

**URGENT/TIME LIMIT**

No. F1-12905/2017/DIMS

Directorate of  
Insurance Medical Services  
Thiruvananthapuram – 14

Date: 23.06.2017

**CIRCULAR**

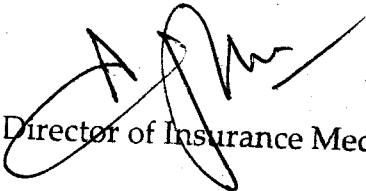
Sub:- IMS Department - Budget Estimates 2018-2019 preparation –  
Details called for – Reg.

Ref:- Government Circular No. 46/2017/Fin Dtd. 07.06.2017

In order to prepare the Budget proposals for the year 2018-2019, all Drawing & Disbursing Officers of this Department are requested to furnish the details in the proforma appended herewith.

The following points may be noted while furnishing the details.

- 1) No column in any proforma should be left unfilled
- 2) If no details is to be furnished in any column, Nil/NA should be noted there
- 3) Separate sheet should be used for each proforma
- 4) The Head of the institution should certify the correction of the figures furnished
- 5) The entire statements should reach this office on or before **10<sup>th</sup> July 2017**. Any lapse in this regard will be viewed very seriously and defaulters will be proceeded against.

  
for Director of Insurance Medical Services

Encl:- Proforma

To

1. The Regional Deputy Director, Insurance Medical Services, South Zone, Kollam/Central Zone, Ernakulam/North Zone, Kozhikode
2. The Deputy Director, Homoeo/Ayurveda, Insurance Medical Services, Thiruvananthapuram
3. All Superintendents of ESI Hospitals
4. All Insurance Medical Officers of ESI Dispensaries
5. B3 Section/B2 Section
6. File/Stock File

✓ 7. [www.ims.kerala.gov.in](http://www.ims.kerala.gov.in)

## I. Statement of Staff

Name of Institution :

Name of Head of Office :

Contact Telephone/Mobile Phone No. :

[illegible]

Name & Signature of Head of Office

## II. Statement showing details of Pay & Allowances in each category

Name of Institution:

	1	Sl.No.
	2	Designation
	3	Scale of pay
	4	No. of Posts
	5	Basic pay as on 01.04.2018
	6	No. of persons holding the basic pay in Col. No.5
	7	Special Allowance per mensem and the type of special allowance
	8	Compensatory Allowance per mensem
	9	Risk allowance per mensem
	10	Non Practising allowance per mensem
	11	City Compensatory Allowance per mensem
	12	Permanent Travel allowance
	13	ESI Allowance
	14	Adhoc Bonus
	15	Other Allowances if any (specify the name of conveyance allowance to PH staff with No. of staff)
	16	Uniform Allowance
	17	Remarks

Name & Signature

### III. Statement of HRA

Name of Institution :

Location of the Institution :

[Whether B2 class cities & above/other (cities/town)/other places]

Pay Range	No. of Government servant at each stage	No. of persons to whom quarters has been provided ESI/PWD separately	No. of persons to whom HRA is payable	Amount of HRA payable per mensum	Amount required for payment of HRA during 2018-2019
1	2	3	4	5	6
16500-26500					
27150-42500					
43600-68700					
70350 & above					

Name & Signature

IV. Statement of Wages to Part Time Sweeper/Contract/Daily Wages

Name of Institution:

Sl. No.	Wage Type	No. of staff	Basic/Consolidated Pay as on 01.04.18	DA eligible	DA Rate	Allowance/CCA	Daily Rate	No. of days	Budget Estimate 2018-19
1	2	3	4	5	6	7	8	9	10

Name & Signature

**V. Payment of amount required under Travel Expenses & Medical Reimbursement**

**Name of Institution:**

	Transfer TA	Tour TA	Medical Reimbursement
Expenditure upto 30.06.2017 (2017-18)			
Amount required for the remaining period upto 31.03.2018			
Amount anticipated for the year 2018-2019			

**Name & Signature**

VI. Expenditure of Telephone Charges

1. Name of Institution :
2. Telephone Number :
3. Whether STD facility available :
4. Bimonthly rate with Tax :
5. Permissible limit of Bimonthly call charges :
6. Permissible limit of Bimonthly calls :
7. Amount spent during 2017-2018 till 30.06.17 :
8. Bimonthly average of calls during 2016-17 :
9. Average of call charges 2016-2017 :
10. Actual expenditure on Telephone  
Charges during 2016-17 :
11. Amount required for the Remaining period  
2017-18 :
12. Amount anticipated for 2018-2019 :

Name & Signature

**VII. Statement of Expenditure on Repair and Maintenance of Vehicles**

1. Name of Institution :
2. Whether any vehicle is provided :
3. Type of vehicle :
4. Make year & No. :
5. Monthly Charges :
6. Actual expenditure during 2016-17 :
7. Actual expenditure till 30.06.2017  
2017-18 :
8. Amount anticipated for the remaining  
period 2017-18 :
9. Amount required for 2018-19 :

**Name& Signature**



### VIII. Statement of Expenditure on Fuel Charges (POL)

1. Name of Institution :
2. Type of Vehicle :
3. Reg. No. of Vehicle :
4. Fuel used :
5. Monthly Fuel consumption :
6. Amount required for one month :
7. Actual expenditure 2016-17 :
8. Actual expenditure for the first  
three months of 2017-18 :
9. Revised estimate for 2017-18 :
10. Budget estimate for 2018-19 :

**Name & Signature**

IX. Statement of water charges and Electricity charges

Name of Institution:

Sl. No.	Period	Water Charges	Electricity charges
1	Rate/Bimonthly basis		
2	Amount Spent during 2017-2018 till 31.06.2017		
3	Amount anticipated for the remaining period 2017-18		
4	Amount anticipated for 2018-19		

Name & Signature.

**X. Statement of Expenditure on the purchase of Drug, Dressings and Diet**

Name of Institution:

Sl. No.		Drugs & Dressings	Dietary articles
1	Amount spent on Local purchase during 2017-2018 till 30.06.2017		
2	Amount required for the remaining period of 2017-2018		
3	Amount anticipated for 2018-2019		

Name & Signature.

**XI. Details of Medical Reimbursement claims of Insured Persons**

1. Name of Institution :

2. Amount anticipated for 2018-2019  
(DIMS, RDD and IMO wise with specific  
reason for increase as the case may be) :

Name & Signature.

**XII. Statement showing the details of part time Dispensaries ( to be functioned by RDD)**

Name of Zone:

Sl. No	Name of part Time Dispensary	No. of Insured Persons attached	Details of allowance paid to the Staff during 2016-2017	Amount anticipated during 2018-2019

Place:

Date:

Name of RDD

Signature

:

:

## ANNEXURE I

(Referred to in Para 3)

### Statement of arrears of Tax and Non Tax Revenue

#### Name of Department

##### 1. Arrears of Tax

##### A. Tax Revenue

##### 1. Item (Head of Account)

- a) Arrears outstanding at the beginning of the year 2017-2018
- b) The Demand for the Year 2017-2018
- c) The amount collected during the year 2017-2018
- d) The amount remitted or written off during the year 2017-2018

##### B. No Tax Revenue

#### II. The Amount of arrears as at the end of 2016-17 is at the following stage of action (Rs. In Lakh)

- a) Revenue Recovery Proceedings
- b) Amount stayed by Court
- c) Amount stayed by Government
- d) Amount stayed by other authorities
- e) Others.

**TOTAL:**

## **ANNEXURE - II**

(Referred to in Para 3)

### **Statement of arrears of Loans and Advances**

#### **Name of Department**

#### **1. Item**

- a) The Arrears outstanding at the beginning of the year 2017-2018
- b) The Demand for the Year 2017-2018
- c) The amount collected during the year 2017-2018
- d) The amount remitted or written off during the year 2017-2018

