Annexure-1

INVOICE

Project: Run a PHC Tender ID: Organisation: Name & Address: Mobile No. & E-mail ID: Invoice No. Reference: MoU dated between and CMHO, District Name for "Run a PHC" programme, District under PPP Mode in the State of Rajasthan. Period: Submitted to: CM&HO, District Refer approved for PHC as per agreement (Rs.)/ per month. S.No. Description Particular Net service fees receivable (1) Primary Health Centre Project- PPP Mode Expenses for Running PHC at District (A) District Name for "Run a PHC" programme, District (Rs.)/ per month. Rajasthan. Refer approved for PHC as per agreement (Rs.)/ per month. Observice fees receivable (A) Total (In figures) 4 Total (In figures)							
Name & Address: Mobile No. & E-mail ID: Invoice No. Reference: MoU dated	Tend	ler ID:	***************************************				
Mobile No. & E-mail ID: Invoice No. Reference: MoU dated	Orga	nisation:		••••••••	••••••••••		
Mobile No. & E-mail ID: Invoice No. Reference: MoU dated	Nam	e & Addre	PSS:	************	•••••••	••••••••••••	
Invoice No			***************************************		****************	••••••	
Reference: MoU dated between and CMHO, District Name for "Run a PHC" programme, District under PPP Mode in the State of Rajasthan. Period: Submitted to: CM&HO, District Rajasthan. Refer approved for PHC as per agreement Refer approved for PHC as per agreement Net service fees receivable 1 Primary Health Centre Project- PPP Mode Expenses for Running PHC at District District District Total (In figures)	Mobi	le No. & E	E-mail ID:	•••••••	••••••		
District Name for "Run a PHC" programme, District under PPP Mode in the State of Rajasthan. Period: Submitted to: CM&HO, District Rajasthan. Refer approved for PHC as per agreement (Rs.)/ per month. S.No. Description Particular Net service fees receivable 1 Primary Health Centre Project- PPP Mode Expenses for Running PHC at District Distr	Invoid	e No		•••••••••	•••••••••••••••••••••••••••••••••••••••		
in the State of Rajasthan. Period: Submitted to: CM&HO, District Refer approved for PHC as per agreement S.No. Description Particular Net service fees receivable Primary Health Centre Project- PPP Mode Expenses for Running PHC at District Less:- Deduction Total (In figures)	Refer	ence : M	oU dated		***************************************	Date	
Period : Submitted to : CM&HO, District	Distric	t Name f	or "Run a PHC" programme, District	betw	/een	and CMHO,	
Period: Submitted to: CM&HO, District Refer approved for PHC as per agreement S.No. Description Particular Net service fees receivable 1 Primary Health Centre Project- PPP Mode Expenses for Running PHC at District 2 Less: Deduction 3 Total (In figures)	in the	State of F	Rajasthan	T		under PPP Mode	
Refer approved for PHC as per agreement							
Refer approved for PHC as per agreement	Submi	tted to : (CM&HO, District	••••••	••••••		
S.No. Description Particular Net service fees receivable (1) Primary Health Centre Project- PPP Mode Expenses for Running PHC at District Less:- Deduction Total (In figures)							
(1) (2) (3) (4) Primary Health Centre Project- PPP Mode Expenses for Running PHC at	S.No.	Description			(Rs.)/ per month		
1 Primary Health Centre Project- PPP Mode Expenses for Running PHC at			• • • • • • • • • • • • • • • • • • •		Particular	Net service fees	
Primary Health Centre Project- PPP Mode Expenses for Running PHC at			(2)				
District	1	Primary H	lealth Centre Project- PPP Mode		(3)		
2 Less:- Deduction 3 Total (In figures)	,	-vbc11362	ior kunning PHC at				
3 Total (In figures)	2						
Total (III ligures)							
4 Total (In words)		iotai (in fi	gures)				
	4	Total (In w	ords)				

Remittance details as given below:-

<u>S.No.</u>	Head	Detril
1	Favour of	Details
2	Payable at	••••••
3	Name of Bank	***************************************
4	Branch Address	***************************************
5	Account No.	
6	IFSC Code	••••••
7	PAN No.	••••••
	-	•••••

Signature with seal For Name of organization

Po	enalty Tracker for Staff
	Basic Information
Name of PHC	
Block	
District	
Coverage Population	

		S	taff Availabili	ty		
S.No.	Approved position	No. of staff rquired	Staff Available	Number of days absent	Penalty per day (INR)	Total penalty deduction (INR)
1	MOIC	1				(
2	Grade II Nurse	2				
3	Pharmacist	1				
4	Lab Technician	1				
5	L.H.V(Ladies health Visitor)	1				
6	A.N.M.	1				
7	Data Entry Operator	1				
8	Ward Boy	2				
9	Sweeper	1				
10	S.C1 ANM	1				
11	S.C2 ANM	1				
12	S.C3 ANM	1				
13	S.C4 ANM	1				354
14	S.C5 ANM	1	2	,		
		Total A				
	Daily A	ttendance sl	neet for the m	onth		

1

Name of organization Authorized signature with seal

•	Dorformana	Annexure-3
Name of DUC	Performance out	comes/Indicators
Name of PHC	•	
Block		
District		
Coverage Population		

S.No.	Criteria for Assessment	Minimum Level Expected	Weightage of work	Target Achievement %	Amount in Rs According to Achievement o
1	Average outpatients/ Month		5%		Target Weightag
2	In Patient department	Average IPD/Month (including Deliveries)	6%		
3	Registration of Pregnant Mother	At least 90% in 1 st year, 95% in 2 nd and 3 rd year and after 3 rd year 100% achievement will be required	6%		
4	4 ANC checkup	At least 90% in 1 st year, 95% in 2 nd and 3 rd year and after 3 rd year 100% achievment will be required	10%		
5	Normal Delivery	Delivery in institution at least 50% in 1 st year, 60% in 2 nd and 3 rd year and after 3 rd year 70%	7%		
6	High risk case	achivement will be required target of normal deliveries.			
	referred		5%		
,	High risk infants and screened and referred Malnourished	All high risk infants will be screened and referred to Higher Centre if needed. All malnourished should be identified and referred to	7%		
	children should be identified and referred to malnutrition	nearby malnutrition treatment centres (MTCs)			
	treatment centres				
-	Full immunization Coverage (Minimum level of Achievement)	At least 90% in 1 st year, 95% in 2 nd and 3 rd year and after 3 rd year 100% Achievement will be required.	11%		
9	Temporary Method IUD, OPC, CC (minimum level of Achievement)	75% of unmet need for each method in 1 st 3 year than 100% after 3 rd year so that after 4 th year TFR can be achieved to 7.1	7%		
10	Permanent stabilization	75%	12%		
11	Minimum 15 kind of the should be done at PHCs	At least 15 kind of the test should be done at PHCs as in Annexure-1	7%		
12	Update medical record keeping	Complete monthly report should be submitted timely to the BCMO in time on line Annexure-2 & 3	5%		
13	Death audit report	Zero causality due to negligence	5%		
14	No. of Meeting	All the meeting should be attended	4%		
15	School Health Check-up	All the school under PHCs area according to Guideline	3%		
1	· · · · · · · · · · · · · · · · · · ·	Total	Na		

Name of organization Authorized signature with seal