shall include all components under NHM for the Financial Year 2015-16.

4. Bids are invited as per following time schedule:-

| **Start Date and time of selling of RFP Bid Form** | **Date and time of Pre RFP Bid Meeting** | **Last Date and time for sale of RFP Bid** | **Last Date and time of Receipt of Bid** | **Date and time of Opening of Technical Bid** |
|---|---|---|---|---|
| **1** | **2** | **3** | **4** | **5** |
| 18/03/2016 at 10.00 A.M. | 29/03/2016 at 11.00 A.M. | 06/04/2016 at 6.00 P.M. | 07/04/2016 at 02.00 P.M. | 07/04/2016 at 04.30 P.M. |

5. A Pre-Bid Meeting will be held as per column no. 2 of the above schedule at para 4, on 29/03/2016 at 11.00 A.M. in Meeting Hall No. 311, IIIrd Floor, C-Block, Swasthya Bhawan, Jaipur (venue may be changed, if required) to clarify the issues and to answer questions on any matter that may be raised at that stage. After pre-bid meeting, necessary changes in bid conditions can be considered to be made. Bid should be submitted after Pre-Bid meeting including all the Clarifications/Modifications/Amendments. Corrigendum, if any, shall be the integral part of terms & conditions of the Bid, which shall be duly signed and attached with bid document by the bidder.

6. Bidding Document including the conditions of Contract, evaluation and qualification criteria and procedure, Bidding forms, specifications, Schedule, etc. can be seen at or obtained from the office of the Director (Finance), National Health Mission, Rajasthan State Health Society, Swasthya Bhawan, Jaipur as per column no. 3 of the above schedule at para 4, by paying a non-refundable price of Rs. 1000/- in the form of banker's cheque or Demand Draft of a Scheduled Bank in India payable at Jaipur. Alternatively, these may be seen and downloaded from the website of State Public Procurement Portal **www.sppp.raj.nic.in** or from our website **www.rajswasthya.nic.in** and, in such condition, the price of Bidding Document i.e. Rs. 1000/- (Rs. One Thousand only) may be paid in the form of Demand Draft / Banker's Cheque in favor of Rajasthan State Health Society, Jaipur, payable at Jaipur at the time of submission of the Bid.

7. Bids, duly signed by the authorized representative on all pages and serially numbered, properly bound, accompanied with the Bid Security, in the form of deposit through Demand Draft/ Banker's cheque in the specified format, from a Scheduled Bank in India payable at Jaipur, shall be submitted personally or by post in sealed envelopes upto 02.00 P.M. on 07/04/2016, to the office of Director (Finance), National Health Mission, Third Floor, C-Block, Swasthya Bhawan, Jaipur bearing the reference to NIB and warning as: **"BID FOR NIB No. 1 for Appointment of Statutory Auditor for the Year 2015-16, NOT TO BE OPENED BEFORE 07/04/2016 at 4.30 P.M."**, by post or by hand or dropped in the Bid Box.

8. Bids received after the specified time and date shall not be accepted and returned unopened.

9. The Technical Bids shall be opened at 4.30 P.M. on dated 07/04/2016 in the presence of the Bidders or their representatives, who wish to be present.

10. Rajasthan State Health Society (RSHS) is not bound to accept the lowest Bid and may reject any or all Bids without assigning any reason thereof.

11. The Bidders shall have to submit a valid 'PAN' issued by Income Tax Department.

12. It is hereby clarified that the information required in the Bidding Document shall have to be submitted by the Bidders in the prescribed formats only, without any change or modification in the prescribed formats, whatsoever. Any Bid submitted with changed or modified formats shall be liable to be summarily rejected.

13. It is important to note that if any amendment is carried out in the bid specifications and terms & conditions following pre-bid meeting, the same will be uploaded on the Departmental **website [www.rajswasthya.nic.in](http://www.rajswasthya.nic.in) and www.sppp.raj.nic.in** and will not be published in news papers.

14. The proposals received up to due date and time as mentioned in the NIB will only be considered for evaluation. At the first instance, Technical Proposal shall be opened and evaluated. Financial Proposal of only those bidders will be opened, who are found technically qualified in order of the RFP stipulations. To facilitate evaluation, RSHS (NHM) may, at its sole discretion, seek clarifications in writing from any bidder.

Mission Director, NHM
Rajasthan State Health Society
Swasthya Bhawan, Jaipur

## Disclaimer

The information contained in this Bidding Document or subsequently provided to Applicant(s), by Rajasthan State Health Society / National Rural Health Mission, is provided to Applicant(s) on the terms and conditions set out in this Bidding Document and any other terms and conditions subject to which such information is provided. This Bidding Document is based on material and information available in public domain.

This Bidding Document is not an agreement and is not an offer or invitation by the RSHS (NHM) to the prospective bidder(s). The purpose of this Bidding Document is to provide interested parties/Bidders with information to assist the formulation of their Bid and detailed Proposal. This Bidding Document does not purport to contain all the information each Applicant may require. This Bidding Document may not be appropriate for all persons, and it is not possible for the RSHS (NHM), their employees or advisors to consider the investment objectives, financial situation and particular needs of each party who reads or uses this Bidding Document. Certain applicants may have a better knowledge of the proposed Project than others. Each applicant should conduct its own investigations and analysis and should check the accuracy, reliability and completeness of the information in this Bidding Document and obtain independent advice from appropriate sources. This Bidding Document has been prepared in a good faith and neither RSHS (NHM), or its employees or advisors make no representation or warranty, express or implied, and shall incur no liability under any law, statute, rules or regulations as to the accuracy, reliability or completeness of the Bidding Document even if any loss or damage is caused by any act or omission on their part. RSHS (NHM) may on its absolute discretion, but without being under any obligation to do so, update, amend or supplement the information in this Bidding Document.

**RAJASTHAN STATE HEALTH SOCIETY**

# NATIONAL HEALTH MISSION

**Swasthya Bhawan, Tilak Marg, C-Scheme, Jaipur - 302005**

**Ph. No. 0141-2220289, 2221590, Fax No. 0141-2225827**

**E-Mail: fa.NHM@yahoo.co.in**

**No. F-1(1696)/NHM/Acct/2015-16/** Dated:

## NOTICE INVITING BIDS

One stage Two-envelop unconditional Bids are invited up to 07.04.2016 at 2:00 pm for the Statutory Audit of Accounts of Rajasthan State Health Society (RSHS) and District Health Societies (DHSs) including NUHM, NDCPs & NCDs from **firms of Chartered Accountants empanelled with C& AG and eligible for major PSUs audit for the year 2015-16.**

The Bidding documentand RFP comprising Background, Terms of Reference (ToR) and Guidelines for submitting the proposal can be downloaded from the state's website www.sppp.raj.nic.in or from www.dipronline.org or www.rajswasthya.nic.in and the price of Bidding Document i.e. Rs. 1000/- (Rs One thousand only) may be paid in form of Demand Draft/Banker's Cheque in favour of Rajasthan State Health Society, Jaipur, payable at Jaipur, at the time of submission. Estimated value of Bid is Rs. 20 Lac only.

**Important Dates:**

| S.No. | Particulars | Date & Time |
|---|---|---|
| 1. | Last date for collection of RFP from Office of Mission Director-NHM | April 06, 2016 up to 6:00 pm. |
| 2. | Date for pre-bid conference | March 29, 2016 at 11:00 am. |
| 3. | Last date for submission of Proposal to O/o Mission Director NHM, Rajasthan State Health Society | April 07, 2016 up to 2:00 pm. |
| 4. | Date and time of opening of technical bid | April 07, 2016 up to 4:30 pm. |

Venue for Pre-bid Conference: Pre-bid Conference would be held at Meeting Hall No. 311, IIIrd Floor, C-Block, Swasthya Bhawan, Jaipur (venue may be change if required).

**Mission Director, NHM**

**Rajasthan State Health Society**

# Section I: Instructions to Bidders (ITB)

**Important Instruction: -** *The Law relating to procurement "The Rajasthan Transparency in Public Procurement Act, 2012" [hereinafter called the Act] and the "Rajasthan Public Procurement Rules, 2013" [hereinafter called the Rules] prescribed under the said Act have come into force which are available on the website of State Public Procurement Portal http://sppp.raj.nic.in . Therefore, the Bidders are advised to fully acquaint themselves with the provisions of the Act and the Rules before participating in the Bidding process. If there is any discrepancy between the provisions of the Act and the Rules and this Bidding Document, the provisions of the Act and the Rules shall prevail.*

**1. Scope of Bid**

a. In support of the Invitation to Bid indicated in the Bid Data Sheet (BDS), the Procuring Entity, as indicated in the BDS, issues this Bidding Document for the work of Appointment of Statutory Auditor for Rajasthan State Health Society (RSHS) and District Health Societies (DHSs) for Audit of all Programs under NHM, including NUHM, NDCPs, NCD and units for civil works, for the Financial Year 2015-16, and related services incidental thereto as specified in Section V, Schedule of Work and Services.

b. Throughout this Bidding Document:
   i. the term "in writing" means communicated in written form through letter, fax, e-mail etc. with proof of receipt.
   ii. if the context so requires, singular means plural and vice versa; and
   iii. "Day" means calendar day.

**2 . Code of Integrity**

a. Any person participating in the procurement process shall :-
   i. not offer any bribe, reward or gift or any material benefit either directly or indirectly in exchange for an unfair advantage in procurement process or to otherwise influence the procurement process;
   ii. not misrepresent or omit that misleads or attempts to mislead so as to obtain a financial or other benefit or avoid an obligation;
   iii. not indulge in any collusion, Bid rigging or anti-competitive behavior to impair the transparency, fairness and progress of the procurement process;
   iv. not misuse any information shared between the procuring Entity and the Bidders with an intent to gain unfair advantage in the procurement process;
   v. not indulge in any coercion including impairing or harming or threatening to do the same, directly or indirectly, to any party or to its property to influence the procurement process;
   vi. not obstruct any investigation or audit of a procurement process;
   vii. Disclose conflict of interest, if any; and
   viii. Disclose any previous transgressions with any Entity in India or any other country during the last three years or any debarment by any other procuring entity.

**3. Conflict of Interest:-**

a. A conflict of interest is considered to be a situation in which a party has interests that could improperly influence that party's performance of official duties or responsibilities, contractual obligations, or compliance with applicable laws and regulations.

1. A Bidder may be considered to be in conflict of interest with one or more parties in this bidding process if, including but not limited to:
   a) have controlling partners/shareholders in common; or

b) receive or have received any direct or indirect subsidy from any of them; or
c) have the same legal representative for purposes of this Bid; or
d) have a relationship with each other, directly or through common third parties, that puts them in a position to have access to information about or influence on the Bid of another Bidder, or influence the decisions of the Procuring Entity regarding this bidding process; or
e) the Bidder participates in more than one Bid in this bidding process. Participation by a Bidder in more than one Bid will result in the disqualification of all Bids in which the Bidder is involved.
f) the Bidder or any of its affiliates participated as a consultant in the preparation of the design or technical specifications of the Goods, Works or Services that are the subject of the Bid; or
g) the Bidder or any of its affiliates has been hired (or is proposed to be hired) by the Procuring Entity as engineer-in-charge/consultant on contract.

b. The Bidder shall have to give a declaration regarding compliance of the Code of Integrity prescribed in the Act, the Rules and stated above in this Clause along with its Bid, in the format (Form D-1) specified in Section IV, Bidding Forms.
c. Breach of Code of Integrity by the Bidder: Without prejudice to the provisions of Chapter IV of the Rajasthan Transparency in Public Procurement Act, in case of any breach of the Code of Integrity by a Bidder or prospective Bidder, as the case may be, the Procuring Entity may take appropriate action in accordance with the provisions of sub-section (3) of section 11 and section 46 of the Act.

**4. Eligible Bidders**

a. A Bidder should be a Chartered Accountant firm registered with ICAI empanelled with C & AG for the year 2015-16 and eligible for doing major audits 2015-16 and the Bidder shall furnish necessary proof for the same in the prescribed format.
b. A Bidder shall have the nationality of India. A Bidder shall be deemed to have nationality of a country if the Bidder is a citizen or constituted or incorporated, and operates in conformity with the provisions of the Laws of that country.
c. A Bidder should not have a conflict of interest in the procurement in question as stated in the Rule 81 of the Rajasthan Transparency in public Procurement Rule, 2013 and this Bidding document.
d. Bidder debarred under section 46 of the Act shall not be eligible to participate in any procurement process undertaken by
   (i) any Procuring Entity, if debarred by the State Government; and
   (ii) a Procuring Entity if debarred by such procuring Entity.
e. No new partner/partners shall be accepted in the firm by the Bidder in respect of the contract unless he/they agree to abide by all its terms, conditions and deposit with the Procuring Entity a written agreement to this effect in advance. The Bidder's receipt for acknowledgement or that of any partners subsequently accepted as above shall bind all of them and will be sufficient discharge for any of the purpose of the Contract.
f. Bidders shall provide such evidence of their continued eligibility satisfactory to the Procuring Entity, should the Procuring Entity request.
g. A Bidder debarred by the Ministry of Health & Family Welfare, Government of India

and State Govt. of Rajasthan shall not be eligible to participate in this procurement process.

h. Each Bidder shall submit only one Bid.

i. No Bidder who is not registered under the Service Tax Act shall Bid. The Service Tax Registration Number should be quoted, without which the Bid is liable to be rejected.

j. The bidder should not engage as Concurrent Auditor for the Rajasthan State Health Society /District Health Societies during the F.Y. 2015-16.

**5. Contents of Bidding Document**

a. The complete Bidding Document can be downloaded from the State Public Procurement Portal www.sppp.raj.nic.in or from our website www.rajswasthya.nic.in. The prospective Bidders shall be permitted to download the Bidding Document from the website and pay its price while submitting the filled-up Bidding Document.

b. The Procuring Entity is not responsible for the completeness of the Bidding Document and its addenda, if they were not obtained directly from the Procuring Entity or not downloaded correctly from the websites mentioned at 5a.

c. The Bidder is expected to examine all instructions, forms, terms, and specifications in the Bidding Document. Failure to furnish all information or authentic documentation required by the Bidding Document may result in the rejection of the Bid.

**6. Clarification of Bidding Document and Pre-Bid Conference**

a. The Bidder shall be deemed to have carefully examined the terms and conditions etc., of the work and Related Services to be offered. If any Bidder has any doubts as to the meaning of any portion of the terms, conditions etc., it shall, before submitting the Bid, refer the same to the Procuring Entity and get clarifications. A Bidder requiring any clarification of the Bidding Document shall contact the Procuring Entity in writing at the Procuring Entity's address indicated in the BDS.

b. The Bidder or his authorized representative is invited to attend the Pre-Bid Conference as provided for in the BDS. The purpose of the PreBid Conference will be to clarify issues and to answer questions on any matter related to this procurement that may be raised at that stage.

c. The Bidder is requested, to submit questions in writing, to reach the Procuring Entity before the Pre-Bid Conference.

d. The text of the questions raised, and the responses given, without identifying the source, will be placed on the State Public Procurement Portal www.sppp.raj.nic.in and on our website www.rajswasthya.nic.in. Any modification to the Bidding Document that may become necessary as a result of the Pre-Bid Conference shall be made by the Procuring Entity exclusively through the Issue of an addendum (part of Bid document) and not through the minutes of the Pre-Bid Conference.

e. At any time prior to the deadline for submission of the Bids, the Procuring Entity, suo motto, may also amend the Bidding Document, if required, by issuing an addenda which will form part of the Bidding Document.

**7. Amendment of Bidding Document**

a. Any addendum issued shall be part of the Bidding Document and shall be uploaded on the websites of State Public Procurement Portal and the Procuring Entity for prospective bidders to download.

b. To give prospective Bidders reasonable time in which to take an addendum into account in preparing their Bids, the Procuring Entity may, at its discretion, extend the deadline for the submission of the Bids under due intimation to the Bidders by uploading it on the websites of State Public Procurement Portal and Procuring Entity.

**8. Preparation of Bids**

a. The Bidder shall bear all costs associated with the preparation and submission of its Bid, and the Procuring Entity shall not be responsible or liable for those costs, regardless of the conduct or outcome of the bidding process.

b. The Bidder shall furnish the attested copies of following documents with its Bid:-

   I. Partnership Deed and valid registration certificate with the ICAI. Power of Attorney, in original, in favour of the partner signing/submitting the Bid, authorizing him to represent all partners of the firm.

   II. Service Tax registration certificate from the concerned competent authority and Permanent Account Number (PAN) issued by Income- Tax Department.

   III. Registration certificate and Memorandum of Association issued by Registrar of Companies in case of a registered company and in case of another statutory or registered body, certificate of incorporation or registration issued by concerned authority. Power of attorney in favour of the person signing the Bid.

   IV. Proof of latest empanelment with C&AG for the year under Audit and confirming that the firm is eligible for major audits for the year 2015-16.

**9. Documents Comprising the Bid**

a. The Bid shall comprise of two parts submitted simultaneously (one stage), first part containing the Technical Bid/ Proposal and the second part containing the Financial or Price Bid/ Proposal. , enclosed together in an outer single envelope.

b. The Technical Bid/ Proposal shall contain the following:

   i. Technical Bid/ Proposal Submission Sheet and Technical Bid containing the filled up Bidding Forms and Declarations related to Technical Bid and Code of Integrity given Section IV, Bidding Forms;

   ii. proof of payment of price of Bidding Document, Bid Security, in accordance with ITB Clause 15;

   iii. written confirmation authorizing the signatory of the Bid to commit the Bidder, in accordance with ITB Clause 16;

   iv. documentary evidence in accordance with ITB Clause 12(a) establishing the Bidder's eligibility to bid;

   v. Documentary evidence in accordance with ITB Clause 13(a) establishing the Bidder's qualifications to perform the contract if its Bid is accepted; and any other document required in the BDS.

   vi. Experience certificates and supporting documents, as required or where asked for, and the specifications. For successful completion of audit work, the Bidder should confirm the availability of qualified and experienced technical personnel as required.

   vii. any other document required in the BDS; and

   viii. others considered necessary otherwise to strengthen the Bid submitted.

c. The Financial Bid/ Price Proposal shall contain the following:

   I. Duly filled Financial Bid / Price Proposal Submission Sheet (Form F-1);

**10. Bid Submission Sheets and Price Schedules**

a. The Bidder shall submit the Technical Bid and Financial Bid using the appropriate Bid Submission Sheets provided in Section IV, Bidding Forms. These forms must be completed without any **alterations to their format, and no substitutes shall be accepted**. All blank spaces shall be filled in ink or typed with the information requested.

b. The Bidder shall submit the Financial Bid, the Price for work to be done and Related Services, using the forms provided in Section IV, Bidding Forms.

**11. Financial Bid- As per F-1.**

The Bidders will have quote:-

a) consolidated audit fees including expenses on TA/DA
b) Service Tax
c) Total (a+b)

2. The price to be quoted in the Bid Submission Sheet shall be the total price of the Bid includes all of the Auditor's costs and profit inclusive of service tax obligation that may be imposed on the Auditor..

**12. Documents establishing the eligibility of the Bidder**

a. To establish their eligibility in accordance with ITB Clause 4 [Eligible Bidders], Bidders shall:

i. complete the eligibility declarations in the Bid Submission Sheet and Declaration Form included in Section IV, Bidding Forms;

**13. Documents Establishing the Qualifications of the Bidder**

a. To establish its qualifications to perform the Contract, the Bidder shall submit as part of its Technical Proposal the documentary evidence indicated for each qualification criteria specified in Section III, Evaluation and Qualification Criteria.

**14. Period of Validity of Bids**

a. Bids shall remain valid for the period i.e. 90 days after the Bid submission deadline date as specified by the Procuring Entity. A Bid valid for a shorter period shall be rejected by the Procuring Entity as non responsive.

b. In exceptional circumstances, prior to the expiration of the Bid validity period, the Procuring Entity may request Bidders to extend the period of validity of their Bids. The request and the responses shall be made in writing.

c. If a Bid Security is requested in accordance with ITB Clause 15 [Bid Security] it shall also be extended for a corresponding period. A Bidder may refuse the request without forfeiting its Bid Security. A Bidder granting the request shall not be required or permitted to modify its Bid.

15. **Bid Security**

a. Unless otherwise specified in the BDS, the Bidder shall furnish as part of its Bid, a Bid Security in original form and in the amount and currency specified in the BDS.

b. Bid Security shall be 2% of the estimated value of Rs. 20 Lac i.e. Rs. 40000/-.

c. The Bid Security may be given in the form of a banker's cheque or bank demand draft of a Scheduled Bank in India payable at Jaipur.

d. Any Bid not accompanied by a valid Bid Security shall be liable to be rejected.

e. Bid Security of a Bidder lying with the Procuring Entity in respect of other Bids awaiting decision shall not be adjusted towards Bid Security for this Bid. The Bid Security originally deposited may, however, be taken into consideration in case Bids are re-invited.
f. The Bid Security of unsuccessful Bidders shall be refunded, soon after final acceptance of successful Bid and signing of Contract Agreement and submitting Performance Security by successful Bidder pursuant to ITB Clause 24 [Performance Security]. No interest, whatsoever, will be paid by the Procuring Entity on the amount of Bid Security and /or Performance Security.
g. The Bid Security taken from a Bidder shall be forfeited in the following cases, namely:-
    a. when the Bidder withdraws or modifies his Bid after opening of Bids; or
    b. when the Bidder does not execute the agreement in accordance with RFP [Signing of Contract] within the specified time after issue of letter of acceptance/ placement of Work order; or
    c. when the Bidder fails to commence the designated Work or Related Services as per the Work Schedule within the time specified; or
    d. when the Bidder does not deposit the Performance Security in accordance with ITB Clause 25 [Performance Security] in the specified time period after the Work / work order is placed;
    e. if the Bidder breaches any provision of the Code of Integrity prescribed for Bidders specified in the Act, Chapter VI of the Rules or
    f. if the Bidder does not accept the correction of its Bid price pursuant to ITB Clause 20. (correction of Arithmetical Error in Financial Bid)

**16. <u>Format and Signing of Bid</u>**

The Bidder shall prepare one original of the Technical Bid or Technical Proposal and one original of the Financial Bid or Price Proposal as described in ITB Clause 9 and clearly mark each “ORIGINAL - TECHNICAL BID/PROPOSAL” and “ORIGINAL – FINANCIAL BID/ PRICE PROPOSAL”. The Bid shall be properly bound. All pages shall be serially numbered and signed by the authorized representative.

**17. <u>Submission and Opening of Bids</u>**

a. Bidders may submit their Bids by post or by hand or directly dropped in the Bid Box.
b. The Bidder shall enclose the original of the Technical Proposal, the original of the Price Proposal, in separate sealed envelopes, duly marking the envelopes as “ORIGINAL - TECHNICAL PROPOSAL”, “ORIGINAL - PRICE PROPOSAL”. These envelopes containing the originals shall then be enclosed in **one single outer envelope**.
**c.** If all envelopes are not sealed and marked as required, the Procuring Entity shall assume no responsibility about its consequences including misplacement and premature opening of the Bid.
**d.** **Late Bid-** The Procuring Entity shall not consider any Bid that arrives after the deadline for submission of Bids, in accordance with ITB Clause 17(e) Such Bids shall be declared late, rejected, and shall not be opened and returned unopened to the Bidder.
e. Bid shall be received, by the person designated for the purpose by the Procuring Entity or directly dropped in the Bid Box at the place and up to the time and date as specified in the Notice Inviting Bids or an extension issued thereof.

**18. Bid Opening**

The sealed Bid box shall be opened by the Bid opening committee constituted by procuring entity at the time, date and place specified in the Bid data sheet in the presence of the bidders or their authorized representatives, who choose to be present.

**19. Clarification of Technical or Financial Bids**

a. To assist in the examination, evaluation, comparison and qualification of the Technical or Financial Bids, the Bid evaluation committee may, at its discretion, ask any Bidder for a clarification regarding its Bid. The committee's request for clarification and the response of the Bidder shall be in writing.

b. Any clarification submitted by a Bidder with regard to his Bid that is not in response to a request by the Bid evaluation committee shall not be considered.

c. No change in the prices or substance of the Bid shall be sought, offered, or permitted, except to confirm the correction of arithmetical errors discovered by the Bid evaluation committee in the evaluation of the financial Bids.

d. No substantive change to qualification information or to a submission, including changes aimed at making an unqualified Bidder, qualified or an unresponsive submission, responsive shall be sought, offered or permitted.

**20. Correction of Arithmetical Errors in Financial Bid**

a. Provided that a Financial Bid is substantially responsive, the Procuring Entity will correct arithmetical errors during evaluation of Financial Bids on the following basis:

    i. if there is a discrepancy between the unit price and the total price that is obtained by multiplying the unit price and quantity, the unit price shall prevail and the total price shall be corrected, unless in the opinion of the Procuring Entity there is an obvious misplacement of the decimal point in the unit price, in which case the total price as quoted shall govern and the unit price shall be corrected;

    ii. if there is an error in a total corresponding to the addition or subtraction of subtotals, the subtotals shall prevail and the total shall be corrected; and

    iii. if there is a discrepancy between words and figures, the amount in words shall prevail, unless the amount expressed in words is related to an arithmetic error, in which case the amount in figures shall prevail subject to (i) and (ii) above.

b. If the Bidder that submitted the lowest evaluated Bid does not accept the correction of errors, its Bid shall be disqualified and its Bid Security shall be forfeited.

**21. Evaluation of Qualification of Bidders in Technical Bids**

a. The Procuring Entity shall evaluate each Financial Bid, the corresponding Technical Bid of which has been determined to be technically successful.

***b.*** To evaluate a Financial Bid, the Procuring Entity shall only use all the criteria and methodologies defined in this Clause and in Section III, Evaluation and Qualification Criteria. No other criteria or methodology shall be permitted.

***22. Procuring Entity's Right to Accept Any Bid, and to Reject Any or All Bids***

a. The Procuring Entity reserves the right to accept or reject any Bid, and to annul the Bidding process and reject all Bids at any time prior to Contract award without assigning any reasons thereof and without thereby incurring any liability to the Bidders.

b. In case the bidding firm is found not suitable for audit on any reasonable ground like information by the Ministry/ICAI/ any State may reject such proposal without giving any reason.

23. **Signing of Contract**

a. The successful Bidder, shall have to execute an agreement in the format given in the Bidding Document on a non judicial stamp of requisite value at his cost and deposit the amount of Performance Security within a period specified in the BDS or where the period is not specified in the BDS, then within fifteen days from the date on which the LOA or LOI is dispatched to the Bidder. Until a formal contract is executed, LOA or LOI shall constitute a binding contract.

b. If the Bidder, whose Bid has been accepted, fails to sign a written procurement contract or fails to furnish the required Performance Security or Performance Security Declaration, as the case may be, within the specified time period, the Procuring Entity shall take action against the successful Bidder as per the provisions of the Act and the Rules. The Procuring Entity may, in such case, cancel the procurement process or if it deems fit, offer for acceptance on the rates of lowest Bidder to the next lowest responsive Bidder.

c. The Bid Security of the Bidders who's Bids could not be accepted shall be refunded soon after the contract with the successful Bidder is signed and his Performance Security is obtained.

**24. Performance Security**

a. Performance Security shall be solicited from successful Bidder.

b. The amount of Performance Security shall be five percent, or as specified in the BDS, of the amount of the work order. The currency of Performance Security shall be Indian Rupees.

c. Performance Security shall be furnished in one of the following forms -
    a. Bank Draft or Banker's Cheque of a Scheduled Bank in India payable at Jaipur; or
    b. Fixed Deposit Receipt (FDR) of a Scheduled Bank. It shall be in the name of the Procuring Entity on account of Bidder and discharged by the Bidder in advance. The Procuring Entity shall ensure before accepting the Fixed Deposit Receipt that the Bidder furnishes an undertaking from the bank to make payment premature payment of the Fixed Deposit Receipt on demand to the Procuring Entity without requirement of consent of the Bidder concerned. In the event of forfeiture of the Performance Security, the Fixed Deposit shall be forfeited along with interest earned on such Fixed Deposit.

d. Performance Security furnished in the form of a document mentioned at options a & b of Sub Clause c above, shall remain valid for a period of sixty days beyond the date of completion of all contractual obligations of the Bidder, including warranty obligations and operation and / or maintenance and defect liability period, if any.

e. Failure of the successful Bidder to submit the above-mentioned Performance Security or sign the Contract within the specified time period shall constitute sufficient grounds for the annulment of the award and forfeiture of the Bid Security. In that event the Procuring Entity may award the Contract to the next lowest evaluated Bidder at the rates of the lowest bidder whose offer is substantially responsive and is determined by the Procuring Entity to be qualified to perform the Contract satisfactorily.

f. Forfeiture of Performance Security: The amount of Performance Security in full or part may be forfeited in the following cases :-
    i. when the Bidder does not execute the agreement in accordance with ITB Clause 24 [Signing of Contract] within the specified time period; after Issue of letter of acceptance/ placement of work order; or

ii. when the Bidder fails to commence the Work of the Work or Related Services as per Work order within the time specified; or

iii. **when Bidder fails to commence or make** complete Work of the Work or Related Services satisfactorily within the time specified; or

iv. when any terms and conditions of the contract is breached; or

v. if the Bidder breaches any provision of the Code of Integrity prescribed for Bidders in the Act and Chapter VI of the Rules and specified in ITB Clause 2.

Notice of reasonable time will be given in case of forfeiture of Performance Security. The decision of the Procuring Entity in this regard shall be final.

25. **Completion Period of Work** – The bidder whose bid is accepted shall complet the work with in a period of 90 days from the date of work order.

**26. Penalty Provision-**

i. the time specified for completion of work in the bid form shall be deemed to be the essence of the contract and the successful bidder shall complete the work within the period on receipt of the firm order from the department.

ii. **Liquidated Damages**:- In case of extension in the delivery period with liquidated damages the recovery shall be made on the basis of following percentage of value of work which the tenderer has failed to complete the work:

| | | |
|---|---|---|
| a. | Delay up to one fourth period of the prescribed period of work, Successful and completion of subject matter of procurement. | 2.50 % |
| b. | Delay exceeding fourth but not exceeding half of prescribed period | 5.00% |
| c. | Delay exceeding half but not exceeding three fourth of the prescribed Period | 7.50% |
| d. | Delay exceeding three fourth the prescribed period | 10.00% |

iii. Fraction of a day reckoning period of delay in work completion shall be eliminated if it is less than half a day.

iv. The maximum amount of liquidated damages shall be 10%.

v. If the tenderer requires an extension of time in completion of work on account of occurance of any hindrance, he shall apply in writing to the authority, which has placed the work order, for the same immediately on occurance of the hindrance but not after the stipulated date of completion of work.

vi. Work period may be extended with or without liquidated damages if the delay in the completion of work is on account of hindrances beyond the control of tenderer.

**27. Payment :-**

a. Schedule of Payments

The schedule of payments is specified below:

Auditor’s fee shall be payable upon the Client's receipt of the final report, acceptable to the Client.

b. Payment Conditions

Payment shall be made subject to complying the observations made by Govt. of India within 30 days following submission by the Auditor of invoices in duplicate and its approval with the Coordinator designated in paragraph 4.

28. **Redressal of Grievances during Procurement Process**

a. Any grievance of a Bidder pertaining to the procurement process shall be by way of filing an appeal to the First or Second Appellate Authority, as the case may be, as specified in

the BDS, in accordance with the provisions of chapter III of the Act and chapter VII of the Rules and as given in Appendix H to these ITB.
The designation and address of the First Appellate Authority is- SPECIAL SECRETARY, MEDICAL AND HEALTH AND FAMILY WELFARE, RAJASTHAN

The designation and address of the Second Appellate Authority is- PRINCIPAL SECRETARY, MEDICAL AND HEALTH, RAJASTHAN, JAIPUR

**(1) Filing an appeal**

If any Bidder or prospective bidder is aggrieved that any decision, action or omission of the Procuring Entity is in contravention to the provisions of the Act or the Rules or the Guidelines issued there under, he may file an appeal to First Appellate Authority, as specified in the Bidding Document within a period of ten days from the date of such decision or action, omission, as the case may be, clearly giving the specific ground or grounds on which he feels aggrieved:

Provided that after the declaration of a Bidder as successful the appeal may be filed only by a Bidder who has participated in procurement proceedings:

Provided further that in case a Procuring Entity evaluates the Technical Bids before the opening of the Financial Bids, an appeal related to the matter of Financial Bids may be filed only by a Bidder whose Technical Bid is found to be acceptable.

(2) The officer to whom an appeal is filed under Para (1) shall deal with the appeal as expeditiously as possible and shall endeavour to dispose it of within thirty days from the date of the appeal.

(3) If the officer designated under Para (1) fails to dispose of the appeal filed within the period specified in Para (2), or if the Bidder or prospective bidder or the Procuring Entity is aggrieved by the order passed by the First Appellate Authority, the Bidder or prospective bidder or the Procuring Entity, as the case may be, may file a second appeal to Second Appellate Authority specified in the Bidding Document in this behalf within fifteen days from the expiry of the period specified in para (2) or of the date of receipt of the order passed by the First Appellate Authority, as the case may be.

**(4) Appeal not to lie in certain cases**

No appeal shall lie against any decision of the Procuring Entity relating to the following matters, namely:-

(a) determination of need of procurement;
(b) provisions limiting participation of Bidders in the Bid process;
(c) the decision of whether or not to enter into negotiations;
(d) cancellation of a procurement process;
(e) applicability of the provisions of confidentiality.

(5) **Form of Appeal**

(a) An appeal under para (1) or (3) above shall be in the annexed Form along with as many copies as there are respondents in the appeal.
(b) Every appeal shall be accompanied by an order appealed against, if any, affidavit verifying the facts stated in the appeal and proof of payment of fee.
(c) Every appeal may be presented to First Appellate Authority or Second Appellate Authority, as the case may be, in person or through registered post or authorised representative.

(6) Fee for filing appeal

**(a)** Fee for first appeal shall be rupees two thousand five hundred and for second 'appeal shall be rupees ten thousand, which shall be non-refundable.
**(b)** The fee shall be paid in the form of bank demand draft or banker's cheque of a Scheduled Bank in India payable in the name of Appellate Authority concerned.

(7) Procedure for disposal of appeal

(a) The First Appellate Authority or Second Appellate Authority, as the case may be, upon filing of appeal, shall issue notice accompanied by copy of appeal, affidavit and documents, if any, to the respondents and fix date of hearing.

(b) On the date fixed for hearing, the First Appellate Authority or Second Appellate Authority, as the case may be, shall,-

**(i)** hear all the parties to appeal present before him; and
**(ii)** peruse or inspect documents, relevant records or copies thereof relating to the matter.

(c) After hearing the parties, perusal or inspection of documents and relevant records or copies thereof relating to the matter, the Appellate Authority concerned shall pass an order in writing and provide the copy of order to the parties to appeal free of cost.

*(d)* The order passed under sub-clause (c) above shall also be placed on the State Public Procurement Portal.

Appendix H

FORM No. 1 [See rule 83]

Memorandum of Appeal under the Rajasthan Transparency in Public Procurement Act, 2012

Appeal No .................. of ........................

Before the ................. ............................ ....(First / Second Appellate Authority)

1. Particulars of appellant:

    I. Name of the appellant:

    II. Official address, if any:

    III. Residential address:

2. Name and address of the respondent(s):

    (i)

    (ii)

    (iii)

3. Number and date of the order appealed against and name and designation of the officer / authority who passed the order (enclose copy), or a statement of a decision, action or omission of the Procuring Entity in contravention to the provisions of the Act by which the appellant is aggrieved:
4. If the Appellant proposes to be represented by a representative, the name and postal address of the representative:
5. Number of affidavits and documents enclosed with the appeal:
6. Grounds of appeal:

........................................................................................... (Supported by an affidavit)

**7.** Prayer:

Place ..................................................................... .

Date .................................................................. .

Appellant's Signature

# SECTION - II

# BID DATA SHEET

| | |
|---|---|
| 1. | Introduction |
| ITB 1. | The number of the Invitation to Bid is<br>NIB No.: 1 Dated: 18/03/2016<br>The Procuring Entity is MISSION DIRECTOR, NHM, RAJASTHAN STATE HEALTH SOCIETY, JAIPUR |
| | The expenditure on this subject matter of procurement will be met by<br>budgetary resources of GOVERNMENT OF INDIA AND GOVERNMENT OF RAJASTHAN<br>The Services to be procured are Professional Services from C&AG empanelled Chartered Accountant firms, eligible for major audit for the financial year 2015-16, for the statutory audit for Rajasthan State Health Society (RSHS) and District Health Societies (DHSs) for Audit of all Programs under NHM, including NUHM, NDCPs and NCD for the Financial Year 2015-16. |
| ITB 4. | Joint Venture will / will not be allowed :- NOT ALLOWED |
| ITB 5. | Bidding Document |
| ITB 11. | The price of the Bidding Document is Rs. 1000/- ( Rs. One Thousand Only) |
| TB 6. | For clarification purposes only, the Procuring Entity's address is :<br>Attention (Name with Designation) : Sh. B.S. GOTHWAL, DIRECTOR (FINANCE), NHM, RAJASTHAN<br>Street TILAK MARG<br>Address C-BLOCK, SWASTHYA BHAWAN, JAIPUR<br>Floor and Room Number: Room No. 310, IIIrd FLOOR, RAJASTHAN STATE HEALTH SOCIETY<br>City JAIPUR<br>PIN Code: 302005<br>Telephone No. with STD Code: 0141 – 2220962<br>Facsimile number: 0141 – 2225827<br>Email address: fa.nrhm@yahoo.co.in |
| ITB 6(b) | The Pre-Bid conference will be held, the time and date will be : 29/03/2016 at 11.00 A.M.<br>and other details are: Meeting Hall No. 311, IIIrd Floor, C-Block, Swasthya Bhawan, Jaipur (venue may be changed, if required1<br>Name and Designation of the Convener: Sh. B. S. GOTHWAL, DIRECTOR (FINANCE), NHM<br>Street TILAK MARG<br>Address C-BLOCK, SWASTHYA BHAWAN, JAIPUR |

| | | |
|---|---|---|
| | Floor and Room Number: IIIrd FLOOR, RAJASTHAN STATE HEALTH SOCIETY | |
| | City | JAIPUR |
| | PIN Code: | 302005 |
| | Telephone No. with STD Code: 0141 – 2220962 | |
| | Facsimile number: | 0141 – 2225827 |
| | Email address: | fa.nrhm@yahoo.co.in |
| ITB 8. | Preparation of Bids | |
| ITB 11. | The terms of quoting price are: As per form F-1 | |
| ITB 11. | The prices quoted by the Bidder shall be fixed/ subject to variation : FIXED | |
| ITB 14<br>ITB 15. | The Bid validity period shall be 90 DAYS from the deadline for submission of Bids.<br>(a) A Bid Security shall be required/ not be required :- REQUIRED | |
| | (b) If a Bid Security shall be required, the amount and currency of the Bid Security shall be Rs. FORTY THOUSAND ONLY | |
| ITB 17.<br>ITB 17. | In addition to the original of the Bid, the number of copies of the Bid required : NIL<br>The written confirmation of Authorization to sign on behalf of the Bidder shall consist of : Power of Attorney / Letter of Authorization written on the Letter Head by the Bidder. | |
| ITB17. | Submission and Opening of Bids | |
| ITB 18. | (a) For Bid submission purposes only, the Procuring Entity's address is: | |
| | Attention (Name with Designation): | Sh. B.S. GOTHWAL, DIRECTOR (FINANCE) |
| | Street: | TILAK MARG |
| | Address of Office: | |
| | Floor/Room number: | IIIrd FLOOR, C-BLOCK, SWASTHYA BHAWAN |
| | City: | JAIPUR |
| | PIN Code: | 302005 |
| ITB 17(d) | The deadline for Bid submission is: | |
| | Date: | 07.04.2016 |
| | Time: | 02.00 P.M. |
| ITB 18. | The Bid opening shall take place at: | |
| | Address of Office: | C- Block, SWASTHYA BHAWAN |
| | Floor/Room number: | Hall No.311 , IIIrd Floor, |

| | | |
|---|---|---|
| | City: | Jaipur |
| | Date: | 07.04.2016 |
| | Time: | 4.30 P.M. |
| ITB 23. | Award of Contract | |
| **ITB** 24. | The period within which the contract agreement is to be executed and performance Security is to be submitted is 15 days | |
| **ITB** 24. | Whether Performance Security shall be required (Yes/ No):- YES | |
| ITB 25. | Redressal of Grievances during Procurement Process | |
| **ITB** 25. | (a) The Designation and Address of First Appellate Authority: | |
| | SPECIAL SECRETARY, MEDICAL AND HEALTH AND FAMILY WELFARE, RAJASTHAN, THIRD FLOOR, C-BLOCK, SWASTHYA BHAWAN, TILAK MARG, JAIPUR | |
| | (b) The Designation and Address of Second Appellate Authority | |
| | PRINCIPAL SECRETARY, MEDICAL AND HEALTH, RAJASTHAN, JAIPUR | |

# Section III: Evaluation and Qualification Criteria

## Table of Contents

# EVALUATION CRITERIA

For the purpose of the appointment of the statutory auditor for 2015-16, following points should be taken into account-

Open advertisement (as per Format for Advertisement as at Form-A) in leading newspapers at State level and National level for inviting proposals from CAG empanelled Chartered Accountant firms for statutory audit of State and District Health Societies should be issued first. A copy of the advertisement shall also be e-mailed to the Institute of Chartered Accountants of India (ICAI) for webhosting on ICAI website at secretary@icai.in & secretary@icai.org. (Format of the advertisement is enclosed) – A copy of the advertisement shall have to be sent to FMG in MOHFW. Advertisement along with the detailed RFP shall also to be uploaded on the state's NHM website.

A pre-bid conference shall be held (date to be indicated in the advertisement) wherein clarifications that the potential bidders may have shall be clarified.

The Executive Committee of the RSHS will form a Standing Committee on Audit (SCA) with suitable representation from programme and finance wings. The SCA should invariably headed by the Director-Finance or other person nominated by the Mission Director. This Standing Committee will also act as the Selection Committee for the selection of auditors. The Standing Committee on Audit will subsequently monitor the audit process and the follow up on audit paras and Action Taken Reports on those audit paras. After the selection of auditor by SCA the same shall also will have to be approved in the meeting of Executive Committee of the RSHS.

The selection process of auditor shall be subject to review by Financial Management Group, MoHFW, GOI / Office of Chief Controller of Accounts, MoHFW, GOI / Audit parties of the AG or any authorized person of the Ministry of Health and Family Welfare, Government of India.

The State at the time of selection of the Statutory Auditor must ensure that the firm was not engaged as Concurrent Auditor of the State/District during the year for which the audit was engaged i.e. 2015-16.

**The selection will be done by selecting the firm having lowest quotation in Financial Bid (L-1).**

On completion of selection process, the firm selected shall be awarded the contract of audit of SHS & DHS by issuing the Letter of Award (LOA). The firm should execute a Contract with the State Health Society (SHS) within 2 weeks of the award of the issuance of LOA.

In case the bidding firm is found not suitable for audit on any reasonable ground like information by the Ministry/ ICAI/ any State etc. State may reject such proposal without giving any reason.

# QUALIFICATION CRITERIA

**CA firms eligible for audit:** Chartered Accountants firms those are empanelled with C & AG for the year 2015-16 and eligible for doing **major audits** only will be eligible for the audit of the NHM programme. In this regards firm have to submit the details about the firm as per Form T-2, with all necessary supporting documents.

**Guidelines for Submitting the Proposals:**

Agencies are required to submit the proposal as per the guidelines and formats detailed out in the following paras:

**i.** The original and all copies of the Technical Proposal shall be placed in a sealed envelope clearly marked "**TECHNICAL PROPOSAL**" Similarly, the original Financial Proposal shall be placed in a separate sealed envelope clearly marked "**FINANCIAL PROPOSAL**" followed by the name of the assignment, and with a warning "**DO NOT OPEN WITH THE TECHNICAL PROPOSAL**." The envelopes containing the Technical and Financial Proposals shall be placed into an outer envelope and sealed. This outer envelope shall bear the submission address, reference number and title of the Assignment, and be clearly marked "**DO NOT OPEN, EXCEPT IN PRESENCE OF THE OFFICIAL APPOINTED.** The Society shall not be responsible for misplacement, loss or premature opening if the outer envelope is not sealed and/or marked as stipulated. This circumstance may provide a case for Proposal's/ bid's rejection. If the Financial Proposal is not submitted in a separate sealed envelope duly marked as indicated above, this shall constitute grounds for declaring the Proposal non-responsive/ invalid.

ii. **Single Proposal: A** firm should submit only one proposal for one State. If a firm submits or participates in more than one proposal, all such proposals shall be disqualified.

iii. All agencies must comply with the Technical Specification, General Conditions and Format/Requirements for Technical and Financial proposal.

iv. The Technical Proposal shall be marked "ORIGINAL".

v. Financial proposals submitted by the firm should be valid for 180 days from the date of submission of the proposal by the firm.

vi. Each page, Form, Appendix and Appendices of the Technical and Financial Proposal must be signed by the Authorised signatory of the firm.

vii. All blank spaces in the financial proposal must be filled in completely where indicated, either typed or written in ink.

viii. Rajasthan State Health Society (RSHS) reserves the right to accept or reject any application without giving any explanation and can change the evaluation criteria as per its requirements in the interest of the organisation.

ix. If the required constitution of the team is not deployed the state may take appropriate action as it deems fit (including blacklisting of the firm) against the firm, keeping the Ministry informed.

x. A firm cannot undertake the audit assignments of more than three states in a year. An Undertaking to this effect shall be submitted by the Bidder. The audit assignment must be opted for as awarded by States chronologically i.e. on First come First served basis. If a CA Firm appointed in more than 3 state then they have to withdraw their name so as to keep it up to 3 States/ UTs only.

xi. The firm shall give an undertaking that the team members are proficient in the State’s official language (both oral and written).

xii. The firm was not engaged as Concurrent Auditor of the Rajasthan State Health Society (RSHS) and District Health Societies (DHSs) during the year for which the audit was engaged or if he has been appointed for the year 2015-16.

xii. Firm shall have to depute appropriate no. of teams for timely submission of Audit Report and to attain quality of audit.

xiii. Each team shall have to be headed by a qualified chartered accountant.

# SECTION IV

## BIDDING FORMS

**Technical Proposal will consist:**

i. Letter of Transmittal ( Form T-1)
ii. Details of the Firm along with Details of Partners (Form T-2)
iii. Declaration by the Bidder under Section 7 of the Act (Form D-1)

**Financial Proposal will consist:**

i. Financial Bid (***Form F-1***),

**Form T-1**

## Letter of Transmittal

To,
The Mission Director,
National Health Mission,
Rajasthan State Health Society,
3 rd Floor, NRHM Building,
Swasthya Bhawan,
Tilak Marg, C-Scheme
Jaipur-302005

Dear Sir,

We, the undersigned, offer to provide the audit services for ***Rajasthan State Health Society*** in accordance with your Request for Proposal dated [*Insert Date*]. We are hereby submitting our Proposal, having details about the firm and proposed audit fees.

We hereby declare that all the information and statements made in this Proposal are true and accept that any misinterpretation contained in it may lead to our disqualification.

The Fees quoted by us is valid till six months from the date of submission of the proposal. We confirm that this proposal will remain binding upon us and may be accepted by you at any time before the expiry date.

Prices have been arrived independently without consultation, communication, agreement or understanding (for the purpose of restricting competition) with any competitor.

We agree to bear all costs incurred by us in connection with the preparation and submission of the proposal and to bear any further pre-contract costs.

**We understand that Rajasthan State Health Society is not bound to accept the lowest or any proposal or to give any reason for award, or for the rejection of any proposal.**

I confirm that I have authority of [*Insert Name of the C.A. Firm*] to submit the proposal and to negotiate on its behalf.

Yours faithfully,

( )

**Form T-2**

## Particulars/Details of the Firm

| Sl. No. | PARTICULARS | Supporting Documents required to be submitted along with this Form |
|---|---|---|
| 1 | Name of the Firm | |
| 2 | Addresses of the Firm: | |
| | Head Office | Phone No:<br>Fax No:<br>Mobile No. of Head Office In-charge: |
| | Date of establishment of the firm | |
| | Date since when is H.O. at the existing Station | |
| | Branch Office 1,2,3……<br>(Particulars of each branch to be given) | Phone No:<br>Fax No:<br>Mobile of each Branch Office In-charge: |
| | Mention the date of each branch offices since when existed at the existing place | |
| 3 | Firm Income Tax PAN No. | Attach copy of PAN card |
| 4 | Firm Service Tax Registration No. | Attach copy of Registration |
| 5 | Firm's Registration No. with ICAI | Attach a copy of certificate downloaded from ICAI Website showing the name & address of H.O., B.O. and partners etc. |
| 6 | Empanelment No. with C & A G | Attach proof of empanelment with C&AG for the year under Audit (2015-16) confirming that the firm is eligible for major PSU audits. |
| 7 | No. of Years of Firm Existence & Date of establishment of Firm | Attach copy of Partnership Deed |
| 8 | Turnover of the Firm in last three years | Attach a copy of Balance Sheet and P & L Account of the last three years i.e. from 2012-13 to 2014-15 or a C.A. Certificate give Break-up of Audit Fee and Other Fees Received. |

| | | |
|---|---|---|
| 9. | Audit Experience of the Firm:<br><br>1. Number of Assignments in Commercial/Statutory Audit<br>2. Number of Assignments externally Aided Projects/Social Project (excluding audit of Charitable Institutions & NGOs)<br>3. Experience in the NHM audit. | Copy of the Offer Letter & the Fee Charged for each assignment<br><br>(Relevant evidences to be given of the turnover and fee) |
| 10 | **Details of Partners:**<br><br>Provide following details:<br><br>• Number of Full Time Fellow Partners associated with the firm.<br>• Name of each partner,<br>• Date of becoming ACA and FCA<br>• Date of joining the firm,<br>• Membership No.,<br>• Qualification<br>• Experience<br>• Whether the partners are engaged full time or part time with the firm.<br>• Their Contact Mobile No., email and full Address | Attested copy of Certificate of ICAI as on 1.1.2016. |

**<u>Note:</u> The firm shall give an undertaking that the team members are proficient in The Rajasthan State's official language (both oral and written).**

*Form D-1*

# Declaration by the Bidder

[Under Section 7 of Rajasthan Transparency in Public Procurement Act, 2012]

In relation to my/our Bid submitted to for ______________________________
in response to their RFP No. ___________Dated___________

We hereby declare under Section 7 of Rajasthan Transparency in Public Procurement Act, 2012, that:

1. we possess the necessary professional, technical, financial and managerial resources and competence required by the Bidding Document issued by the Procuring Entity;
2. we have fulfilled my/our obligation to pay such of the taxes payable to the Union and the State Government or any local authority as specified in the Bidding Document;
3. we are not insolvent, in receivership, bankrupt or being wound up, not have my/our affairs administered by a court or a judicial officer, not have my/our business activities suspended and not the subject of legal proceedings for any of the foregoing reasons;
4. we do not have, and our directors and officers not have, been convicted of any criminal offence related to my/our professional conduct or the making of false statements or misrepresentations as to my/our qualifications to enter into a procurement contract within a period of three years preceding the commencement of this procurement process, or not have been otherwise disqualified pursuant to debarment proceedings;
5. we do not have a conflict of interest as specified in the Act, Rules and the Bidding Document, which materially affects fair competition;

Date: Signature of bidder

Place: Name:

Designation:

Address:

**Form F-1**

**FORMAT FOR FINANCIAL BID FOR STATUTORY AUDIT OF NHM, RAJASTHAN FOR THE F.Y. 2015-16**

**(Please provide the break-up of Firm's quoted fees for each work and unit)**

| **Particulars Total Amount (in Rupees)** |
|---|
| **AUDIT FEE**<br><br>a. Audit fess --------------- (Including cost of TA/DA)<br><br>b. Service Tax ----------------<br>c. Total Fees ---------------<br>(Rupees in Words )<br><br>Note: **Percentage of funds involved shall not be a basis of quoting the Audit Fee.** |

**Note: In case of change in the rate of Service Tax the revised Service Tax shall be paid.**

**Signature & Seal**
Name of Firm
Address

# Section V: Schedule of Work and Services

## Terms of Reference (ToR)

1. National Rural Health Mission (NRHM) ***now National Health Mission (NHM)*** of the Ministry of Health & Family Welfare was launched on $12^{th}$ April, 2005 by the Government of India to improve medical facilities in all the area in the country. The NHM seeks to provide accessible, affordable and quality health care to the population, especially the vulnerable sections. It also seeks to reduce the Maternal Mortality Ratio (MMR) in the country from 407 to 100 per 1,00,000 live births, Infant Mortality rate (IMR) from 60 to 30 per 1000 live births and the Total Fertility Rate (TFR) from 3.0 to 2.1 within the 7 year period of the Mission. It has now been termed as National Health Mission (NHM). NHM is overarching NUHM also and includes Non-Communicable Diseases (NCD) as well.

2. One of the visions of the Mission is to increase public spending on health from 0.9% to 2-3% of GDP, with the improved arrangement for community financing and risk pooling. The NHM has provided an umbrella under which the existing Reproductive and Child Health Programme (RCH) and various National Disease Control Programmes (NDCPs) have been repositioned. National Urban Health Mission (NUHM) has also been added as submission of National Health Mission.

3. at present the following Programmes/Schemes falls under the National Health Mission:

A. NHM-RCH Flexible Pool:
   - **RCH Flexible Pool** (including Routine Immunization (RI), Pulse Polio Immunization (PPIP) & National Iodine Deficiency Disease Control Programme (NIDDCP)
   - **Health System Strengthening** (including National Programme for Prevention and Control of Deafness (NPPCD), National Oral Health Programme (NOHP), National Programme for Palliative Care (NPPC), Assistance to State for Capacity building (Burn Injury), National Programme for Fluorosis(NPF).

B. National Urban Health Mission (NUHM).

C. Flexible Pool for Communicable Disease:
   - National Vector Borne Disease Control Programme (NVBDCP)
   - Revised National Tuberculosis Control Programme (RNTCP)
   - National Leprosy Eradication Programme (NLEP)
   - Integrated Disease Surveillance Project (IDSP)

D. Flexible Pool for Non-Communicable Disease, Injury & Trauma:
   - National Programme for Control of Blindness (NPCB)
   - National Mental Health Programme (NMHP)
   - National Programme for Health Care of the Elderly (NPHCE)
   - National Tobacco Control Programme (NTCP)
   - National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)

E. Civil wing headquarter and 15 unit offices for Civil works

F. Others like: IEC, NGO, Deafness Control, etc.

4. ***Institutional and Funding Arrangements:***

For the implementation of the above programmes, MOHFW has required the creation of an Integrated Health Society at State and District levels (registered as a legal entity at the State and District under ***Rajasthan Societies Registration Act 1958***). Such integrated State Health Society (SHS) works in close coordination with the Directorate of Health & Family Welfare and District Health Societies (DHS) work in coordination with the District Collector and District Chief Medical Officer (CMO). Program implementation is done through its District Chief Medical Officer's office, Blocks, Community Health Centers (CHCs), Primary Health Centers (PHCs), Sub-Centers (SCs), Rogi Kalyan Samities and Village Health & Nutrition Sanitation Committees. Certain activities may be managed at the State level such as drug procurement, IEC, civil works, training using specialized entities such as SIHFW, IEC Bureau, PWD, the Directorate of Health and Municipal Corporations for the urban health components. In addition funds are also released from SHS/ DHS to NGOs and private entities under public private participation (PPP) arrangements.

**Funding & Accounting Arrangements:**

Funds for the various programs are transferred from Pay & Accounts Office of MoHFW to the State Treasuries and then from Treasuries to the RSHS functioning in the State. Government of India transfer funds in the form of Grants-in-Aid to RSHS on the basis of respective State Programme Implementation Plan (SPIPs) and approved Annual Work Plans which are prepared on the basis of District Health Action Plans (DHAP) of each of the districts in the State. Under the umbrella of the integrated RSHS/DHS each program has separate bank accounts, maintains separate books of accounts and other financial records as per the requirements of each program and also submit separate financial activity reports at varying frequencies to the respective monitoring unit in MOHFW (GOI).

5. **Financing by Development Partners/ Donors:**

Some of the programs of NHM are also supported by development partners such as the World Bank, DFID, UNFPA, European Union, and GFATM etc. for which credit agreements have been entered into by GoI with the respective development partners. Compliance with specific fiduciary requirements of the development partners will additionally need to be reported by the auditors. Copies of the legal agreements and other project documents will be provided to the auditors, if needed, by RSHS/ concerned Programme Division in the State.

**6. Objective of audit services:**

The objective of the audit is to ensure that MOHFW receives adequate, independent, professional audit assurance that the grant proceeds provided by MOHFW are used for purposes intended in line with approved PIPs and AWP of individual programs and that the annual financial statements are free from material miss-statements and the terms of the credit/ loan agreements of the development partners are complied with in all material respects.

The objective of the audit of the financial statements - individual financial Statements of State and District Health Society as well as the Consolidated Financial Statements of the State and District as a whole i.e. (Balance Sheet, Income & Expenditure, Receipt & Payment, together with relevant accounting policies, notes to accounts and schedules (Bank Reconciliation Statements, Statement of Funds Position, Reconciliation of Expenditures as per Audited financial statements with the expenditure reported as per the Financial Monitoring Report (FMR) is to enable the auditor to express a professional opinion as to whether:-

(1) the financial statements give a true and fair view of the Financial Position of the individual DHS,SHS and Consolidated District and State Health Societies at the end of each fiscal year and of the funds received and expenditure incurred for the accounting period ended ***March 31, 2016.***

(2) the funds were utilized for the purposes for which they were provided, and

(3) Where programs are financed by development partners, the respective program expenditures are eligible for financing under the relevant grant/ credit agreement.

The books of accounts as maintained by the State and District Health Societies and other participating implementing units (Blocks, PHCs, sub centers and CHMOs etc) shall form the basis for preparation of the individual DHS and RSHS financial statements as well as the consolidated financial statements for the state as a whole.

**7. Standards:** The audit will be carried out in accordance with **Engagement & Quality Control Standards (Audit & Assurance Standards)** issued by the Institute of Chartered Accountants of India in this regard. The auditor should accordingly consider materiality when planning and performing (except where a certain minimum coverage of implementing units is specified) the audit to reduce the risk to an acceptable level that is consistent with the objective of the audit. In addition the auditor should specifically consider the risk of material misstatements in the financial statements resulting from fraud.

**8. CA firms eligible for audit:** Chartered Accountants firms those are empanelled with C & AG for the year 2015-16 and eligible for doing major audits only will be eligible for the audit of the NHM programme. In this regards firm have to submit the details about the firm as per **Form T-2**.

**9. Audit Fees and TA/DA:** The firms those are interested to be appointed will have to quote consolidated audit fees including expenses on TA/DA. The firm quoting the minimum consolidated fees including towards TA/DA expenses will be awarded the work of audit. In case the audit team request with the state for stay arrangement etc. then cost to the state for such stay arrangements etc. will be adjusted against the consolidated fees quoted. ***Bidding Firm should ensure that Audit Team shall have to visit 100% Districts and at least 40% blocks within each district.*** The Audit Fee should be quoted considering this aspect

**7.** **10. Scope & Coverage of audit:** In conducting the audit special attention should be paid to the following:

a) An assessment of adequacy of the project financial systems, including financial controls. This should include aspects such as adequacy and effectiveness of accounting, financial and operational controls; level of compliance with established policies, plans and procedures; reliability of accounting systems, data and financial reports; methods of remedying weak controls ; verification of assets and liabilities and a specific report on this aspect would be provided by the auditor annually as part of the management letter;

b) Funds have been spent in accordance with the condition laid down by the Department of Health & Family Welfare, Government of India from time to time with due attention to economy and efficiency, and only for the purpose for which the financing was provided. Counterpart contribution from State Government, where required has been provided.

c) Goods and services financed have been procured in accordance with the relevant procurement guidelines issued by the GoI/ State Government (***RTPP Act, 2012 & Rules 2013***). However, for various programmes, special attention must be paid to the requirements of the agreement between GoI and development partners (RNTCP, IDSP and NVBDCP etc.). Such requirements are available within the

State/ District's concerned Program Officers. For such externally funded programmes, auditor must satisfy that all expenditure, including procurement of goods and services have been carried out as per the procurement manual of the individual programmes and guidelines issued by the Programme Divisions of GoI and have all the necessary supporting documentation.

d) All necessary supporting documents, records and accounts have been kept in respect of the project.

f) **Sample Coverage of sub district Implementing Units:** Audit will cover 100% District Health Societies (DHSs) each being a legally registered society and at least 40% of the Block Level CHC/PHC (*at least 50% of such blocks should be new and remaining may be those covered in the audit of last year*). The sample shall be selected in a manner that Block level PHC/CHC in each district is included in the sample coverage. All the vouchers pertaining to the health facilities will be available at the respective health facility (DH, CHC/PHCs) for the purpose of audit. Audit shall also cover audit of expenses related to NHM incurred through Rogi Kalyan Samities (RKS) at each level i.e. PHC/ CHC/ DH.

g) The Statutory Auditor may review the concurrent audit reports / quarterly executive summaries and may consider material observations / findings while forming his opinion on overall internal control and truth & fairness of accounts/financial statements.

**11. Project Financial Statements**

A format of such financial statements and relevant schedules showing the consolidation of all the programmes is given at (***APPENDIX A*** - FORMAT of FINANCIAL STATEMENTS) and also on the website of MoHFW at www.nhm.gov.in.

Project Financial Statement (RSHS, DHS and Consolidated) shall include the following:

i. Audit Opinion as per ***APPENDIX-C.***
ii. Balance sheet showing accumulated funds of the project balances other assets of the project, and liabilities, if any.
iii. Income & Expenditure account for the year ending on ***31st March 2016,***

iv. Receipt and Payment Account for the year ending on ***31st March 2016,***
v. Other Schedules to the Balance sheet as appropriate, but which shall include
   - Statement of Fixed Assets in the form of a Schedule,
   - Schedule of Loans and Advances (Age-wise analysis)
   - Schedule of all Cash & Bank Balances (supported by bank reconciliation statements)
   - Program wise statement of expenditure
vi. Notes on Accounts showing the accounting policies followed in the preparation of accounts in the Rajasthan State Health Society and District Health Societies and any other significant observation of the auditor.
v. Auditor shall have to specify the significant observations, including internal control weaknesses for each program and also specify the institution to which these relates to enable/ facilitate appropriate follow up action.

vii. Sanction wise Utilization Certificates (UCs) as per Form 19-A of GFR 2005; duly tallied with the Income & Expenditure and expenditure on Fixed Asset during the financial year (which have been shown as capitalized) **[Attach a statement showing the details of expenditures clubbed in the Utilization Certificate tallying with the Income & Expenditure Account and Schedules forming part of it].**

**A separate utilization certificate for state share contribution has to be issued.**

viii. Action Taken Report on the previous year's audit observations.

ix. Reconciliation of the FMR Expenditures of the last quarter i.e ***31st March 2016*** with expenditure as per the Annual Audited Financial Statements in the FMR format only for the financial year covered by audit period identifying the variance and the reasons for the same. This has to be certified by the auditor.

x. **Representation by Management:** The DHS and RSHS management should sign the financial statements and provide a written acknowledgement of its responsibility for the preparation and fair presentation of the financial statements and an assertion that the project funds have been expended in accordance with the intended purposes as reflected in the financial statements.

**12. Financial Monitoring Reports (FMR)**

In addition to the primary opinion on the financial statements, the auditor is required to audit last quarter FMR (quarter ending ***March 2016***) submitted to MOHFW. The auditor should apply such tests as the auditor considers necessary under the circumstances to satisfy the audit objective. Where ineligible expenditures are identified as having been included in the financial reports, these should be separately noted by the auditors. The audit report should include a separate paragraph commenting on the accuracy and propriety of expenditures included in the financial statements and FMRs including whether procurement procedures have been followed, and the extent to which the GoI can rely on Quarterly FMRs.

In addition to the audit reports, the auditor will prepare a "Management Letter" as per ***Appendix-D***, in which the auditor should summaries the observation on the internal control issues (other than those which materially affect his opinion on the financial statements) as under:

- Give comments and observations on the accounting records, systems and internal controls that were examined during the course of the audit;
- Identify specific deficiencies and area of weakness in the system and internal controls and make recommendations for their improvement;
- Report on the level of compliance with the financial internal control.
- Report procurements which has not been carried out as per the procurement manual/ guidelines of the state for the individual programmes such as; RCH-II, RNTCP, IDSP etc.
- Communicate matters that have come to the attention during the audit which might have significant impact on the implementation of the project; and
- Bring to Society's attention any other matter that the auditor considers pertinent.

**The observations in the management letter must be accompanied by the implications, suggested recommendations from the auditors and management comments/ response on the Observations/ recommendations have to be obtained and reported along with the Audit report.**.

**13. Reporting and Timing**

The final Audit Report should be submitted by **31st July 2016**, (i.e. within four months of the end of the financial year), to the Rajasthan State Health Society and the State Society should then promptly forward **3**

**copies (Spiral Bound) and also soft copy in MS Excel / MS Word and Scanned (Both) is also to be submitted in mail or CD** of the audited financial statements and audit report along with the **final Utilization Certificates** signed by the State and Auditor both, to GoI with their comments, if any.

***Auditor appointed of districts, shall have to issue a separate audit report for each district and provide a soft copy of also (Word/ Excel). Audit Reports for all districts shall have to be issued by 30th June, 2016 so that consolidated report of the state is not delayed and issued by 31st July, 2016.***

**14. Additional Instructions to Auditors**

a. Audit Report of the Rajasthan State Health Society (RSHS) shall include audit of all the transactions at the State level as well as all the transactions in the District Health Societies (DHSs) within the State.

b. Audit for the financial year will include all the components under NHM.

c. The auditor appointed shall be **required to issue separate Consolidated Audit Report for the State and each District, comprising all programmes under NHM (RCH, Mission (HSS), RI, PPIP, NUHM, NDCPs & NCDs). Auditor appointed shall prepare a consolidated Report for the State. However, in case of RNTCP, IDSP, NLEP, NVBDCP, NPCB, NCD, NTCP, NPPCF, NMHP, NPCDCS a separate audit report with required annexure and schedules shall also have to be issued by the State / District Level Auditor. The relevant formats for Audit Report as issued by RNTCP Division are given as Appendix-…**

d. All state level report shall have to be issued in three sets (Two sets to MoHFW and one set for State). Consolidated Report is to be sent to NHM-Finance Division and individual reports of individual programmes along with UCs to the respective programme divisions of the Ministry).

e. Financial Statements and relevant schedules shall be prepared in accordance with the format provided by Ministry of Health and Family Welfare, GoI (***APPENDIX-A* - FORMAT of FINANCIAL STATEMENTS**). However, specific programme requirements (in accordance with the agreement with the GoI and Development Partners) may also be incorporated in the separate schedule of the programme.

***f. Auditor shall consolidated the Final Accounts of Rajasthan State Health Society (RSHS) with all 34 District Health Societies (DHSs), NUHM, NDCPs and NCDs programs committees at State Level for Consolidated Balance Sheet, Receipt & Payments accounts and Income & Expenditure Accounts along with schedules and annexure.***

g. Auditor shall certify all the Utilization Certificates in the prescribed format (Form 19A of GFR, 2005) of GOI for all programmes of NHM. The Utilization Certificate shall be furnished sanction wise and Utilization Certificate shall be issued for each sanction issued during the respective financial year. The Utilization Certificates should be jointly signed by the Mission Director, State Programme Officers in charge of concerned Programme and the Auditor.

h. The auditor shall also append the Checklist (***APPENDIX-B* -** CHECKLIST FOR AUDITOR)

i. The auditor shall certify the FMR on the basis of audited expenditures with all the line activities for the last quarter (quarter ending ***March 2016*** showing cumulative and head wise expenditure for the complete financial year) along with the Audited Statement of Accounts. Auditor shall certify a comparative statement showing expenditure as per FMR and as per Audit Report. Auditor must also document the reason for variances between the FMR figures and audited figures in cases where the variances are significant e.g. more than 15% from the audited figures at each component level.

j. Audit Opinion as per the Model Format provided at ***APPENDIX – C***.

Management Letter as per ***APPENDIX – D*** along with the comments/reply of the Mission Director-NHM, Rajasthan State Health Society.

**15. Re-appointment of Auditor:** As the auditor once appointed can continue for three years, subject to the satisfaction of the performance by the state and the State which wishes to re-appoint the same auditor shall have to seek the approval of the Executive Committee after obtaining the consent of the auditor and confirming that the said firm is in the panel of C&AG and eligible for conducting major audits for the year for which firm is being re-appointed. Further, any comments/remarks/observation of the Ministry in this regard shall have to be considered while re-appointing the same auditor.

**16. General Provision:** The State should ensure that the Auditor must be appointed for all the disease control programmes under NHM and Uniform Accounting system is being followed for all the disease control programmes under NHM. The State should also ensure that the auditor should follow the latest formats given in the RFP.

The auditor shall be given access to any information relevant for the purpose of conducting the audit. This will normally include (other than all financial and procurement records) the SPIPs, AWPs, MOU/LOU signed between MOHFW and the State/ SHS, instructions issued by MOHFW regarding scheme guidelines (e.g. JSY etc.), administrative orders issued by the SHS/ DOHFW/ Directorate of Health including cost norms etc. Where programs are financed by Development Partners copies of the legal agreement, project appraisal document should be made available to the auditors.

*Appendix-B*

## CHECK-LIST FOR AUDITORS OF RAJASTHAN STATE HEALTH SOCIETY

| Sl. No. | PARTICULARS | YES | NO | REMARKS |
|---|---|---|---|---|
| 1. | Whether Audit Opinion is in the **prescribed format** giving the World Bank Credit No. | | | |
| 2. | Whether the Annual Financial Statements (AFS) are in the Prescribed format for Balance Sheet, Income & Expenditure Account and Receipt & Payment Account | | | |
| 3. | Whether the Financial Statements includes the Bank Reconciliation Statement as on last day of the year. | | | |
| 4. | Whether Financial Monitoring Report for the last quarter has been certified by the auditors and forms part of Annual Financial Statements | | | |
| 5. | Confirm that no advances to Districts/ Blocks/ PHCs/ CHCs and any other Agency are shown as expenditure | | | |
| 6. | Are there advances outstanding for long? (greater than 6 months) | | | |
| 7. | Whether the Utilization Certificate for all the Sanctions has been attached. | | | |
| 8. | Are the Utilization Certificates are signed by the Mission Director or any other authorized person and by the Auditor | | | |
| 9. | Whether auditor has certified that the amount of utilization in the Utilization Certificate is tallied with the Income & expenditure Account of the relevant period. | | | |
| 10. | Confirm that the Consolidated Annual Financial Statements includes all the | | | |

| | | | | |
|---|---|---|---|---|
| | district's annual statements based on the books maintained by them and have been duly audited by the same auditor or any other auditor. | | | |
| 11. | Whether Management Letter has been prepared by the Auditors? | | | |
| 12. | Whether Management has offered its comments on the observations of the Auditor in the Management Letter. | | | |
| 13. | Whether the Annual Financial Statements are consolidated on the basis of audited districts accounts and not on the basis of expenditures reported by the districts. | | | |
| 14. | Have you ensured that the Annual Financial Statements have been consolidated for all the Programmes i.e. RCH, NRHM, Immunization, NUHM. NDCPs and NCDs Programme. | | | |
| 15. | Whether Accounting Policies and Notes on Accounts have been appended to the AFS | | | |
| 16. | Are you sure that none of expense of any activity has been merged with that of any other activity. | | | |
| 17. | Are you sure that all the expenses have been properly reflected as per the Heads of Accounts as shown in the FMR for each programme. | | | |
| 18. | Whether the accounts finalization instructions issued by each Programme Division has been followed or not. | | | |
| 19. | Whether a confirmation certificate regarding the inclusion of all bank accounts of SHS etc. duly signed by Mission Director and Director Finance has been obtained and attached with the Report? | | | |

**APPENDIX-C**

**FORMAT OF AUDIT REPORT (*REVISED*)**

**To,**

**The Mission Director, NHM**

Rajasthan State Health Society,

………………

## Introduction

We have audited the accompanying expenditure statements / financial statements of the RCH Program Phase-II **(World Bank Cr. No. 4227-IN)** , Routine Immunization, Pulse Polio Immunization and Additionalities under NHM including all the National Disease Control Programmes i.e. RNTCP-I financed under World Bank **Credit No. 4228-IN** , Leprosy, Blindness, IDD, IDSP and NDVCP **(World Bank Cr. No. No. 2964-IN)** implemented through the Rajasthan State Health Society, Jaipur as of 31st March, 2016. Our responsibility is to express an opinion on these financial statements based on our audit.

## Scope

We conducted our audit in accordance with standards on auditing issued by the Institute of Chartered Accountants of India. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. In forming our opinion we have relied upon the audit findings / observations in …. (Nos.) District Health Society/ Rajasthan State Health Society's financial statements, which have been audited by other auditors. We believe that our audit provides a reasonable basis for our opinion.

## Opinion

**a.** The statements of account dealing with this report include funds received from **World Bank under RNTCP-II (Cr. No. 4228-IN).**

**b.** The audited financial statements include funds received from the Asian Development Bank under "Supporting National Urban Health Mission – Results Based Lending" , Loan # 3257 dated July 28, 2015", and amounts claimed under the loan are eligible for financing under the credit arrangements. The expenditure as mentioned in the respective schedule for NUHM has been incurred during the year under review for the National Urban Health Mission by the SHS from all sources of funds including loan proceeds, and allocation for use of loan proceeds has not been shown separately.

c. We have obtained all the information's and explanations which to the best of our knowledge and belief were necessary for the purpose of our examination.

d. In our opinion, proper books of account have been kept by the Rajasthan State Health Society, so far as appears from our examination of the books.

e. The statements of account dealt with this report are in agreement with the books of account.

f. Financial Statements of the State is the consolidated Financial Statements of the State and District Societies.

g. In our opinion and to the best of our information and according to the explanations given to us the said consolidated accounts of the State and District Societies, gives the information in the manner so required and give a true and fair view:-
   1. In the case of the balance sheet, of the State of affairs of the Society as at 31st March, 2016.
   2. In the case of the Income and Expenditure Account of the excess of income over expenditure / deficit of income over expenditure for the year ended on that date.
   3. In case of Receipts and Payments Account of the receipts and payments during the year ended on that date.

h. In addition with respect to FMR/SOEs, adequate supporting documentation has been maintained to support claims to the World Bank for reimbursements of expenditures incurred;

i. The expenditures so claimed are eligible for financing under the Credit Agreement; and

j. Procurement of Work and services has been carried out as per the Procurement manual by Central TB Division and other concerned division of the Govt. of India.

Place:

Date: Signature of Auditor (s)

Notes:-

1. In case, a qualified opinion or disclaimer is given by the auditor, the audit report should state in a clear and informative manner all the reasons for such an opinion.

2. Audit Report to be accompanied by:

   a) Management Letter
   b) Reconciliation of Expenditure as per FMR/SOEs claims with the actual expenditure as reported in the audited financial statements.

3. Matters which have been underlined needs proper attention of the auditor.

***APPENDIX-D***

**FINANCIAL MANAGEMENT LETTER**

*(Format to be incorporated as part of the Audit Report)*

## Name of the State:

| S. No. | Item | Remarks/ Response |
|---|---|---|
| **1** | **Accounting and Funds flow**<br><br>a. Are District Units legally registered entities under the Societies Registration Act?<br><br>b. Status in respect of guidelines issued in December 2006 on financial, accounting, auditing, funds flow & banking arrangements at State & district level.<br>c. Are the books being maintained as suggested in the Finance and Accounts Manual? (please list the books of accounts maintained at the State and District level)<br>d. In the General Ledger, are the ledger accounts (at a minimum) as per the activity heads in the Financial Reporting Formats? If not how are financial reports complied?<br>e. Is there a clear understanding on the on the nature of expenditure to be charged under each account head?<br>f. What is the basis of recording expenditure at State and District level i.e. is it based on actual expenditure reported by Districts/ sub district units or are transfers recorded as expenditures?<br>g. In case transfers are recorded as expenditures, is there a system of monitoring the expenditures reported against the transfers and eliminating inter unit transfers, while submitting consolidated Financial Report of the State to MOHFW?<br>h. Is any computerized accounting system in use and if yes, what are the outputs?<br>i. Are there any delays in receiving funds from the centre to states and states to districts? Has the project or any component been out of funds in the last one year?<br>j. Are funds transferred by Rajasthan State Health Society to District Societies or directly to Bank accounts in the same of CHMO or DMO?<br>k. Whether the State is transferring the funds to Districts electronically or by physical transfer?<br>l. Whether the fund transfer by State to Districts is being done pool wise like RCH flexible pool or does the State carry out activity wise fund transfer to the Districts.<br>m. What is the average frequency of fund transfer in a year? | |

| S. No. | Item | Remarks/ Response |
|---|---|---|
| | n. To what extent have financial powers been delegated at the state, district and block levels?<br>o. Are they aware of the new draft guidelines circulated by the centre for delegation of administrative /financial powers under NHM?<br>p. Problems being faced/ outstanding issues on accounting or fund management or banking arrangements | |
| 2 | **Internal Control**<br><br>a. Are Financial Management Indicators being compiled regularly? Copy of latest indicators may be requested<br>b. How are FM Indicators being used or followed up?<br>c. Has SPMU been carrying out field checks on basic financial controls (appendix 13 A of Manual)<br>d. Is there a system of recording, monitoring and settlement of advances at all levels i.e. State, District and sub districts?<br>e. Is there an ageing of the advance and are there old un-settled advances with staff and others?<br>f. Are further advances provided without settlement of old advances?<br>g. What steps are being taken to settle old advances, if any?<br>h. Does the project follow the system of single signatory or joint signatories? Who are the signatories to the bank account (s)?<br>i. How many Bank accounts are being maintained and are Bank reconciliations carried out on a monthly basis?<br>j. Problems being faced/ outstanding issues on internal controls.<br>k. Report any procurement which has not been carried out as per the procurement manual of the individual programmes such as; RCH-II, RNTCP, IDSP etc. | |
| 3 | **Financial Reports:**<br><br>a. Are States familiar with the guidelines for preparation of Revised FMR<br><br>b. Are the reporting heads in the FMR aligned with the AWP and with the ledger accounts in the General Ledger (to check both at the State and District units)<br>c. Are monthly FMRs submitted by the districts to states on a regular basis? Has the state consolidated the monthly FMRs from the districts for the first quarter of the FY? If so, has it been sent to the Centre and when? (a copy of the last financial report sent may be requested)<br>d. Statement of Fund Position: Whether prepared or not? (Verify the figures from the books of accounts for any quarter as a cross-check measure).<br>e. Do the FMRs go to FMG and programme divisions<br>f. What are the checks being exercised while preparing FMRs?<br>g. Is physical progress being captured in time and consistently?<br>h. Is physical progress is reported in the FMR along with the | |

| S. No. | Item | Remarks/ Response |
|---|---|---|
| | financial progress.<br>i. Problems being faced/ outstanding issues on financial reporting | |
| 4 | **Audit:**<br><br><u>External:</u><br><br>a. Is there a TOR for external auditors and is it as per the TOR provided in the FM Manual/ RFP?<br>b. Has the auditor(s) been appointed for State and District Societies for the year 2006-07?<br>c. If yes/no, what was the process of selection of auditors? For 2006-07 were they from the shortlist circulated by FMG?<br>d. Was a tendering processes were followed /will follow to appoint the Auditors?<br>e. Are the bids evaluated for contracting auditors based on technical inputs or are they cost based?<br>f. What are the fee rates, the coverage and the time period for which auditors have been contracted?<br>g. Has a single audit firm been appointed or have districts been divided amongst firms?<br>h. Is there a concept of lead auditor to quality assure the audit?<br>i. Has SPMU received the model audit report sent by FMG?<br>j. Have the audit observations on the audit report for previous FY been shared by the FMG?<br>k. What is the practice for follow up on audit observations?<br>l. Did the auditor visit the districts or districts officials were called at the State along with the records?<br>**<u>Internal:</u>**<br><br>m. Does the State have a system of internal/ concurrent audit?<br>n. Does State plan to have internal or concurrent audit on monthly or quarterly basis?<br>o. Are internal audit observations being received regularly and being acted upon?<br>p. Please elaborate on effectiveness and implementation of Concurrent Audit existed in the<br>i) State<br>ii) Districts<br>**Concurrent audit:**<br><br>q.Is the state has appointed concurrent auditor for audit of state and all districts?<br><br>r. Is the concurrent auditor has been appointed as per the guidelines of the Ministry?<br><br>s. Is the concurrent auditor has submitting concurrent audit report regularly?<br><br>t. Is the action taken report (ATR) has been submitted by the | |

| S. No. | Item | Remarks/ Response |
|---|---|---|
| | district to the state and follow up has been taken by the state?<br><br>u. Is the State has submitted executed summery to the Ministry?<br><br>v. Concurrent audit is being done monthly or quarterly? | |

## Format

**Financial report on Eligible Expenditures based on Acceptable Audited Financial Statements from the States & MoHFW**

| Sl. No. | Particulars | Expenditure as per Audit Report | Expenditure as per FMR |
|---|---|---|---|
| **A** | **RCH Flexible Pool** | | |
| | **COMPONENT** | | |
| **1** | **MATERNAL HEALTH**<br>(i) Activity - Referral Transport : | | |
| | **Sub Total** | | |
| **2** | **URBAN RCH**<br>State<br>Districts | | |
| | **Sub Total** | | |
| **3** | **TRIBAL RCH**<br>State<br>Districts | | |
| | **Sub Total** | | |
| **4** | **INFRASTRUCTURE & HUMAN RESOURCES**<br>(i) Activity - Contractual Staff & Services<br>State<br>Districts | | |
| | **Sub Total** | | |
| | (ii) Activity - Minor civil works<br>State<br>Districts | | |
| | **Sub Total** | | |
| **5** | **TRAINING**<br>State<br>Districts | | |
| | **Sub Total** | | |
| **6** | **PROGRAMME MANAGEMENT**<br>State<br>Districts | | |
| | **Sub Total** | | |
| **7** | Operating Cost on Routine Immunization & Cold Chain Maintenance | | |
| | **Sub Total** | | |
| | **Eligible NHM Additional ties Reporting Heads**<br>Operating Costs on Training<br>Contractual Staff Salaries | | |

Signatures | Signatures

Chartered Accountants | For Rajasthan State Health Society

# FORM GFR 19-A

Form of Utilization Certificate for the financial year 2015-16

| Sanction No. & Date | Amount |
|---|---|
| G. ………………. dated …………….. | **Rs. …………………** |

Certified that out of **Rs. ………….** of grant-in-aid sanctioned during the year **2015-16** in favour of **State Health Society – …………. .**under this Ministry / Department letter number given above and **Rs ……….** on account of unspent balance of the previous year i.e. year **2014-15**, a sum of **Rs. ……………** has been utilized for the purpose of **RCH Flexi Pool** / **Mission Flexible Pool** during the year **2015-16** for which it was sanctioned and that the balance of Rs. **…………….** remaining unutilized at the end of the year will be adjusted towards the grant-in-aid payable during the next year 2016-17.

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 purpose for which it was sanctioned.

Kinds of checks exercised:

1. Utilization Certificates furnished

Signatures…………….. Signatures……………..

[Director (Finance)] [Mission Director]

As per our checking of relevant books of accounts and vouchers:

**Auditors**

**APPENDIX- F**

FORMAT FOR AFFIDAVIT

Format for Affidavit Certifying that Entity / Partners are not Blacklisted (On a Non-Judicial Stamp Paper of relevant value)

Affidavit

I, M/s. ……………… (Sole Applicant), (the names and addresses of the registered office) hereby certify and confirm that we or any of our Partners of the Firm are not barred by Department of Health & FW, Govt. of Rajasthan/ or any other entity of GoR or blacklisted by any state government or Ministry of Health & Family Welfare of the Central government / department / organization in India from participating in Bid(s), as on the_______ (Date of Signing of Application).

I, M/s. ……………… (Sole Applicant), (the names and addresses of the registered office) understand that we or any of our Partners cannot undertake the audit assignments of more than three states in a year. We hereby further certify and confirm that we or any of our Partners of the Firm have not undertaken the audit assignments of more than three states for the year 2015-16 and, if such a situation arises, then we shall bring it to the notice of the Procuring Entity, who shall be free to reject our Bid or take any other appropriate action, which we and every Partner of our Firm shall be bound to accept and follow.

I further confirm that I am aware that, my Application for the captioned Work would be liable for rejection in case any material misrepresentation is made or discovered at any stage of the Bidding Process or thereafter during the agreement period and the amounts paid till date shall stand forfeited without further intimation.

Dated this ……………………..Day of …………………., 20…..

Name of the Applicant

…………………………………………….

Signature of the Authorized Person

…………………………………………….

Name of the Authorized Person

# Section VI C: Contract Forms

## Form C-1

### SAMPLE CONTRACT FOR AUDIT FIRMS

### CONTRACT

THIS CONTRACT ("Contract") is entered into this *[insert starting date of assignment]*, by and between [*RAJASTHAN STATE HEALTH SOCIETY,]* ("the Client") having its principal office at *[insert SHS's address]*, and *[insert Firm's/Auditor's name]* ("the Auditor") having its principal office located at *[insert Firm's/Auditor's address].*

WHEREAS, the Client wishes to have the Auditor perform the services hereinafter referred to, and

WHEREAS, the Auditor is willing to perform these services,

NOW THEREFORE THE PARTIES hereby agree as follows:

**1. Services**

(i) The Auditor shall perform the services for the F.Y. 2015-16 as per the RFP & TOR.

(ii) The Auditor shall provide the personnel "Auditor's Personnel," to perform the Services as per the proposal.

(iii) The Auditor shall submit to the Client the reports in the form and within the time periods "Auditor's Reporting Obligations."

**2. Term**

The Auditor shall complete the audit of DHS and SHS as per RFP/TOR within 90 days of the signing of this "Contract' or such extended time as may be mutually agreed with the client.

After a complete and timely completion of audit the contract can be renewed for next financial year with a suitable enhancement in the fees.

**3. Payment**

A. Ceiling

For Services rendered pursuant to RFP, the Client shall pay the Auditor an amount not to exceed *[insert amount]*. Details are as below:

| S.No. | Particulars | Amount (Rs.) |
|---|---|---|
| 1. | Audit Fee (Including cost of TA/DA) | |
| 2. | Service Tax | |
| 3 | Total Fee | |

Note:

1. This amount has been established based on the understanding that it includes all of the Auditor's costs and profits inclusive of service tax obligations that may be imposed on the Auditor.

B. Schedule of Payments

The schedule of payments is specified below:

Auditor's fee shall be payable upon the Client's receipt of the final report, acceptable to the Client.

C. Payment Conditions

Payment shall be made subject to complying the observations made

| | | |
|---|---|---|
| | | by Govt. of India within 30 days following submission by the Auditor of invoices in duplicate and its approval with the Coordinator designated in paragraph 4.<br>Conditions for deduction in fees for not following the timeliness and completion as mentioned in RFP are acceptable. |
| **4. Project Administration** | A. | <u>Coordinator</u>.<br>The Client designates Mr. /Ms. *[insert name]* as Client's Coordinator; the Coordinator will be responsible for the coordination of activities under this Contract, for acceptance and approval of the reports and of other deliverables by the Client and for receiving and approving invoices for the payment. |
| **5. Performance Standards** | The Auditor undertakes to perform the Services with the highest standards of professional and ethical competence and integrity in line with the Engagement & Quality Control Standards issued by ICAI. Specific reference is invited to standard (SA 600 – AAS 10- relying on work of another auditor) and SA 230 (AAS 3 - Documentation). The Auditor shall promptly replace any employees assigned under this Contract that the Client considers unsatisfactory and any substitution of staff, if necessary, shall be with a staff of at least the same level of qualifications. | |
| **6. Ownership of Material** | Any studies reports or other material, graphic, software or otherwise, prepared by the Auditor for the Client under the Contract shall belong to and remain the property of the Client. The Auditor may retain a copy of such documents and software. | |
| **7. Assignment** | The Auditor shall not assign this Contract or sub-contract any portion of it without the Client's prior written consent. | |
| **8. Law Governing Contract and Language** | The Contract shall be governed by the laws of Government of India and the language of the Contract shall be English. | |
| **9.Dispute Resolution** | Any dispute arising out of the Contract, which cannot be amicably settled between the parties, shall be dealt as per the dispute resolution mechanism as detailed in Section VI A .<br>**Legal proceeding if any shall be subject to Jaipur (Rajasthan) jurisdiction only.** | |
| 10. | The RFP issued vide Do. Letter no. 25020/1/2015-NHM Finance dt. 23.02.2016 by Joint Secretary, MoHFW, GoI, New Delhi. | |

FOR THE CLIENT FOR THE AUDITOR

Signed by ____________________Signed by _____________________

Title: _______________________Title: _________________________

## APPENDIX - A

**FEATURES OF ANNUAL FINANCIAL STATEMENTS:-**

1 The format has been designed to consolidate the audited balance sheet of all the programms for the respective state and all districts of the state.

2 Any amount released from the state to district is to be treated as advances given for the implementation of the programme.

3 In the balance sheet, a fixed assets reserve fund has to be created by the state as well as districts for the amount of fixed assets purchased out of the grant received during the year. Accordingly, unspent grant of the respective programme will get reduced by the amount of fixed assets purchased.

5 In the Income & Expenditure a/c, in the income side grant received is to be shown equivalent to the amount of expenditures for each programme seperately.

6 Grant in aid released/sanctioned by the Govt. of India at the fag end of the year are to be shown as grant received during the year and if not received during the same year, the same is to be shown as grant in aid/remmittance in transit.

7 Any formats/instructions issued by any programme division like RNTCP are to be strictly followed in accordance with these formats.

8 Heads of Expenditures in Schedule I-A,B,C..... are to be given as per the latest Financial Management Report (FMR)

9 Name of State Health Society, given in the format **is only an indicative.**

10 **In Schedule-II-A of Fixed Assets** - only those assets are to be shown which are purchased for use in the office of the SHS/DHS like Computers, Furnitures, Laptop etc. Other fixed assets which are purchased for the programme and transferred to the State or District Authoritues like Mobile Medical Van, Ambulance, Microscope etc. purchased under any programme of RNTCP, Additionalities under NRHM, IDSP etc. are to be booked as expenditure of the relevant programme and not to be included in the Schedule of Fixed Assets.

## STATE HEALTH SOCIETY

### Balance Sheet as on 31-03-2016

*Amount in Rupees*

| Previous Yr. At 31-03-15 | Liabilities | | Sch. Ref. | Current Yr. At 31-03-16 | Previous Yr. At 31-03-15 | Assets | Sch. Ref. | Current Yr. At 31-03-16 |
|---|---|---|---|---|---|---|---|---|
| | **Reserve & Surplus** | | | | | | | |
| | Opening Balance (Surplus) | Figure A of Sch. | I | | Figure A of Sch. | **Fixed Assets** | II-A | Figure D of Sch. |
| | Add/Less :Surplus/Deficit for the year | Figure B of Sch. | I | **Total** | | Attach head wise schedule (Should be equal to Capital Fund) | | |
| | Balance in Grant Fund after deducting expenditures | | | | Figure A of Sch. | | | Figure E of Sch. |
| | **Unspent Grant** | | | | Figure A of Sch. | **Loan & Advances** | | Figure E of Sch. |
| Figure A of Sch. | RCH-I | Figure E of Sch. | I-A | | Figure A of Sch. | RCH-I | IV-A | Figure E of Sch. |
| Figure A of Sch. | EC SIP | Figure E of Sch. | I-E | | Figure A of Sch. | EC SIP | IV-E | Figure E of Sch. |
| 1 | **NRHM-RCH Flexible Pool** | | | | 1 | **NRHM-RCH Flexible Pool** | | |
| Figure A of Sch. | RCH Flexipool | Figure E of Sch. | I-B | | Figure A of Sch. | RCH Flexipool | IV-B | Figure E of Sch. |
| Figure A of Sch. | RI Strengthening Project | Figure E of Sch. | I-D | | Figure A of Sch. | RI Strengthening Project | IV-D | Figure E of Sch. |
| Figure A of Sch. | Pulse Polio (PPI) | Figure E of Sch. | I-D | | Figure A of Sch. | Pulse Polio (PPI) | IV-D | Figure E of Sch. |
| Figure A of Sch. | Iodine Deficiency (NIDDCP) | Figure E of Sch. | I-F | | Figure A of Sch. | Iodine Deficiency (NIDDCP) | IV-F | Figure E of Sch. |
| 2 | **Health System Strenghening under NRHM** | | | | 2 | **Health System Strenghening under NRHM** | | |
| Figure A of Sch. | HSS including NPPCD,NOHP, NPPC, Capacity Building (Burn Injury & Trauma) & NPF. | Figure E of Sch. | I-C | | Figure A of Sch. | HSS including NPPCD,NOHP, NPPC, Capacity Building (Burn Injury & Trauma) & NPF. | IV-C | Figure E of Sch. |
| 3 | **National Urban Health Mission-Flexible Pool** | | | | 3 | **National Urban Health Mission-Flexible Pool** | | |
| Figure A of Sch. | NUHM | Figure E of Sch. | I-K | | Figure A of Sch. | NUHM | IV-K | Figure E of Sch. |
| 4 | **Flexible Pool for Communicable Diseases** | | | | 4 | **Flexible Pool for Communicable Diseases** | | |
| Figure A of Sch. | IDSP | Figure E of Sch. | I-G | | Figure A of Sch. | IDSP | IV-G | Figure E of Sch. |
| Figure A of Sch. | NVBDCP | Figure E of Sch. | I-H | | Figure A of Sch. | NVBDCP | IV-H | Figure E of Sch. |
| Figure A of Sch. | NLEP | Figure E of Sch. | I-I | | Figure A of Sch. | NLEP | IV-I | Figure E of Sch. |
| Figure A of Sch. | RNTCP | Figure E of Sch. | I-J | | Figure A of Sch. | RNTCP | IV-J | Figure E of Sch. |
| 5 | **Flexible Pool for Non Communicable Diseases** | | | | 5 | **Flexible Pool for Non Communicable Diseases** | | |
| Figure A of Sch. | NPCB | Figure E of Sch. | I-L | | Figure A of Sch. | NPCB | IV-L | Figure E of Sch. |
| Figure A of Sch. | NMHP | Figure E of Sch. | I-M | | Figure A of Sch. | NMHP | IV-M | Figure E of Sch. |
| Figure A of Sch. | National Programme for Health Care of the Elderly (NPHCE) | Figure E of Sch. | I-N | | Figure A of Sch. | National Programme for Health Care of the Elderly (NPHCE) | IV-N | Figure E of Sch. |
| Figure A of Sch. | NTCP | Figure E of Sch. | I-O | | Figure A of Sch. | NTCP | IV-O | Figure E of Sch. |
| Figure A of Sch. | National Programme for Prevention & Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) | Figure E of Sch. | I-P | | Figure A of Sch. | National Programme for Prevention & Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) | IV-P | Figure E of Sch. |
| | **Non-NHM Funds** | | I-T | | Figure A of Sch. | **Non-NHM Funds** | IV-T | Figure E of Sch. |
| Figure A of Sch. | **Fixed Assets Reserves Fund A/C** | | II | Figure D of Sch. | | | | |
| | | | | | | Other Current Assets | V | |
| | | | | | | Closing Balances : | | |
| Figure A of Sch. | **Current Liabilities** | | III | Figure D of Sch. | Figure A of Sch. | Cash in Hand | VI | Figure C of Sch. |
| | | | | | Figure B of Sch. | Bank Balance | VI | Figure D of Sch. |
| | | | | | | Cheques/Draft in Hand | VII | Figure A of Sch. |
| 15 | **Total** | | | 0 | 15 | **Total** | | 0 |
| | | | | | | | | 0 |

Attach detail of each cash a/c and Bank Account

Place :
Date :

**Chartered Accountants** | **State Finance Officer** | **Mission Director**

## STATE HEALTH SOCIETY

All Societies are advised to follow Cash Basis of Accounting System

## Income & Expenditure For The Year Ending 31-03-2016

*Amount in Rupees*

| Previous Yr. At 31-03-15 | Expenditure | Sch. Ref. | Current Yr. At 31-03-16 | Previous Yr. At 31-03-15 | Income | Sch. Ref. | Current Yr. At 31-03-16 |
|---|---|---|---|---|---|---|---|
| | | | | | **Grant Received** | | |
| | RCH-I | I-A | Figure C of Sch. | | RCH-I | I-A | Figure C of Sch. |
| | EC SIP | I-E | | | | | |
| 1 | **NRHM-RCH Flexible Pool** | | | | **NRHM-RCH Flexible Pool** | | |
| | RCH Flexipool | I-B | Figure C of Sch. | | RCH Flexipool | I-B | Figure C of Sch. |
| | RI Strengthening Project | I-D | Figure C of Sch. | | RI Strengthening Project | I-D | Figure C of Sch. |
| | Pulse Polio (PPI) | I-D | Figure C of Sch. | | Pulse Polio (PPI) | I-D | Figure C of Sch. |
| | Iodine Deficiency (NIDDCP) | I-F | Figure C of Sch. | | Iodine Deficiency (NIDDCP) | I-F | Figure C of Sch. |
| 2 | **Health System Strenghening under NRHM** | | | 2 | **Health System Strenghening under NRHM** | | |
| | HSS including NPPCD,NOHP, NPPC, Asstt. To state for Capacity Building (Burn Injury & Trauma), NPF. | I-C | Figure C of Sch. | | HSS including NPPCD,NOHP, NPPC, Asstt. To state for Capacity Building (Burn Injury & Trauma), NPF. | I-C | Figure C of Sch. |
| 3 | **National Urban Health Mission-Flexible Pool** | | | 3 | **National Urban Health Mission-Flexible Pool** | | |
| | NUHM | I-K | Figure C of Sch. | | NUHM | I-K | Figure C of Sch. |
| 4 | **Flexible Pool for Communicable Diseases** | | | 4 | **Flexible Pool for Communicable Diseases** | | |
| | IDSP | I-G | Figure C of Sch. | | IDSP | I-G | Figure C of Sch. |
| | NVBDCP | I-H | Figure C of Sch. | | NVBDCP | I-H | Figure C of Sch. |
| | NLEP | I-I | Figure C of Sch. | | NLEP | I-I | Figure C of Sch. |
| | RNTCP | I-J | Figure C of Sch. | | RNTCP | I-J | Figure C of Sch. |
| 5 | **Flexible Pool for Non Communicable Diseases** | | | 5 | **Flexible Pool for Non Communicable Diseases** | | |
| | NPCB | I-L | Figure C of Sch. | | NPCB | I-L | Figure C of Sch. |
| | NMHP | I-M | Figure C of Sch. | | NMHP | I-M | Figure C of Sch. |
| | National Programme for Health Care of the Elderly (NPHCE) | I-N | Figure C of Sch. | | National Programme for Health Care of the Elderly (NPHCE) | I-N | Figure C of Sch. |
| | NTCP | I-O | Figure C of Sch. | | NTCP | I-O | Figure C of Sch. |
| | National Programme for Prevention & Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) | I-P | Figure C of Sch. | | National Programme for Prevention & Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) | I-P | Figure C of Sch. |
| | **Non-NHM Funds** | I-T | | | **Non-NHM Funds** | I-T | |
| | **Others (Please specify)** | | | | **Interest Earned** | VIII | Figure B of Sch. |
| | **Income Over Expenditure (Surplus)** | | | | **Expenditure Over Income** | | |
| 15 | **Total** | | 0 | 14 | **Total** | | 0 |
| | | | | | | | 0 |

Place :
Date :

**Chartered Accountants** **State Finance Officer** **Mission Director**

## STATE HEALTH SOCIETY

### Receipts & Payments Account for the Year Ended 31-03-2016

*Amount in Rupees*

### RECEIPTS

| Opening Balance | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Sl. No. | Name of the district | Cash | Bank | Sub-Total | Grant-in-aid received during the year (including cheque received or to be received from GOI) | Other Grants | State Contribution | Misc. Receipts (includes refund of EMD/SD) | Amount of Advances refunded/adjusted against exp.during the year | Interest | Grand Total |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | 9 | 10 | 11 |
| **State Level:** | | | | | | | | | | | |
| **District Level:** | | | | | | | | | | | |
| 1 | District A | | | | | | | | | | |
| 2 | District B | | | | | | | | | | |
| 3 | District C | | | | | | | | | | |
| 4 | District D | | | | | | | | | | |
| | Grand Total | | | | | | | | | | |

### PAYMENTS

| | | | | | | | | Closing Balance | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Sl. No. | Name of the district | utilized/expenses during the year (other than fixed assets) as shown in the Income & Expenditue a/c | Purchase of fixed assets | Advances given during the year | Refund of EMD/SD | Grant Refunded to GOI : | | Cash | Bank | Cheques/ Draft in Hand | Total |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | 9 | 10 | 11 |
| State Level: | | | | | | | | | | | |
| District Level: | | | | | | | | | | | |
| 1 | District A | | | | | | | | | | |
| 2 | District B | | | | | | | | | | |
| 3 | District C | | | | | | | | | | |
| 4 | District D | | | | | | | | | | |
| | Grand Total | | | | | | | | | | |

## Schedule I

### STATE HEALTH SOCIETY

### SCHEDULE OF RESERVE & SURPLUS FUND As on 31-03-2016

| PARTICULARS | AMOUNT |
|---|---|
| OPENING BALANCE AS ON 1.4.2015 | |
| | |
| **ADD/LESS:** | |
| | |
| SURPLUS/DEFICIT FOR THE YEAR AS PER INCOME & EXPENDITURE A/C | |
| | |
| | |
| CLOSING BALANCE AS ON 31.3.2016 | |
| | |

Schedule I-A

STATE HEALTH SOCIETY

SCHEDULE OF EXPENDITURE, UNSPENT BALANCE UNDER RCH-I AS ON 31-03-2016

*In Rs.*

| S.No. | Name of Scheme | Opening Balance 01-04-2015 | Fund Received during Year (including Funds in Transit) | Expenditure as per State Level | Expenditure as per District Level | Total Expenditure at State & District Level | Refunded to GOI | Unspent Balance as at 31-03-2016 |
|---|---|---|---|---|---|---|---|---|
| 1 | 24 hrs Delivery | | | | | | | |
| 2 | Salary to Lab Tech. | | | | | | | |
| 3 | MTP Training | | | | | | | |
| 4 | NSVT | | | | | | | |
| 5 | Urban Health Project | | | | | | | |
| 6 | Urban Parivar Kalyan | | | | | | | |
| 7 | IEC | | | | As per Chart given below | | | |
| 8 | Salary to ANM | | | | | | | |
| 9 | Computer Assistant | | | | | | | |
| 10 | Major Civil Work | | | | | | | |
| 11 | EAG Activities | | | | | | | |
| 12 | Minilap | | | | | | | |
| 13 | MNGO | | | | | | | |
| 14 | **Others (Please specify)** | | | | | | | |
| | **Total** | Figure A | Figure B | | | Figure C | Figure D | Figure E |

Note : Please reconcile the balance of RCH lying with Districts as well State Level, and refund to GOI

**Chartered Accountants** **State Finance Officer** **Mission Director**

**Schedule I-B**

**STATE HEALTH SOCIETY**

**DETAIL OF EXPENDITURE, UNSPENT BALANCE UNDER RCH-II Flexiblepool AS ON 31-03-2016**

**Amount (In**

**A) Opening Balance as on 01-04-2015** — Figure A

**B) Fund Received During The Year :**

| Date | Sanction No | Amount |
|---|---|---|

**Figure B**

**C) Total Fund Available For Spending (A+B)** — Sub-total

**D) EXPENDITURE DURING THE YEAR**

| S.NO | Major Head | State Level | Districts Level | Total |
|---|---|---|---|---|
| 1 | Maternal Health | | **As Per Chart given below** | |
| 2 | Child Health | | | |
| 3 | Family Planning Services | | | |
| 4 | Rashtriya Kishore Swasthya Karyakram | | | |
| 5 | RBSK | | | |
| 6 | Tribal RCH | | | |
| 7 | PNDT Activities | | | |
| 8 | Human Resources | | | |
| 9 | Training | | | |
| 10 | Programme Management | | | |
| 11 | Vulnerable Groups | | | |
| 12 | Others (Please specify) | | | |

NIOTE: Detailed sub-head wise expenditure is also required to be given as an Annexure.

| | | | | | |
|---|---|---|---|---|---|
| | **Sub Total** | | Figure C Of Sch IV-E | **Figure C** | |
| **Purchase of Fixed Assets:** | | | **as per schedule IV A,B....** | Figure C1 | Total |

**Figure D**

**E) REFUNDED TO GOI**

**F ) Unspent Balance as on 31-03-2016 (C-C1-D-E)** — **Figure E**

**Chartered Accountants** | **State Finance Officer** | **Mission Director**

**Schedule I-C**

**STATE HEALTH SOCIETY**

**DETAIL OF EXPENDITURE, UNSPENT BALANCE UNDER NRHM Additionalites AS ON 31-03-2016**

**(In Rs.)**

| S.No. | Name of Scheme | Opening Balance 01-04-2015 | Fund Received during Year | | Expenditure at State Level | Expenditure at District Level | Total Expenditure at State & District Level | Refunded to GOI | Unspent Balance as at 31-03-2016 |
|---|---|---|---|---|---|---|---|---|---|
| | | | From GOI | From state level | | | | | |
| 1 | ASHA | | | | | | | | |
| 2 | Untied Funds/Annual Maintenance Grants /Corpus Grants to HMS/RKS | | | | | | | | |
| 3 | Rollout of B.Sc ( Community Health) | | | | | | | | |
| 4 | Hospital Strengthening | | | | | | | | |
| 5 | New Constructions/ Renovation and Setting up | | | | | | | | |
| 6 | Implementation of Clinical Establishment Act | | | | | | | | |
| 7 | District Action Plans (Including Block, Village) | | | | | | | | |
| 8 | Panchayati Raj Initiative | | | | | | | | |
| 9 | Mainstreaming of AYUSH | | | | | | | | |
| 10 | IEC-BCC NRHM | | | | | | | | |
| 11 | National Mobile Medical Vans (smaller vehicles) and specialised Mobile Medical Units | | | | | | | | |
| 12 | National Ambulance Service | | | | | | | | |
| 13 | PPP/ NGOs | | | | | | | | |
| 14 | Innovations( if any) | | | | | | | | |
| 15 | Planning, Implementation and Monitoring | | | | | | | | |
| 16 | PROCUREMENT | | | | | **As Per Chart given below** | | | |
| 17 | Drug Ware Housing | | | | | | | | |
| 18 | New Initiatives/ Strategic Interventions (As per State health policy) | | | | | | | | |
| 19 | Health Insurance Scheme | | | | | | | | |
| 20 | Research, Studies, Analysis | | | | | | | | |
| 21 | State level health resources centre(SHSRC) | | | | | | | | |
| 22 | Support Services | | | | | | | | |
| 23 | Other Expenditures (Power Backup, Convergence etc) | | | | | | | | |
| 24 | Collaboration with Medical Colleges and Knowledge partners | | | | | | | | |
| 25 | National Programme for Prevention and control of deafness | | | | | | | | |
| 26 | National Oral Health Programme | | | | | | | | |
| 27 | National Program for Palliative Care (New Initiatives under NCD) | | | | | | | | |
| 28 | Assistance to State for Capacity building ( Burns & injury) | | | | | | | | |
| 29 | National Programme for Fluorosis | | | | | | | | |
| | **Purchase of Fixed Assets:** | | | | | as per schedule IV A,B.... | Figure C1 | | |
| | **Total** | Figure A | | Figure B | | | Figure C | Figure D | Figure E |



**Chartered Accountants** **State Finance Officer** **Mission Director**

Schedule I-D

STATE HEALTH SOCIETY

DETAIL OF EXPENDITURE, UNSPENT BALANCES UNDER IMMUNIZATION AS ON 31-03-2016

(In Rs.)

| S.No. | Name of Scheme | Opening Balance 01-04-2015 | Fund Received during Year | | Expenditure at District Level | Expenditure | Refunded to GOI | Unspent Balance as at 31-03-2016 |
|---|---|---|---|---|---|---|---|---|
| | | | From GOI | From state level | | | | |
| 1 | RI strengthening project (Review meeting, Mobility support, Outreach services etc) | | | | As Per Chart given below | | | |
| 2 | Salary of Contractual Staffs | | | | | | | |
| 3 | Training under Immunisation | | | | | | | |
| 4 | Cold chain maintenance | | | | | | | |
| 5 | ASHA Incentive | | | | | | | |
| 6 | Pulse Polio operating costs | | | | | | | |
| 7 | Other activities (if any, pls. specify) | | | | | | | |
| | **Purchase of Fixed Assets:** | | | | as per schedule IV A,B.... | Figure C1 | | |
| | **Total** | Figure A | | Figure B | | Figure C | Figure D | Figure E |



**Chartered Accountants** **State Finance Officer** **Mission Director**

Schedule I-E

## STATE HEALTH SOCIETY

## DETAIL OF EXPENDITURE, UNSPENT BALANCE UNDER EC - SIP AS ON 31-03-2016

| | | | | | Amount (In Rs.) |
|---|---|---|---|---|---|
| A) Opening Balance as on 01-04-2015 | | | | | Figure A |
| B) Fund Received During The Year : | | | | | |
| Date | Sanction No | | | Amount | |
| | | | | - | |
| | | | | - | |
| | | | | - | Figure B |
| | | | | | Sub-total |
| C) Total Fund Available For Spending (A+B) | | | | | |
| D) EXPENDITURE DURING THE YEAR | | | | | |
| S.NO | Major Head | State Level | Districts Level | Total | |
| 1 | - | | As Per Chart given below | | |
| 2 | - | | | | |
| 3 | - | | | | |
| 4 | - | | | | |
| 5 | - | | | | |
| 6 | - | | | | |
| 7 | - | | | | |
| 8 | - | | | | |
| 9 | - | | | | |
| 10 | - | | | | |
| | Purchase of Fixed Assets: | | as per schedule IV A,B.... | Figure C1 | |
| | Sub Total | | | Figure C | Total |
| E) REFUNDED TO GOI | | | | | Figure D |
| F) Unspent Balance as on 31-03-2016 (C-C1-D-E) | | | | | Figure E |

**Chartered Accountants** **State Finance Officer** **Mission Director**

**Schedule I-F**

## STATE HEALTH SOCIETY

## DETAIL OF EXPENDITURE, UNSPENT BALANCE UNDER NIDDCP AS ON 31-03-2016

| | Amount (In Rs.) |
|---|---|
| **A) Opening Balance as on 01-04-2015** | Figure A |
| **B) Fund Received During The Year :** | |

| Date | Sanction No | Amount |
|---|---|---|
| | | - |
| | | - |
| | | - |

| | |
|---|---|
| | Figure B |
| **C) Total Fund Available For Spending (A+B)** | Sub-total |

**D) EXPENDITURE DURING THE YEAR**

| S.NO | Major Head | State Level | Districts Level | Total |
|---|---|---|---|---|
| 1 | Establishment of IDD Control Cell | | As Per Chart given below | |
| 2 | Lab | | | |
| 3 | Health Education and Publicity | | | |
| 4 | IDD Surveys/Re-surveys | | | |
| 5 | kind grant) | | | |
| 6 | ASHA Incentive | | | |
| 7 | Other activities (if any, pls. specify) | | | |
| | **Purchase of Fixed Assets:** | | as per schedule IV A,B.... | Figure C1 |
| | **Sub Total** | | | Figure C |

| | |
|---|---|
| | Total |
| **E) REFUNDED TO GOI** | Figure D |
| **F) Unspent Balance as on 31-03-2016 (C-C1-D-E)** | Figure E |

**Chartered Accountants** **State Finance Officer** **Mission Director**

**Schedule I-G**

**STATE HEALTH SOCIETY**

**DETAIL OF EXPENDITURE, UNSPENT BALANCE UNDER IDSP AS ON 31-03-2016**

| | **Amount (In Rs.)** |
|---|---|
| **A) Opening Balance as on 01-04-2015** | Figure A |
| **B) Fund Received During The Year :** | |
| **Date** — **Sanction No** — **Amount** | |
| - | |
| - | |
| - | Figure B |
| **C) Total Fund Available For Spending (A+B)** | Sub-total |

**D) EXPENDITURE DURING THE YEAR**

| S.NO | Major Head | State Level | Districts Level | Total |
|---|---|---|---|---|
| 1 | REMUNERATION FOR CONTRACTUAL HUMAN RESOURCE | | **As Per Chart given below** | |
| 2 | TRAINING | | | |
| 3 | LABORATORY SUPPORT | | | |
| 4 | OPERATIONAL COSTS | | | |
| 5 | ANY STATE SPECIFIC ACTIVITY (Pl. Specify) | | | |
| | | | | |
| | | | | |
| | **Purchase of Fixed Assets:** | | **as per schedule IV A,B....** | Figure C1 |
| | **Sub Total** | | | Figure C |

| | |
|---|---|
| | Total |
| **E) REFUNDED TO GOI** | Figure D |
| **F) Unspent Balance as on 31-03-2016 (C-C1-D-E)** | Figure E |

**Chartered Accountants** **State Finance Officer** **Mission Director**

**Schedule I-H**

**STATE HEALTH SOCIETY**

**DETAIL OF EXPENDITURE, UNSPENT BALANCE UNDER NVBDCP AS ON 31-03-2016**

| | Amount (In Rs.) |
|---|---|
| **A) Opening Balance as on 01-04-2015** | Figure A |
| **B) Fund Received During The Year :** | |
| Date / Sanction No / **Amount** | |
| - | |
| - | |
| - | Figure B |
| **C) Total Fund Available For Spending (A+B)** | Sub-total |

**D) EXPENDITURE DURING THE YEAR**

| S.NO | Major Head | State Level | Districts Level | Total |
|---|---|---|---|---|
| 1 | Malaria | | As Per Chart given below | |
| 2 | Dengue & Chikungunya | | | |
| 3 | Acute Encephalitis Syndrome (AES)/ Japanese Encephalitis (JE) | | | |
| 4 | Lymphatic Filariasis | | | |
| 5 | Kala-azar | | | |
| 5 | Externally aided component (EAC)World Bank Project | | | |
| 6 | GFATM Project | | | |
| 7 | Any Other item (Please Specify) | | | |
| 8 | Operational Costs (Mobility, Review | | | |
| 9 | Cash grant for decentralized commodities | | | |
| | | | | |
| | **Purchase of Fixed Assets:** | | as per schedule IV A,B.... | Figure C1 |
| | **Sub Total** | | | Figure C |

| | |
|---|---|
| | Total |
| **E) REFUNDED TO GOI** | Figure D |
| **F) Unspent Balance as on 31-03-2016 (C-C1-D-E)** | Figure E |

**Chartered Accountants** **State Finance Officer** **Mission Director**

**Schedule I-I**

## STATE HEALTH SOCIETY

### DETAIL OF EXPENDITURE, UNSPENT BALANCE UNDER NLEP AS ON 31-03-2016

| | Amount (In Rs.) |
|---|---|
| **A) Opening Balance as on 01-04-2015** | Figure A |
| **B) Fund Received During The Year :** | |
| Date / Sanction No / Amount | |
| - | |
| - | |
| - | Figure B |
| | Sub-total |
| **C) Total Fund Available For Spending (A+B)** | |

**D) EXPENDITURE DURING THE YEAR**

| S.NO | Major Head | State Level | Districts Level | Total | |
|---|---|---|---|---|---|
| 1 | Improved early case detection | | As Per Chart given below | | |
| 2 | Improved case management | | | | |
| 3 | Stigma Reduced | | | | |
| 4 | Development of Leprosy Expertise sustained | | | | |
| 5 | Monitoring, Supervision and Evaluation System improved | | | | |
| 5 | Programme Management ensured | | | | |
| 6 | Others | | | | |
| | **Purchase of Fixed Assets:** | | as per schedule IV A,B.... | Figure C1 | |
| | **Sub Total** | | | Figure C | Total |
| **E) REFUNDED TO GOI** | | | | | Figure D |
| **F) Unspent Balance as on 31-03-2016 (C-C1-D-E)** | | | | | Figure E |

**Chartered Accountants** **State Finance Officer** **Mission Director**

Schedule I-J

## STATE HEALTH SOCIETY

## DETAIL OF EXPENDITURE, UNSPENT BALANCE UNDER RNTCP AS ON 31-03-2016

| | Amount (In Rs.) |
|---|---|
| A) Opening Balance as on 01-04-2015 | Figure A |
| B) Fund Received During The Year : | |
| Date — Sanction No — Amount | |
| - | |
| - | |
| - | Figure B |
| C) Total Fund Available For Spending (A+B) | Sub-total |

D) EXPENDITURE DURING THE YEAR

| S.NO | Major Head | State Level | Districts Level | Total |
|---|---|---|---|---|
| 1 | Civil works | | As Per Chart given below | |
| 2 | Laboratory materials | | | |
| 3 | Honorarium/Counselling Charges | | | |
| 4 | ACSM | | | |
| 5 | Equipment Maintenance | | | |
| 6 | Training | | | |
| 7 | Vehicle Operation( POL & Manitainance) | | | |
| 8 | Vehicle hiring | | | |
| 9 | Public Private Mix(PP/NGO Support) | | | |
| 10 | Medical Colleges | | | |
| 11 | Office Operation ( Miscellaneous) | | | |
| 12 | Contractual Services | | | |
| 13 | Printing | | | |
| 14 | Research & Studies & Consultancy | | | |
| 15 | Procurement of Drugs | | | |
| 16 | Procurement of Vehicles | | | |
| 17 | Procurement of Equipments | | | |
| 18 | Patient Support & Transportation Charges | | | |
| 19 | Supervision and Monitoring | | | |
| | **Purchase of Fixed Assets:** | | as per schedule IV A,B.... | Figure C1 |
| | **Sub Total** | | | Figure C |

| | |
|---|---|
| | Total |
| E) REFUNDED TO GOI | Figure D |
| F) Unspent Balance as on 31-03-2016 (C-C1-D-E) | Figure E |

**Chartered Accountants** **State Finance Officer** **Mission Director**

National Urban Health Mission (NUHM)

**Schedule I-K**

STATE HEALTH SOCIETY

**DETAIL OF EXPENDITURE, UNSPENT BALANCE UNDER National Urban Health Mission (NUHM) AS ON 31-03-2016**

| | | | | Amount (In Rs.) |
|---|---|---|---|---|
| **A) Opening Balance as on 01-04-2015** | | | | |
| **B) Fund Received During The Year :** | | | | |
| | Sanction No. | Date | Amount | |
| | | | | - |
| | | | | - |
| | | | | - |
| **C) Total Fund Available For Spending (A+B)** | | | | |
| | | | | |
| **D) EXPENDITURE DURING THE YEAR** | | | | |
| **Sl. No.** | **Major Head** | **State Level** | **Districts Level** | **Amount** |
| 1 | Planning & Mapping | | | |
| 2 | Programme Management | | | |
| 3 | Training & Capacity Building | | | |
| 4 | Strengthening of Health Services | | | |
| *5* | *Regulation & Quality Assurance* | | | |
| *6* | *Community Processes* | | | |
| *7* | *Innovative Actions & PPP* | | | |
| *8* | *Monitoring & Evaluation* | | | |
| *9* | Other, if any (Please specify) | | | |
| | **Total** | | | |
| | Purchase of Fixed Assets: | | | |
| | | | | |
| | **E) REFUNDED TO GOI** | | | |
| | **Unspent Balance as on 31-03-2016** | | | |

**Chartered Accountants** **State Finance Officer** Mission Director

Schedule I-L

STATE HEALTH SOCIETY

**DETAIL OF EXPENDITURE, UNSPENT BALANCE UNDER NPCB PROGRAMME AS ON 31-03-2016**

| | Amount (In Rs.) |
|---|---|
| **A) Opening Balance as on 01-04-2015** | Figure A |
| **B) Fund Received During The Year :** | |
| Date / Sanction No / Amount | |
| - | |
| - | |
| - | Figure B |
| **C) Total Fund Available For Spending (A+B)** | Sub-total |

**D) EXPENDITURE DURING THE YEAR**

| S.NO | Major Head | State Level | Districts Level | Amount | |
|---|---|---|---|---|---|
| 1 | Reimbursement for cataract operation for NGO and Private Practitioners | | As Per Chart given below | | |
| 2 | Assistance for consumables/drugs/medicines to the Govt./District Hospital for Cat sx etc | | | | |
| 3 | Diabetic Retinopathy | | | | |
| 4 | childhood Blindness | | | | |
| 5 | Glaucoma | | | | |
| 6 | Keratoplastiy | | | | |
| 7 | Vitreoretinal Surgery | | | | |
| 8 | Screening and free spectacles for school children & Old Person | | | | |
| 9 | Recurring GIA to Eye Bank & Eye Donation Centre | | | | |
| 10 | Training of PMOA | | | | |
| 11 | State level IEC | | | | |
| 12 | Procurement & Maintenance of Ophthalmic Equipment | | | | |
| 13 | Grant-in-aid for strengthening of Distt. Hospitals, Divisional Hospitals, Vision Centre, Eye Bank, Eye Donation Centre , | | | | |
| 14 | GIA to NGOs for setting up/expanding eye care unit in semi-urban/ rural area | | | | |
| 15 | Construction of Eye Wards and Eye OTS | | | | |
| 16 | Mobile Ophthalmic Units | | | | |
| 17 | Fixed tele- ophthalmic network unit in Got. Set up/ internet based ophthalmic | | | | |
| 18 | CONTRACTUAL MAN POWER | | | | |
| | **Total** | | | | |
| | **Purchase of Fixed Assets:** | | as per schedule IV A,B.... | Figure C1 | |
| | **Sub Total** | | | Figure C | Total |
| **E) REFUNDED TO GOI** | | | | | Figure D |
| **Unspent Balance as on 31-03-2016 (C-C1-D-E)** | | | | | Figure E |

**Chartered Accountants** **State Finance Officer** **Mission Director**

**Schedule I-M**

**STATE HEALTH SOCIETY**

**DETAIL OF EXPENDITURE, UNSPENT BALANCE UNDER NMHP PROGRAMME AS ON 31-03-2016**

| | Amount (In Rs.) |
|---|---|
| **A) Opening Balance as on 01-04-2015** | Figure A |
| **B) Fund Received During The Year :** | |
| **Date** — **Sanction No** — **Amount** | |
| - | |
| - | |
| - | Figure B |
| | Sub-total |
| **C) Total Fund Available For Spending (A+B)** | |

**D) EXPENDITURE DURING THE YEAR**

| S.NO | Major Head | State Level | Districts Level | Amount | |
|---|---|---|---|---|---|
| 1 | Salary | | **As Per Chart given below** | | |
| 2 | Infrastructure for District DMHP Centre, Counseling Centre under psychology deptt. In a selected college including crisis helpline : setting up the centre, furniture, computer facilities, telephone etc. | | | | |
| 3 | Recruitment of DMHP staff and development of district plan | | | | |
| 4 | Training of PHC Medical Officers, Nurses, Paramedical Workers & Other Health Staff working under the DMHP | | | | |
| 5 | IEC and community mobilization activities | | | | |
| 6 | Targeted interventions at community level Activities & interventions targeted at schools, collegesetc. | | | | |
| 7 | Drugs | | | | |
| 8 | Equipments | | | | |
| 9 | Operational expenses of the district centre : rent, telephone expenses, website etc. | | | | |
| 10 | Ambulatory Services | | | | |
| 11 | Miscellaneous/ Travel/ Contingency | | | | |
| | | | | | |
| | **Total** | | | | |
| | **Purchase of Fixed Assets:** | | **as per schedule IV A,B....** | Figure C1 | |
| | **Sub Total** | | | Figure C | Total |
| **E) REFUNDED TO GOI** | | | | | Figure D |
| **F) Unspent Balance as on 31-03-2016 (C-C1-D-E)** | | | | | Figure E |

**Chartered Accountants** **State Finance Officer** **Mission Director**

Schedule I-N

## STATE HEALTH SOCIETY

## DETAIL OF EXPENDITURE, UNSPENT BALANCE UNDER NPHCE PROGRAMME AS ON 31-03-2016

| | Amount (In Rs.) |
|---|---|
| **A) Opening Balance as on 01-04-2015** | Figure A |
| **B) Fund Received During The Year :** | |
| **Date** **Sanction No** **Amount** | |
| - | |
| - | |
| - | Figure B |
| **C) Total Fund Available For Spending (A+B)** | Sub-total |

**D) EXPENDITURE DURING THE YEAR**

| S.NO | Major Head | State Level | Districts Level | Amount | |
|---|---|---|---|---|---|
| 1 | Machinery & Equipment | | **As Per Chart given below** | | |
| 2 | Drugs and Consumable | | | | |
| 3 | Training of doctors and staff | | | | |
| 4 | Human Resource | | | | |
| 5 | Construction/renovation/extension of the existing building and Furniture of Geriatrics Unit withand OPD facilities | | | | |
| | **Total** | | | | |
| | **Purchase of Fixed Assets:** | | as per schedule IV A,B.... | Figure C1 | |
| | **Sub Total** | | | Figure C | Total |
| **E) REFUNDED TO GOI** | | | | | Figure D |
| **F) Unspent Balance as on 31-03-2016 (C-C1-D-E)** | | | | | Figure E |

**Chartered Accountants** **State Finance Officer** **Mission Director**

Schedule

STATE HEALTH SOCIETY

DETAIL OF EXPENDITURE, UNSPENT BALANCE UNDER NPPCD PROGRAMME AS ON 31-03-2016

| | Amount (In Rs.) |
|---|---|
| **A) Opening Balance as on 01-04-2015** | Figure A |
| **B) Fund Received During The Year :** | |
| **Date** **Sanction No** **Amount** | |
| - | |
| - | |
| - | Figure B |
| **C) Total Fund Available For Spending (A+B)** | Sub-total |
| **D) EXPENDITURE DURING THE YEAR** | |

| S.NO | Major Head | State Level | Districts Level | Amount | |
|---|---|---|---|---|---|
| 1 | Manpower at State Level | | As Per Chart given below | | |
| 2 | Public Private Partnership | | | | |
| 3 | Manpower at District level | | | | |
| 4 | IEC Activities | | | | |
| 5 | Training to staff | | | | |
| 6 | Procurement of Equipment | | | | |
| | | | | | |
| | **Total** | | | | |
| | **Purchase of Fixed Assets:** | | as per schedule IV A,B.... | Figure C1 | |
| | **Sub Total** | | | Figure C | Total |
| **E) REFUNDED TO GOI** | | | | | Figure D |
| **F) Unspent Balance as on 31-03-2016 (C-C1-D-E)** | | | | | Figure E |

**Chartered Accountants** **State Finance Officer** **Mission Director**

**Schedule I-O**

**STATE HEALTH SOCIETY**

**DETAIL OF EXPENDITURE, UNSPENT BALANCE UNDER NTCP PROGRAMME AS ON 31-03-2016**

| | | | | | Amount (In Rs.) |
|---|---|---|---|---|---|
| **A) Opening Balance as on 01-04-2015** | | | | | Figure A |
| **B) Fund Received During The Year :** | | | | | |
| Date | | Sanction No | | **Amount** | |
| | | | | - | |
| | | | | - | |
| | | | | - | Figure B |
| **C) Total Fund Available For Spending (A+B)** | | | | | Sub-total |
| **D) EXPENDITURE DURING THE YEAR** | | | | | |
| S.NO | Major Head | State Level | Districts Level | Amount | |
| 1 | Training/ Sensitization Prog. | | As Per Chart given below | | |
| 2 | SBCC/IEC campaign | | | | |
| 3 | School Programme | | | | |
| 4 | Pharmacological Treatment | | | | |
| | District level Coordination Committee, Monitoring Committee & Enforcement Squads | | | | |
| 5 | Manpower Suppot | | | | |
| | Procurement of equipment | | | | |
| 6 | Training & Outreach | | | | |
| 7 | *Mobility support* | | | | |
| 8 | *Office Expenses* | | | | |
| 9 | Other (if any. Please specify) | | | | |
| | **Total** | | | | |
| | **Purchase of Fixed Assets:** | | as per schedule IV A,B.... | Figure C1 | |
| | **Sub Total** | | | Figure C | Total |
| **E) REFUNDED TO GOI** | | | | | Figure D |
| **F) Unspent Balance as on 31-03-2016 (C-C1-D-E)** | | | | | Figure E |

**Chartered Accountants** **State Finance Officer** **Mission Director**

**Schedule**

**STATE HEALTH SOCIETY**

**DETAIL OF EXPENDITURE, UNSPENT BALANCE UNDER NOHP PROGRAMME AS ON 31-03-2016**

| | Amount (In Rs.) |
|---|---|
| **A) Opening Balance as on 01-04-2015** | Figure A |
| **B) Fund Received During The Year :** | |
| Date / Sanction No / **Amount** | |
| - | |
| - | |
| - | Figure B |
| **C) Total Fund Available For Spending (A+B)** | Sub-total |
| **D) EXPENDITURE DURING THE YEAR** | |

| S.NO | Major Head | State Level | Districts Level | Amount | |
|---|---|---|---|---|---|
| 1 | Contractual Manpower-HR | | **As Per Chart given below** | | |
| 2 | Consumables | | | | |
| 3 | Grant-in-aid for strengthening of Disttt. Hospitals (Renovation, Dental Chair, Equipment) | | | | |
| 4 | Other (if any. Please specify) | | | | |
| | **Total** | | | | |
| | **Purchase of Fixed Assets:** | | as per schedule IV A,B.... | Figure C1 | |
| | **Sub Total** | | | Figure C | Total |
| **E) REFUNDED TO GOI** | | | | | Figure D |
| **F) Unspent Balance as on 31-03-2016 (C-C1-D-E)** | | | | | Figure E |

**Chartered Accountants** **State Finance Officer** **Mission Director**

**Schedule I-P**

**STATE HEALTH SOCIETY**

**DETAIL OF EXPENDITURE, UNSPENT BALANCE UNDER NPCDCS PROGRAMME AS ON 31-03-2016**

| | Amount (In Rs.) |
|---|---|
| **A) Opening Balance as on 01-04-2015** | Figure A |
| **B) Fund Received During The Year :** | |
| **Date** **Sanction No** **Amount** | |
| - | |
| - | |
| - | Figure B |
| | Sub-total |
| **C) Total Fund Available For Spending (A+B)** | |

**D) EXPENDITURE DURING THE YEAR**

| S.NO | Major Head | State Level | Districts Level | Amount | |
|---|---|---|---|---|---|
| 1 | Infrastructure | | **As Per Chart given below** | | |
| 2 | Human Resources | | | | |
| 3 | Laboratories , Drugs & Consumables | | | | |
| 4 | Mobilty , Miscellaneous & Contigencies | | | | |
| 5 | Information, Education & Communication&Training | | | | |
| 6 | Outreach activities | | | | |
| 7 | Other (if any. Please specify) | | | | |
| | **Total** | | | | |
| | **Purchase of Fixed Assets:** | | as per schedule IV A,B.... | Figure C1 | |
| | **Sub Total** | | | Figure C | Total |
| **E) REFUNDED TO GOI** | | | | | Figure D |
| **F) Unspent Balance as on 31-03-2016 (C-C1-D-E)** | | | | | Figure E |

**Chartered Accountants** **State Finance Officer** **Mission Director**

**Schedule I-Q**

**STATE HEALTH SOCIETY**

**DETAIL OF EXPENDITURE, UNSPENT BALANCE UNDER National Program for Palliative Care (New Initiatives under NCD AS ON 31-03-2016**

| | Amount (In Rs.) |
|---|---|
| **A) Opening Balance as on 01-04-2015** | Figure A |
| **B) Fund Received During The Year :** | |
| Date / Sanction No / **Amount** | |
| - | |
| - | |
| - | Figure B |
| **C) Total Fund Available For Spending (A+B)** | Sub-total |

**D) EXPENDITURE DURING THE YEAR**

| S.NO | Major Head | State Level | Districts Level | Amount | |
|---|---|---|---|---|---|
| 1 | Salary | | As Per Chart given below | | |
| 2 | Training of PHC Medical Officers, nurses, Paramedical Workers & Other Health Staff | | | | |
| 3 | Miscellaneous including Travel/POL/Stationary/Communiations/Drugs etc. | | | | |
| 4 | Infrastructure strengthening including renovation of PC unit/OPD/Beds/Miscellaneous equipments etc. Non-Recurring | | | | |
| 5 | Other (if any. Please specify) | | | | |
| | **Total** | | | | |
| | **Purchase of Fixed Assets:** | | as per schedule IV A,B.... | Figure C1 | |
| | **Sub Total** | | | Figure C | Total |
| **E) REFUNDED TO GOI** | | | | | Figure D |
| **F) Unspent Balance as on 31-03-2016 (C-C1-D-E)** | | | | | Figure E |

**Chartered Accountants** **State Finance Officer** **Mission Director**

**Schedule I-T**

**STATE HEALTH SOCIETY**

**DETAIL OF EXPENDITURE, UNSPENT BALANCE UNDER Non NHM Funds AS ON 31-03-2016**

| | | | | | Amount (In Rs.) |
|---|---|---|---|---|---|
| **A) Opening Balance as on 01-04-2015** | | | | | Figure A |
| **B) Fund Received During The Year :** | | | | | |
| | *UNICEF* | | | | |
| | *DFID* | | | | |
| | *USAID* | | | | |
| | *IPP Global* | | | | |
| | *IHBP* | | | | |
| | *Any other* | | | | |
| **Date** | **Sanction No** | | | **Amount** | |
| | | | | - | |
| | | | | - | |
| | | | | - | Figure B |
| **C) Total Fund Available For Spending (A+B)** | | | | | Sub-total |
| **D) EXPENDITURE DURING THE YEAR** | | | | | |

| S.NO | Major Head | State Level | Districts Level | Amount | |
|---|---|---|---|---|---|
| 1 | *UNICEF* | | As Per Chart given below | | |
| 2 | DFID | | | | |
| 3 | USAID | | | | |
| 4 | IPP Global | | | | |
| 5 | IHBP | | | | |
| | **Total** | | | | |
| | **Purchase of Fixed Assets:** | | as per schedule IV A,B.... | Figure C1 | |
| | **Sub Total** | | | Figure C | Total |
| **E) REFUNDED** | | | | | Figure D |
| **F) Unspent Balance as on 31-03-2016 (C-C1-D-E)** | | | | | Figure E |
| | DFID | | | | |
| | USAID | | | | |
| | IPP Global | | | | |
| | IHBP | | | | |

**Chartered Accountants** **State Finance Officer** **Mission Director**

# Schedule II-A
## STATE HEALTH SOCIETY

## SCHEDULE OF FIXED ASSETS RESERVE FUND As on 31-03-2016

| PARTICULARS | AT STATE | AT DISTRICT | TOTAL |
|---|---|---|---|
| OPENING BALANCE AS ON 1.4.2014 | | | |
| | | | |
| **ADD:** | | | |
| | | | |
| ASSETS AQUIRED DURING THE YEAR | | | |
| | | | |
| **LESS:** | | | |
| | | | |
| ASSETS SOLD / DISCARDED DURING THE YEAR | | | |
| | | | |
| CLOSING BALANCE AS ON 31.3.2016 | | | |
| | | | |

Schedule II-A

## STATE HEALTH SOCIETY

## SCHEDULE OF FIXED ASSETS As on 31-03-2016

| S.No. | Assets | LIST (Detail of individual assets) | Opening Balance 01-04-2015 | Purchased During the Year | Disposed off During the Year | Closing Balance 31-03-16 | Balance as on 31.03.16 at District level | Total as on 31.03.16 |
|---|---|---|---|---|---|---|---|---|
| A | RCH-I | | | | | | | |
| | STATE LEVEL | A | | | | | | |
| | Sub Total | | | | | | List B | |
| B | RCH Flexipool | | | | | | | |
| | STATE LEVEL | A | | | | | | |
| | Sub Total | | | | | | List B | |
| C | NRHM | | | | | | | |
| | STATE LEVEL | A | | | | | | |
| | Sub Total | | | | | | List B | |
| D | Immunisation (RI Strength.) | | | | | | | |
| | STATE LEVEL | A | | | | | | |
| | Sub Total | | | | | | List B | |
| E | PPI | | | | | | | |
| | STATE LEVEL | A | | | | | | |
| | Sub Total | | | | | | List B | |
| F | EC SIP | | | | | | | |
| | STATE LEVEL | A | | | | | | |
| | Sub Total | | | | | | List B | |
| G | RNTCP | | | | | | | |
| | STATE LEVEL | A | | | | | | |
| H | NVBDCP | | | | | | | |
| | STATE LEVEL | A | | | | | | |
| | Sub Total | | | | | | List B | |
| I | NIDDCP | | | | | | | |
| | STATE LEVEL | A | | | | | | |
| | Sub Total | | | | | | List B | |
| J | NLEP | | | | | | | |
| | STATE LEVEL | A | | | | | | |
| | Sub Total | | | | | | List B | |
| K | IDSP | | | | | | | |
| | STATE LEVEL | A | | | | | | |
| | Sub Total | | | | | | List B | |
| L | NPCDCS | | | | | | | |
| | STATE LEVEL | A | | | | | | |
| | Sub Total | | | | | | List B | |
| M | NPCB | | | | | | | |
| | STATE LEVEL | | | | | | | |
| N | NMHP | | | | | | | |
| | STATE LEVEL | | | | | | | |
| O | NPHCE | | | | | | | |
| | STATE LEVEL | | | | | | | |
| P | NPPCD | | | | | | | |
| | STATE LEVEL | | | | | | | |
| Q | NTCP | | | | | | | |
| | STATE LEVEL | | | | | | | |
| R | NOHP | | | | | | | |
| | STATE LEVEL | | | | | | | |
| S | NUHM | | | | | | | |
| | STATE LEVEL | | | | | | | |
| T | Others (please Specify) | | | | | | | |
| | STATE LEVEL | | | | | | | |
| | | A | | | | | | |
| | Total (A to T) | | Figure A | Figure B | Figure C | Figure D | | |

**Chartered Accountants** **Mission Director**

Schedule III

STATE HEALTH SOCIETY

SCHEDULE OF Current Liabilities as on 31-03-2016

| S.No. | Particular | Opening Balance 01-04-2015 | Addition | Settled | Balance As on 31-03-2016 | Balance at Districts As on 31-03-2016 (as per chart below) | TOTAL |
|---|---|---|---|---|---|---|---|
| A | RCH-I | | | | | | |
| | Add detail (Such as TDS Payable) | | | | | | |
| | Sub Total | | | | | | |
| B | RCH Flexipool | | | | | | |
| | Add detail | | | | | | |
| | Sub Total | | | | | | |
| C | NRHM | | | | | | |
| | Add detail | | | | | | |
| | Sub Total | | | | | | |
| D | Immunisation (RI Strength.) | | | | | | |
| | Add detail | | | | | | |
| | Sub Total | | | | | | |
| E | PPI | | | | | | |
| | Add detail | | | | | | |
| | Sub Total | | | | | | |
| F | EC SIP | | | | | | |
| | Add detail | | | | | | |
| | Sub Total | | | | | | |
| G | RNTCP | | | | | | |
| | Add detail | | | | | | |
| | Sub Total | | | | | | |
| H | NVBDCP | | | | | | |
| | Add detail | | | | | | |
| | Sub Total | | | | | | |
| I | NIDDCP | | | | | | |
| | Add detail | | | | | | |
| | Sub Total | | | | | | |
| J | NLEP | | | | | | |
| | Add detail | | | | | | |
| | Sub Total | | | | | | |
| K | IDSP | | | | | | |
| | Add detail | | | | | | |
| | Sub Total | | | | | | |
| L | NPCDCS | | | | | | |
| | Add detail | | | | | | |
| | Sub Total | | | | | | |
| M | NPCB | | | | | | |
| | Add detail | | | | | | |
| | Sub Total | | | | | | |
| N | NMHP | | | | | | |
| | Add detail | | | | | | |
| | Sub Total | | | | | | |
| O | NPHCE | | | | | | |
| | Add detail | | | | | | |
| | Sub Total | | | | | | |
| P | NPPCD | | | | | | |
| | Add detail | | | | | | |
| | Sub Total | | | | | | |
| Q | NTCP | | | | | | |
| | Add detail | | | | | | |
| | Sub Total | | | | | | |
| R | NOHP | | | | | | |
| | Add detail | | | | | | |
| | Sub Total | | | | | | |
| S | NUHM | | | | | | |
| | Add detail | | | | | | |
| | Sub Total | | | | | | |
| T | Others (please Specify) | | | | | | |
| | Add detail | | | | | | |
| | Total (A to K) | Figure A | Figure B | Figure C | Figure D | | |

Chartered Accountants State Finance Officer Mission Director

**Schedule IV-A**

**STATE HEALTH SOCIETY**

**Schedule of Advances lying at State & Districts under RCH-I as on 31-03-2016**

| SL. NO. | Name of Districts | RCH-Phase I | | | | | |
|---|---|---|---|---|---|---|---|
| | | Opening Balance | Advance Given during the year | Expenditure during the year | | Refunded during the year | Closing Balance |
| | | | | Revenue | Capital | | |
| | | (A) | (B) | (C) | | (D) | (A+B-C-D) |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| 20 | | | | | | | |
| At State level: | | | | | | | |
| 1 | Name of Agencies etc. | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| | Total | Figure A | Figure B | Figure C | | Figure D | Figure E |

**Chartered Accountants** **State Finance Officer** **Mission Director**

**Schedule IV-B**

**STATE HEALTH SOCIETY**

**Schedule of Advances lying at State & Districts under RCH Flaxipool as on 31-03-2016**

| SL. NO. | Name of Districts/Agencies | RCH-Flexipool | | | | | |
|---|---|---|---|---|---|---|---|
| | | Opening Balance | Fund Release | Expenditure | | Refund | Balance |
| | | | | Revenue | Capital | | |
| | | (A) | (B) | (C) | | (D) | (A+B-C-D) |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| At State level | | | | | | | |
| 1 | Name of Agencies etc. | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| | | | | | | | |
| | Total | Figure A | Figure B | Figure C | | Figure D | Figure E |

**Chartered Accountants** **State Finance Officer** Mission Director

Schedule IV-C

## STATE HEALTH SOCIETY

### Schedule of Advances lying at State & Districts under Mission Flaxipool as on 31-03-2016

| SL. NO. | Name of Districts/Agencies | Mission-Flexipool | | | | | |
|---|---|---|---|---|---|---|---|
| | | Opening Balance | Fund Release | Expenditure | | Refund | Balance |
| | | | | Revenue | Capital | | |
| | | (A) | (B) | (C) | | (D) | (A+B-C-D) |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| At State level | | | | | | | |
| 1 | Name of Agencies etc. | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| | | | | | | | |
| | Total | Figure A | Figure B | Figure C | | Figure D | Figure E |

**Chartered Accountants** **State Finance Officer** **Mission Director**

**Schedule IV-D**

## STATE HEALTH SOCIETY

**Schedule of Advances lying at State & Districts under Immunization as on 31-03-2016**

| SL. NO. | Name of Districts/Agencies | Immunization | | | | | |
|---|---|---|---|---|---|---|---|
| | | Opening Balance | Fund Release | Expenditure | | Refund | Balance |
| | | | | Revenue | Capital | | |
| | | (A) | (B) | (C) | | (D) | (A+B-C-D) |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| At State level | | | | | | | |
| 1 | Name of Agencies etc. | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| | | | | | | | |
| | Total | Figure A | Figure B | Figure C | | Figure D | Figure E |

**Chartered Accountants** **State Finance Officer** **Mission Director**

**Schedule IV-E**

## STATE HEALTH SOCIETY

Schedule of Advances lying at State & Districts under Flaxipool, Immunization as on 31-03-2016

| SL. NO. | Name of Districts/Agencies | EC-SIP | | | | | |
|---|---|---|---|---|---|---|---|
| | | Opening Balance | Fund Release | Expenditure | | Refund | Balance |
| | | | | Revenue | Capital | | |
| | | (A) | (B) | (C) | | (D) | (A+B-C-D) |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| At State level | | | | | | | |
| 1 | Name of Agencies etc. | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| | | | | | | | |
| | Total | Figure A | Figure B | Figure C | | Figure D | Figure E |

**Chartered Accountants** **State Finance Officer** **Mission Director**

**Schedule IV-E**

**STATE HEALTH SOCIETY**

**Schedule of Advances lying at State & Districts under Flaxipool, Immunization as on 31-03-2016**

| SL. NO. | Name of Districts/Agencies | EC-SIP | | | | | |
|---|---|---|---|---|---|---|---|
| | | Opening Balance | Fund Release | Expenditure | | Refund | Balance |
| | | | | Revenue | Capital | | |
| | | (A) | (B) | (C) | | (D) | (A+B-C-D) |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| At State level | | | | | | | |
| 1 | Name of Agencies etc. | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| | | | | | | | |
| | Total | Figure A | Figure B | Figure C | | Figure D | Figure E |

**Chartered Accountants** **State Finance Officer** **Mission Director**

**Schedule IV-F**

## STATE HEALTH SOCIETY

### Schedule of Advances lying at State & Districts under NIDDCP as on 31-03-2016

| SL. NO. | Name of Districts/Agencies | RCH-Flexipool | | | | | |
|---|---|---|---|---|---|---|---|
| | | Opening Balance | Fund Release | Expenditure | | Refund | Balance |
| | | | | Revenue | Capital | | |
| | | (A) | (B) | (C) | | (D) | (A+B-C-D) |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| At State level | | | | | | | |
| 1 | Name of Agencies etc. | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| | | | | | | | |
| | Total | Figure A | Figure B | Figure C | | Figure D | Figure E |

**Chartered Accountants** **State Finance Officer** **Mission Director**

**Schedule IV-G**

## STATE HEALTH SOCIETY

### Schedule of Advances lying at State & Districts under IDSP as on 31-03-2016

| SL. NO. | Name of Districts/Agencies | IDSP | | | | | |
|---|---|---|---|---|---|---|---|
| | | Opening Balance | Fund Release | Expenditure | | Refund | Balance |
| | | | | Revenue | Capital | | |
| | | (A) | (B) | (C) | | (D) | (A+B-C-D) |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| At State level | | | | | | | |
| 1 | Name of Agencies etc. | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| | | | | | | | |
| | Total | Figure A | Figure B | Figure C | | Figure D | Figure E |

**Chartered Accountants** **State Finance Officer** **Mission Director**

**Schedule IV-B**

## STATE HEALTH SOCIETY

### Schedule of Advances lying at State & Districts under NVBDCP as on 31-03-2016

| SL. NO. | Name of Districts/Agencies | NVBDCP | | | | | |
|---|---|---|---|---|---|---|---|
| | | Opening Balance | Fund Release | Expenditure | | Refund | Balance |
| | | | | Revenue | Capital | | |
| | | (A) | (B) | (C) | | (D) | (A+B-C-D) |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| At State level | | | | | | | |
| 1 | Name of Agencies etc. | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| | | | | | | | |
| | Total | Figure A | Figure B | Figure C | | Figure D | Figure E |

**Chartered Accountants** **State Finance Officer**

**Schedule IV-I**

**STATE HEALTH SOCIETY**

**Schedule of Advances lying at State & Districts under NLEP as on 31-03-2016**

| SL. NO. | Name of Districts/Agencies | NLEP | | | | | |
|---|---|---|---|---|---|---|---|
| | | Opening Balance | Fund Release | Expenditure | | Refund | Balance |
| | | | | Revenue | Capital | | |
| | | (A) | (B) | (C) | | (D) | (A+B-C-D) |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| At State level | | | | | | | |
| 1 | Name of Agencies etc. | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| | | | | | | | |
| | Total | Figure A | Figure B | Figure C | | Figure D | Figure E |

**Chartered Accountants** **State Finance Officer**

Schedule IV- J

## STATE HEALTH SOCIETY

**Schedule of Advances lying at State & Districts under RNTCP as on 31-03-2016**

| SL. NO. | Name of Districts/Agencies | RNTCP | | | | | |
|---|---|---|---|---|---|---|---|
| | | Opening Balance | Fund Release | Expenditure | | Refund | Balance |
| | | | | Revenue | Capital | | |
| | | (A) | (B) | (C) | | (D) | (A+B-C-D) |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| At State level | | | | | | | |
| 1 | Name of Agencies etc. | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| | | | | | | | |
| | Total | Figure A | Figure B | Figure C | | Figure D | Figure E |

**Chartered Accountants** **State Finance Officer**

**Schedule IV-K**

## STATE HEALTH SOCIETY

**Schedule of Advances lying at State & Districts under Flaxipool, Immunization as on 31-03-2016**

| SL. NO. | Name of Districts/Agencies | NUHM | | | | | |
|---|---|---|---|---|---|---|---|
| | | Opening Balance | Fund Release | Expenditure | | Refund | Balance |
| | | | | Revenue | Capital | | |
| | | (A) | (B) | (C) | | (D) | (A+B-C-D) |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| **At State level** | | | | | | | |
| 1 | Name of Agencies etc. | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| | | | | | | | |
| | Total | Figure A | Figure B | Figure C | | Figure D | Figure E |

**Chartered Accountants** **State Finance Officer**

Schedule IV-L

STATE HEALTH SOCIETY

**Schedule of Advances lying at State & Districts under NPCB as on 31-03-2016**

| SL. NO. | Name of Districts/Agencies | NPCB | | | | | |
|---|---|---|---|---|---|---|---|
| | | Opening Balance | Fund Release | Expenditure | | Refund | Balance |
| | | | | Revenue | Capital | | |
| | | (A) | (B) | (C) | | (D) | (A+B-C-D) |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| At State level | | | | | | | |
| 1 | Name of Agencies etc. | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| | | | | | | | |
| | Total | Figure A | Figure B | Figure C | | Figure D | Figure E |

**Chartered Accountants** **State Finance Officer**

Schedule IV- M

## STATE HEALTH SOCIETY

### Schedule of Advances lying at State & Districts under NMHP as on 31-03-2016

| SL. NO. | Name of Districts/Agencies | NMHP | | | | | |
|---|---|---|---|---|---|---|---|
| | | Opening Balance | Fund Release | Expenditure | | Refund | Balance |
| | | | | Revenue | Capital | | |
| | | (A) | (B) | (C) | | (D) | (A+B-C-D) |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| **At State level** | | | | | | | |
| 1 | Name of Agencies etc. | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| | | | | | | | |
| | Total | Figure A | Figure B | Figure C | | Figure D | Figure E |

**Chartered Accountants** **State Finance Offi**

**Schedule IV-N**

**STATE HEALTH SOCIETY**

**Schedule of Advances lying at State & Districts under NPHCE as on 31-03-2016**

| SL. NO. | Name of Districts/Agencies | NPHCE | | | | | |
|---|---|---|---|---|---|---|---|
| | | Opening Balance | Fund Release | Expenditure | | Refund | Balance |
| | | | | Revenue | Capital | | |
| | | (A) | (B) | (C) | | (D) | (A+B-C-D) |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| **At State level** | | | | | | | |
| 1 | Name of Agencies etc. | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| | | | | | | | |
| | Total | Figure A | Figure B | Figure C | | Figure D | Figure E |

**Chartered Accountants** **State Finance Officer**

**Schedule**

**STATE HEALTH SOCIETY**

**Schedule of Advances lying at State & Districts under NPPCD as on 31-03-2016**

| SL. NO. | Name of Districts/Agencies | NPPCD | | | | | |
|---|---|---|---|---|---|---|---|
| | | Opening Balance | Fund Release | Expenditure | | Refund | Balance |
| | | | | Revenue | Capital | | |
| | | (A) | (B) | (C) | | (D) | (A+B-C-D) |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| At State level | | | | | | | |
| 1 | Name of Agencies etc. | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| | | | | | | | |
| | Total | Figure A | Figure B | Figure C | | Figure D | Figure E |

**Chartered Accountants** **State Finance Officer**

**Schedule IV-O**

**STATE HEALTH SOCIETY**

**Schedule of Advances lying at State & Districts under NTCP as on 31-03-2016**

| SL. NO. | Name of Districts/Agencies | NTCP | | | | | |
|---|---|---|---|---|---|---|---|
| | | Opening Balance | Fund Release | Expenditure | | Refund | Balance |
| | | | | Revenue | Capital | | |
| | | (A) | (B) | (C) | | (D) | (A+B-C-D) |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| At State level | | | | | | | |
| 1 | Name of Agencies etc. | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| | | | | | | | |
| | Total | Figure A | Figure B | Figure C | | Figure D | Figure E |

**Chartered Accountants** **State Finance Officer**

Schedule

## STATE HEALTH SOCIETY

### Schedule of Advances lying at State & Districts under NOHP as on 31-03-2016

| SL. NO. | Name of Districts/Agencies | NOHP | | | | | |
|---|---|---|---|---|---|---|---|
| | | Opening Balance | Fund Release | Expenditure | | Refund | Balance |
| | | | | Revenue | Capital | | |
| | | (A) | (B) | (C) | | (D) | (A+B-C-D) |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| **At State level** | | | | | | | |
| 1 | Name of Agencies etc. | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| | | | | | | | |
| | Total | Figure A | Figure B | Figure C | | Figure D | Figure E |

**Chartered Accountants** **State Finance Officer**

Schedule IV- P

## STATE HEALTH SOCIETY

**Schedule of Advances lying at State & Districts under NPCDCS as on 31-03-2016**

| SL. NO. | Name of Districts/Agencies | NPCDCS | | | | | |
|---|---|---|---|---|---|---|---|
| | | Opening Balance | Fund Release | Expenditure | | Refund | Balance |
| | | | | Revenue | Capital | | |
| | | (A) | (B) | (C) | | (D) | (A+B-C-D) |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| At State level | | | | | | | |
| 1 | Name of Agencies etc. | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| | | | | | | | |
| | Total | Figure A | Figure B | Figure C | | Figure D | Figure E |

**Chartered Accountants** **State Finance Officer**

**Schedule**

**STATE HEALTH SOCIETY**

**Schedule of Advances lying at State & Districts under National Program for Palliative Care (New Initiatives under NCD) as on 31-03-2016**

| SL. NO. | Name of Districts/Agencies | National Program for Palliative Care (New Initiatives under NCD) | | | | | |
|---|---|---|---|---|---|---|---|
| | | Opening Balance | Fund Release | Expenditure | | Refund | Balance |
| | | | | Revenue | Capital | | |
| | | (A) | (B) | (C) | | (D) | (A+B-C-D) |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| At State level | | | | | | | |
| 1 | Name of Agencies etc. | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| | | | | | | | |
| | Total | Figure A | Figure B | Figure C | | Figure D | Figure E |

**Chartered Accountants** **State Finance Officer**

# Schedule IV- T
## STATE HEALTH SOCIETY

**SCHEDULE OF Advance Given to Staff at State & District Level**

| S.No. | PARTICULAR | Opening Balance 01-04-2015 | GIVEN During 2014-15 | Refunded/ Settled | Balance as on 31-03-2016 |
|---|---|---|---|---|---|
| **State Level:** | | | | | |
| 1 | Name of Staff etc. | | | | |
| **District Level: (as per chart below)** | | | | | |
| | **Total** | | **Figure B** | | **Figure E** |

**Schedule V**

**STATE HEALTH SOCIETY**

**SCHEDULE OF OTHER Current ASSETS As on 31-03-2016**

| S.No. | PARTICULAR | State Level | District Level (as per chart below) | Balance District + State as on 31-03-2016 |
|---|---|---|---|---|
| A | RCH-I | | | |
| | Add detail (Such as Security depostit | | | |
| | **Sub Total** | | | |
| B | RCH Flexipool | | | |
| | Add detail | | | |
| | **Sub Total** | | | |
| C | NRHM | | | |
| | Add detail | | | |
| | **Sub Total** | | | |
| D | Immunisation (RI Strength.) | | | |
| | Add detail | | | |
| | **Sub Total** | | | |
| E | PPI | | | |
| | Add detail | | | |
| | **Sub Total** | | | |
| F | EC SIP | | | |
| | Add detail | | | |
| | **Sub Total** | | | |
| G | RNTCP | | | |
| | Add detail | | | |
| | **Sub Total** | | | |
| H | NVBDCP | | | |
| | Add detail | | | |
| | **Sub Total** | | | |
| I | NIDDCP | | | |
| | Add detail | | | |
| | **Sub Total** | | | |
| J | NLEP | | | |
| | Add detail | | | |
| | **Sub Total** | | | |
| K | IDSP | | | |
| | Add detail | | | |
| | **Sub Total** | | | |
| L | NPCDCS | | | |
| | Add detail | | | |
| | **Sub Total** | | | |
| M | NPCB | | | |
| | Add detail | | | |
| | **Sub Total** | | | |
| N | NMHP | | | |
| | Add detail | | | |
| | **Sub Total** | | | |
| O | NPHCE | | | |
| | Add detail | | | |
| | **Sub Total** | | | |
| P | NPPCD | | | |
| | Add detail | | | |
| | **Sub Total** | | | |
| Q | NTCP | | | |
| | Add detail | | | |
| | **Sub Total** | | | |
| R | NOHP | | | |
| | Add detail | | | |
| | **Sub Total** | | | |
| S | NUHM | | | |
| | Add detail | | | |
| | **Sub Total** | | | |
| T | Others (please Specify) | | | |
| | Add detail | | | |
| | **Total (A to T)** | Figure A | Figure B | Figure D |

**Chartered Accountants** **State Finance Officer**

Schedule VI

**STATE HEALTH SOCIETY**

**Schedule of Cash & Bank Balance AS ON 31-03-2016**

| Sl. No. | Particular of Bank/Cash | Opening Balance as on 01.04.15 | | Closing Balance as on 31-03-2016 | |
|---|---|---|---|---|---|
| | | Cash | Bank | Cash | Bank |
| A | **RCH-I** | | | | |
| | State Level | | | | |
| | District Level | AS PER LIST A | | | |
| | **Sub Total** | | | | |
| B | **RCH Flexipool** | | | | |
| | State Level | | | | |
| | District Level | AS PER LIST A | | | |
| | **Sub Total** | | | | |
| C | **NRHM** | | | | |
| | State Level | | | | |
| | District Level | AS PER LIST A | | | |
| | **Sub Total** | | | | |
| D | **Immunisation (RI Strength.)** | | | | |
| | State Level | | | | |
| | District Level | AS PER LIST A | | | |
| | **Sub Total** | | | | |
| E | **PPI** | | | | |
| | State Level | | | | |
| | District Level | AS PER LIST A | | | |
| | **Sub Total** | | | | |
| F | **EC SIP** | | | | |
| | State Level | | | | |
| | District Level | AS PER LIST A | | | |
| | **Sub Total** | | | | |
| G | **RNTCP** | | | | |
| | State Level | | | | |
| | District Level | AS PER LIST A | | | |
| | **Sub Total** | | | | |
| H | **NVBDCP** | | | | |
| | State Level | | | | |
| | District Level | AS PER LIST A | | | |
| | **Sub Total** | | | | |
| I | **NIDDCP** | | | | |
| | State Level | | | | |
| | District Level | AS PER LIST A | | | |
| | **Sub Total** | | | | |
| J | **NLEP** | | | | |
| | State Level | | | | |
| | District Level | AS PER LIST A | | | |
| | **Sub Total** | | | | |
| K | **IDSP** | | | | |
| | State Level | | | | |
| | District Level | AS PER LIST A | | | |
| | **Sub Total** | | | | |
| L | **NPCDCS** | | | | |
| | State Level | | | | |
| | District Level | AS PER LIST A | | | |
| | **Sub Total** | | | | |
| M | **NPCB** | | | | |
| | State Level | | | | |
| | District Level | AS PER LIST A | | | |
| | **Sub Total** | | | | |
| N | **NMHP** | | | | |
| | State Level | | | | |
| | District Level | AS PER LIST A | | | |
| | **Sub Total** | | | | |
| O | **NPHCE** | | | | |
| | State Level | | | | |
| | District Level | AS PER LIST A | | | |
| | **Sub Total** | | | | |
| P | **NPPCD** | | | | |
| | State Level | | | | |
| | District Level | AS PER LIST A | | | |
| | **Sub Total** | | | | |
| Q | **NTCP** | | | | |
| | State Level | | | | |
| | District Level | AS PER LIST A | | | |
| | **Sub Total** | | | | |
| R | **NOHP** | | | | |
| | State Level | | | | |
| | District Level | AS PER LIST A | | | |
| | **Sub Total** | | | | |
| S | **NUHM** | | | | |
| | State Level | | | | |
| | District Level | AS PER LIST A | | | |
| | **Sub Total** | | | | |
| T | **Others (please Specify)** | | | | |
| | State Level | | | | |
| | District Level | AS PER LIST A | | | |
| | **Sub Total** | | | | |
| | **Total (A to K)** | Figure A | Figure B | Figure C | Figure D |

**Chartered Accountants** **State Finance Officer** **Mission Director**

Schedule VII

## STATE HEALTH SOCIETY

### Schedule of Cheques/DD in Hand AS ON 31-03-2016

| Sl. No. | Cheque/DD No | Date | Received From | Amount (Rs.) |
|---|---|---|---|---|
| **At State Level:** | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| **At District Level:** | | | | |
| 1 | District-A | | | |
| 2 | District-B | | | |
| 3 | District-C | | | |
| 4 | District-D | | | |
| 5 | District-E | | | |
| | Total | | | Total A |

**Chartered Accountants** **State Finance Officer** **Mission Director**

Schedule VII

**STATE HEALTH SOCIETY**

**Schedule of Cheques/DD in Hand AS ON 31-03-2016**

| Sl. No. | Cheque/DD No | Date | Received From | Amount (Rs.) |
|---|---|---|---|---|
| **At State Level:** | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| **At District Level:** | | | | |
| 1 | District-A | | | |
| 2 | District-B | | | |
| 3 | District-C | | | |
| 4 | District-D | | | |
| 5 | District-E | | | |
| | Total | | | Total A |

**Chartered Accountants** **State Finance Officer** **Mission Director**

Schedule VIII

## STATE HEALTH SOCIETY

### Schedule of Interest Earned at State & Districts during the year 2015-16

| Sl. No. | Bank | Used for | Bank Balance as on 31st March, 2016 (as per Books) |
|---|---|---|---|
| | State Level : | | |
| | | | |
| A | Bank - 1 | RCH / NRHM | |
| B | Bank - 2 | TB | |
| C | Bank - 3 | Blindness | |
| D | Bank - 4 | IDSP | |
| E | Bank - 5 | Leprosy | |
| F | Bank - 6 | | |
| | | | |
| | District Level: | | |
| | | | |
| G | Bank - 1 | as per List A | as per List A |
| | | | |
| | | | |
| | | | |
| | | | |
| | Grand Total | | Figure C |

**Chartered Accountants** **State Finance Officer** **Mission Director**

## Schedule IX

### STATE HEALTH SOCIETY

SCHEDULE OF OF AUDIT FEE FOR STATE & DISTRICTS FOR THE YEAR ENDING on 31-03-2016

| PARTICULARS OF AUDITOR: NAME ADDRESS AND PHONE NO. | AMOUNT (Rs.) |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |