



राजस्थान—सरकार

चिकित्सा एवं स्वास्थ्य विभाग,

स्वास्थ्य भवन, तिलक मार्ग, सी-स्कीम, जयपुर

दूरभाष सं० : 0141-2224878

ई-मेल: [rmc.mniv@gmail.com](mailto:rmc.mniv@gmail.com)

एफ04 (166)एमएनजेवाई /सामान्य पत्रावली /2015-16 / 824

दिनांक 15.3.16

**आदेश**

विभाग द्वारा पूर्व में जारी पत्रांक एफ04(एमएनजेवाई/सामान्य पत्रावली/2015-16/670 दि० 19.01.16 एवं एफ04 (एमएनजेवाई/सामान्य पत्रावली/2015-16/698 दि० 04.02.16 को अधीगृहीत करते हुए योजना में स्वीकृत पदों पर नियमित भर्ती होने तक, साविदाओं/प्लेसमेंट एजेन्सियों के माध्यम से कार्य सम्पादन हेतु कार्मिकों के मानदेय भुगतान के संबंध में एजेन्सियों द्वारा किये जा रहे अर्थिक शोषण को रोके जाने हेतु निर्देशानुसार मुख्यमंत्री निशुल्क जांच योजना अन्तर्गत श्रीमान प्रमुख शासन सचिव, चि० एवं स्वा० विभाग के कार्यालय आदेश क्र० 737 दि० 01.03.2013 एवं अद्योहस्ताक्षरकर्ता के कार्यालय आदेश क्र० एफ04 (एमएनजेवाई/फेज-II/2013/2528 दिनांक 30.05.13 तथा श्रम विभाग से सम्बन्धित दिशा निर्देश एवं लेबर एक्ट क्र० 40 दि० 18.03.13 (संलग्न) के अनुसार पालना करते हुये इन कार्मिकों को अविलम्ब मोडकल रिलीफ सोसायटियों के माध्यम से रखे जाने की कार्यवाही सुनिश्चित कराने हेतु निर्देशित किया जाता है।

निदेशक( जन० स्वास्थ्य)

चिकित्सा एवं स्वास्थ्य सेवायें

राजस्थान, जयपुर

क्रमांक: एफ04(166)/एमएनजेवाई/सामान्य पत्रावली /2015-16/824 दिनांक : 15.3.16

प्रतिलिपि:-

1. श्रीमान विशिष्ट सचिव, माननीय मंत्री महोदय, चिकित्सा एवं स्वास्थ्य विभाग, राजस्थान।
2. निजी सचिव, श्रीमान प्रमुख शासन सचिव, चिकित्सा एवं स्वास्थ्य विभाग, राजस्थान।
3. निजी सचिव, श्रीमान प्रमुख शासन सचिव, वित्त विभाग, राजस्थान।
4. निजी सचिव, विशिष्ट शासन सचिव, चि० एवं स्वा० विभाग एवं मिशन निदेशक, एनएचएम।
5. निजी सहायक, प्रबन्ध निदेशक, राजस्थान चिकित्सा सेवा निगम, स्वास्थ्य भवन, जयपुर।
6. समस्त संभागीय आयुक्त, राजस्थान।
7. समस्त जिला कलक्टर, राजस्थान।
8. निजी सहायक, निदेशक आर.सी.एच., एडस।
9. नोडल अधिकारी (एमएनजेवाई)।
10. वित्तीय सलाहकार (मुख्यालय) चिकित्सा एवं स्वास्थ्य सेवायें, जयपुर।
11. समस्त संयुक्त निदेशक, जोन राजस्थान।
12. समस्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, राजस्थान को पालनार्थ।
13. समस्त प्रमुख चिकित्सा अधिकारी, राजस्थान को पालनार्थ।
14. प्रभाषी सर्वर रूम को विभागीय वेबसाइट पर अपलोड हेतु।
15. रक्षित पत्रावली।

निदेशक( जन० स्वास्थ्य)

चिकित्सा एवं स्वास्थ्य सेवायें

राजस्थान, जयपुर



## 5 Outsourcing guidelines for equipments & man power

### Government of Rajasthan Medical and Health Department

No. 737

Date: 01.03.2013

#### Office Order

Government of Rajasthan has decided that basic investigations will be provided free of cost to all the patients visiting government health institutions under "Mukhyamantri Nishulak Janak Yojana". In the first phase the scheme will be implemented at all MCH, DH, SDH and SH from 7th April 2013 and the number of free test will be 57 at MCH and 44 at DH/SDH/SH.

For proper implementation of MNJY, the instructions and outsourcing guidelines for equipments and man power at District, Sub District and Satellite Hospitals for the first phase of MNJY are attached. This policy is applicable for DH/SDH/SH.

Additional equipments and man power available at CHC's, PHC's and Dispensaries may be temporarily shifted to DH/SDH/SH within the district for effective implementation of MNJY and to take care of back up.

CMHO's and PMO's are advised to take action accordingly.

In case of any doubt please get in touch with control room at directorate M & H  
Phone No. (0141-2225624).

Encl:- As Above.

  
Principal Health Secretary  
Medical and Health Department  
Rajasthan, Jaipur

No. 737

Date: 01.03.2013

Copy forward to the following:-

1. PS to Hon'ble Health Minister, Rajasthan, Jaipur.
2. PS to Principal Secretary, Medical Education, Rajasthan, Jaipur.
3. Secretary and MD NRHM, HQ.
4. MD, RMSCL, HQ.
5. All Collector's, Rajasthan
6. All Principal and Controller, Medical College, Rajasthan.
7. All Superintendents Medical College attached Hospital, Rajasthan.
8. All Divisional Commissioners, Rajasthan.
9. All Joint Director, Medical and Health Services (Zone), Rajasthan.
10. All Chief Medical & Health Officer, Rajasthan.
11. All Principal Medical Officer, Rajasthan.
12. Office Copy.

  
Director (PH)  
Medical and Health Department  
Rajasthan, Jaipur

**INSTRUCTIONS AND OUTSOURCING GUIDELINES FOR EQUIPMENTS AND  
MANPOWER AT DISTRICT AND SATELLITE HOSPITALS IN THE FIRST  
PHASE OF IMPLEMENTATION OF MUKHYAMANTRI NISHULK JAANCH  
YOJANA (MNJY)**

1. The state government has made sufficient fund provisions with the RMRS for purchase of equipments and consumables. Similarly out of the available pool of manpower, we are in the process of rationalizing the existing manpower so that much before the scheme is implemented, the staff is in position to manage the inauguration reports in various district hospitals which are to go on stream with the inauguration of MNJY on 7<sup>th</sup> of April 2013.
2. However, there are chances that the turnout of patients increases beyond the anticipated numbers. This increase may be well beyond the capacity of the machines/manpower of the hospitals entrusted with the task of MNJY installed in hospitals. Therefore the hospital administration and the RMRS are expected to enlist the *available resources* and assess *if there is any shortfall*.
3. As directed by CS in the VC meeting held on the 9<sup>th</sup> of February, 2013 it should be presumed that the tests currently being undertaken are likely to double in number. Keeping this fact in mind the preparations should be made so that even a doubling of numbers does not result in a chaos inside the hospital testing areas.
4. Therefore it is incumbent on the local hospital administration (PMO and his team), to make a careful assessment of the available resources and place timely orders for the manpower, equipments and consumables to be in a position to attend the patients. These arrangements are to be made in regular consultation with District Collectors/Divisional Commissioners.
5. The funds for this purpose have already been indicated to all the hospitals concerned and shall be made available in the third week of March, 2013. The RMRS is authorized to use its current balances with the RMRS till the funds actually received in case any of the RMRS faces a shortfall of funds then they should send their requirements to RMSCL along with a certificate that the RMRS is short of funds through the respective District Collector.
6. For site preparation i.e. setting receipt and results counters, seating and minor repair of laboratory it is reiterated that RMRS need not use its funds for site preparation at these works will be the responsibility of the Chief Eng. NRHM. The local Ex.En and A.En. NRHM must by now have contacted the concerning PMO for the works that are to be under taken. The CE NRHM has informed the department that bids have already been floated for these minor works and that they shall be completed by the end of second week of March, 2013.

*Dr*



7. It must however be ensured by PMOs that these works are completed within the scheduled time. In case of any delay the same should promptly be reported to MD RMSCL and the district In-charges appointed by the MD NRHM.
8. It has to be borne in mind that analysers/EKG machines/Cell counters etc being sensitive electronic devices are prone to break downs and require maintenance from time to time. They would require AMC and prompt attendance. The RMSCL will be setting up a control room in which emails can be sent and phone calls for non attendance by the supplier to equipments can also be made. PMOs should ensure that the equipments are adequately covered by maintenance agreements and all lab in charges should immediately call the service engineers as soon as it is brought their notice that a machine is out of order. In case the machines are not attended promptly they should use the backup and call up the control room of RMSCL for assistance.
9. For the successful implementation of the MNJV the following guidelines are laid down for accessing manpower and man with machine or without through RMRS, wherever it is felt that the resources available with the hospital will not be in a position to cope with the rising demand for tests.
10. Apart from the equipments, there can also be a situation wherein there is a paucity of specialists for example Radiologists, Pathologists etc or such para medical staff / manpower for short periods or longer durations. It is therefore considered necessary to put in place an enabling outsourcing policy. The main aim of these guidelines is to plug the shortages of machines and manpower through the RMRS.
11. It is therefore expected that all the decisions either for purchase or hiring/outsourcing of equipments will be placed after the assessment has been done. For example, if the current level of tests in the district lab is being managed with one auto analyser or one semi auto analyser, the district hospital administration can decide to purchase another semi auto analyser as a backup. These purchases are to be done through the RMRS funds allotted to the districts as indicated to the districts. While purchasing the backup equipments, it must be ensured that both the machines are used in tandem and also with proper AMC. Therefore normally with critical equipment backups and proper maintenance, there should be no requirement for outsourcing of equipments at district labs.
12. The nature of supplies to be taken, specifications of equipments will be decided by a technical committee of the hospital headed by the PMO, Lab In-charge and would essentially include the senior most accounts personnel of the hospital. The minutes of this technical committee will be approved by the Collector /Divisional Commissioner as the case may be.
13. The RMRS will then issue bids and place the orders and ensure timely supply and installation of the machines and manpower.

*[Signature]*



सुखमणि सिन्धुवा नगरपालिका

14. All cases of outsourcing shall bear the approval of the district collector/ divisional commissioner in consultation with the TO of the district. The outsourcing whether of manpower or machinery or man with machine shall be done in a transparent manner through a fifteen day tender notice in two local dailies or seven days tender notice in three local news papers. The RMRS shall also inform the known local suppliers of equipment through mail/publishing on their website or hospital website and should state the website address in the advertisement.

15. It will at times be critical that installation of equipment or placement of manpower is to be done before a fixed date, such a date should be mentioned in the tender notice specially in case of manpower requirements. It is clarified that manpower requirements can be accessed through a placement agency or direct applications, where manpower agencies do not respond.

16. The medical specialists and para medical staff are to be engaged on a visiting basis and paid visiting charges for the fixed hours of visit on per visit basis subject to a minimum 20 days visits per month.

The rates of each of the categories is being displayed below.

S. No	Manpower	Per visit consultation payment
1	Radiologist (PG)	*Rs. 2500/- per day, for a visit of six hours per day.
2	Pathologist (PG)	*Rs. 2500/- per day, for a visit of six hours per day.
3	LT (Recognized Degree)	*Rs. 400/- per visit, for a visit of eight hours per day.
4	Radiographer (Recognized Degree)	*Rs. 500/- per visit, for a visit of eight hours per day.
5	L/A/ Guards	From ex-servicemen society/ placement agency, to be used after training.
6	Data entry operator	Man with machine model of FD

\*(These rates are in consonance with the rates recommended by the committee headed by Principal Secretary, Medical Education)

17. These are indicative rates and may vary depending on the supply and demand in the district. In case of any variation within 10% of the visiting fees the collectors are authorized to increase the rates of the manpower engaged to fill up the service gap.

18. It must be borne in mind that these are temporary stop gap arrangements and the department of Health will fill up these gaps as and when suitable manpower becomes available.



मुख्यमंत्री मिश्रुल्क जांच योजना  
चिकित्सा एवं स्वास्थ्य विभाग,  
स्वास्थ्य भवन, तिलक मार्ग, सी-स्कीम, जयपुर

क्रमांक: ५०

दिनांक: 18.3.13

दिशा निर्देश

आदेश क्रमांक 737 दिनांक 01.03.2013 को प्रमुख शासन सचिव महोदय द्वारा उपकरण एवं श्रम शक्ति को आकट सोर्स करने हेतु प्रदान किए गए निर्देशों में बिन्दु संख्या 16 में मेन पावर के प्रति विजिट कन्सल्टेशन भुगतान के बारे में निर्देश प्रदान किए गये हैं। कई स्थानों पर उपयुक्त मेनपावर(रिकोगनाईज डिग्री) उपलब्ध नहीं होने के कारण निम्नलिखित संशोधित दिशा निर्देश जारी किए जाते हैं।

1. जिन संस्थानों पर मेनपावर की निविदा जारी करने के पश्चात् भी उपयुक्त मेनपावर(रिकोगनाईज डिग्री) लैब टेक्निशियन उपलब्ध नहीं हो पा रहे हैं, वहाँ अनुभव प्राप्त, न्यूनतम सैकण्डरी एवं लैब टेक्नीशियन डिप्लोमाधारि (9 माह प्रशिक्षण) को श्रम विभाग के आदेश क्रमांक: एफ.5(6)न्यू.व./श्रम/2002/पार्ट जयपुर, दिनांक: 6.8.2012 के अनुसार नियोजन अभिकरण (प्लेसमेंट एजेंसी) के माध्यम से उच्च कुशल श्रेणी में रखते हुए सहायक लैब टेक्निशियन के रूप में लिए जा सकता है जो कि वरिष्ठ लैब टेक्निशियन के सुपरविजन में कार्य सम्पादन करेंगे।
2. जिन संस्थानों पर मेनपावर की निविदा जारी करने के पश्चात् भी उपयुक्त मेनपावर(रिकोगनाईज डिग्री) रेडियाग्राफर उपलब्ध नहीं हो पा रहे हैं, वहाँ अनुभव प्राप्त डिप्लोमाधारि को श्रम विभाग के आदेश क्रमांक: एफ.5(6)न्यू.व./श्रम/2002/पार्ट जयपुर, दिनांक: 6.8.2012 के अनुसार नियोजन अभिकरण (प्लेसमेंट एजेंसी) के माध्यम से कुशल श्रेणी/उच्च कुशल श्रेणी(उपलब्धता के आधार पर) में रखते हुए सहायक रेडियाग्राफर के रूप में लिए जा सकता है जो कि वरिष्ठ रेडियाग्राफर के सुपरविजन में कार्य सम्पादन करेंगे।

निदेशक (जन स्वा10)

चिकित्सा एवं स्वास्थ्य सेवाएँ  
राजस्थान, जयपुर

दिनांक:

क्रमांक: निजी सचिव, ना10 नगरी नहोदय, चिकित्सा एवं स्वास्थ्य विभाग, राजस्थान जयपुर।

1. निजी सचिव, प्रमुख शासन सचिव, चिकित्सा एवं स्वास्थ्य सेवाएँ, जयपुर।
2. निजी सचिव, प्रबंध निदेशक, आर.एम.एस.सी.एल. जयपुर।
3. सनस्त संयुक्त निदेशक जैन, राजस्थान।
4. सनस्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, राजस्थान।
5. सनस्त प्रमुख चिकित्सा अधिकारी, राजस्थान।
6. कार्यालय पत्रावली।
7. कार्यालय पत्रावली।

निदेशक (जन स्वा10)

चिकित्सा एवं स्वास्थ्य सेवाएँ  
राजस्थान, जयपुर



भारत गणराज्य  
राजस्थान

## OUTSOURCING POLICY

### Government of Rajasthan Directorate, Medical & Health Services, Rajasthan, Jaipur

No.F.4( )MNJY/Phase-II/2013/ 2528

Date: 30-5-13

Office Order

Government of Rajasthan has decided that basic investigations will be provided free of cost to all the patients visiting government health institutions under "Mukhyamantri Nishulkak Janch Yojana". The scheme has been successfully implemented at Phase-I institutions and will be implemented at CHCs from 1st July and at PHCs from 15th August, 2013.

For proper implementation of MNJY, the instructions and outsourcing guidelines for equipments and man power at CHCs/PHCs and City Dispensaries are being enclosed as ready reference for necessary action.

CMHO's/PMO's/BCMHO's/PHCs and City Dispensary in-charges are advised to take action accordingly.

In case of any doubt please get in touch with control room at Directorate M & H Phone No. (0141-2225624).

Encl:- As Above.

Director (PH)  
Medical & Health Department  
Rajasthan, Jaipur

Date:

No.F.4( )MNJY/Phase-II/2013/

Copy forward to the following:-

1. PS to Hon'ble Health Minister, Rajasthan.
2. PS to Principal Secretary, Finance Rajasthan.
3. PS to Principal Secretary, Medical Education, Rajasthan.
4. PS to Principal Secretary, Medical & Health, Rajasthan.
5. Secretary and MD NRRHM, Medical & Health, Rajasthan.
6. All Divisional Commissioner, Rajasthan.
7. Joint Secretary, Finance (Expenditure-1) Dept. Rajasthan.
8. Dy. Secretary Medical & Health (Group-2) Dept. Rajasthan.
9. Managing Director, Rajasthan Medical Service Corporation.
10. All Collector's, Rajasthan
11. Financial Advisor (PH), Medical & Health.
12. All Principal and Controller, Medical College, Rajasthan.
13. All Superintendents Medical College attached Hospital, Rajasthan.
14. All Joint Director, Medical and Health Services (Zone), Rajasthan.
15. All Chief Medical & Health Officer, Rajasthan.
16. Director, Treasury & Accounts Rajasthan Jaipur.
17. All Treasury Officer/Sub Treasury Officer with reference to guideline no. 20
18. All PMOs/BCMOS/ CHCs/PHCs/Dispensaries In-charge, Rajasthan.
19. Project Director/Nodal Officer, MNJY.
20. In-charge server room for uploading on Department's website and email to All.
21. Office Copy.

Director (PH)  
Medical & Health Department  
Rajasthan, Jaipur



**INSTRUCTIONS AND OUTSOURCING GUIDELINES FOR EQUIPMENTS AND  
MANPOWER AT CHCs AND PHCs IN THE SECOND AND THIRD PHASE OF  
IMPLEMENTATION OF MUKHYAMANTRI NISHULK JAANCH YOJANA (MNJY)**

1. The state government has made sufficient fund provisions for purchase of equipments and consumables and hiring of manpower for the implementation of MNJY.
2. Out of the available pool of manpower, we are also in the process of rationalizing the existing manpower and training them so that much before the scheme is implemented, the trained staff is in position to manage the tests and reports in various CHCs/PHCs/DISPENSARIES which are to go on stream on the 1<sup>st</sup> July and 15<sup>th</sup> of August 2013.
3. As per instructions given during video conferencing, the meetings of the RMRS of the CHC and PHC are to be organized for assessing the gaps of manpower and equipments, reagents and infra structure.
4. Accordingly, the work for counters for registration, sample collection and result must have started by now. The funds for implementation of MNJY have already been indicated to all the institutions (CHCs/PHCs/Dispensary) concerned and have been made available to CMHOs. Moreover the CMHOs have informed that the budget has since been transferred to the institution concerned. The IN-CHARGE is authorized to use current balance with the RMRS till the funds actually received. In case any of institutions faces a shortfall of funds then they should send their additional requirements if any, to Director M&HS(PH) along-with a certificate countersigned by the accounts personnel (AAO/Accountant./fr. Accountant) that the CHC/PHC/Dispensary is short of funds through the Collectors/CMHOs.

As directed by CS in the VC meeting held on the 9<sup>th</sup> February, 2013 and meeting held on the 8<sup>th</sup> of May, 2013 it should be presumed that the tests currently being undertaken are likely to double in number. Keeping this fact in mind the preparations should be made so that even a doubling of numbers does not result in a chaos inside the health institute testing areas.

5. However, there are chances that the turnout of patients increases even beyond the anticipated numbers. This increase may be well beyond the current capacity of the machines/manpower of the health institutions entrusted with the task of MNJY. Therefore the hospital administration and the RMRS are expected to carefully enlist the *available resources* and assess *if there is any shortfall*.
6. Therefore it is now incumbent on the local In-charges (Joint Directors/CMHOs/CHC & PHC In-charges), to make a careful assessment of the available resources and place timely orders for the manpower, equipments and consumables to be in a position to attend the patients. These arrangements are to be made in regular consultation with District Collectors by the CM&HOs.
7. For site preparation i.e. setting receipt and results counters, seating and minor repair of laboratory it is reiterated that the CHCs/PHCs/Dispensaries may use its funds for site preparation as these minor works will be the responsibility of the local In-charges of CHCs/PHCs/Dispensaries. These minor works can be executed through limited tender as a need based requirement. It is clarified that all the CHCs have labs therefore only minor repairs are to be undertaken and completed by 15<sup>th</sup> of June. The PHCs should also immediately start the work of setting up the laboratory without waiting for further instructions. This work of establishing a laboratory is to be completed by the 25<sup>th</sup> of June by the PHC in-charges. Those PHCs which do not have a laboratory (these are very few in number) will set up a laboratory in one of the existing rooms. This work is also to be completed by 25<sup>th</sup> of June.





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8. It is repeated that it must be ensured by CHCs/PHCs In-charges that these works are completed within the scheduled time. In case of any delay the same should promptly be reported to DM&HS(PH) and the district In-charges appointed by the Secretary(M&H).
9. It has to be borne in mind that analysers/ECG machines/Cell counters etc being sensitive electronic devices are prone to break downs and require maintenance from time to time. They would require AMC and prompt attendance. The RMSCL will be setting up a control room in which emails can be sent and phone calls for non attendance by the supplier to equipments can also be made. CHCs/PHCs/Dispensaries In-charges should ensure that the equipments are adequately covered by maintenance agreements and all lab In-charges should immediately call the service engineers as soon as it is brought their notice that any machine is out of order. In case the machines are not attended promptly they should use the backup and call up the control room of RMSCL for assistance. We are in the process of creating a standby arrangement at the district/divisional level, should the machines need an immediate replacement. Moreover it is expected that in case the machines have failed then the collected samples are to be moved to the nearest utility for the tests to be performed. This will be ensured by the In-charge of the respective institution. In such cases the people need to be informed of the delay in processing the sample and likely time on the same day by which the reports will be given to them.
10. For the successful implementation of the MNJY the following guidelines are laid down for accessing manpower and man with machine or without through RMRS, wherever it is felt that the resources available with the health institute will not be in a position to cope with the rising demand for tests.
11. The RMSCL is already in advance stage of the rate contract process and would be in a position to supply the major equipments for MNJY. Those equipments and reagents that are not in the rate contract list of RMSCL are to be purchased by the institution themselves. It is therefore expected that all the decisions either for purchase or hiring/outsourcing of equipments will be completed after the assessment has been done. These purchases are to be done on a priority basis from the funds allotted to the CHCs/PHCs/DISPENSARIES In-charges. It is reiterated that required equipments, consumables & reagents that are not in Rate Contract List of RMSCL can be procured from tendering procedures. While purchasing the backup equipments, it must be ensured that both the machines are used in tandem and also with proper AMC. Therefore normally with critical equipment backups and proper maintenances, there should be no requirement for outsourcing of equipments at CHCs/PHCs/ DISPENSARIES labs.
12. The nature of supplies to be taken, specifications of equipments will be decided by a technical committee headed by the CM&HO, CHC/PHC In-charges and would essentially include the senior most accounts personnel in the office of the CMHO. The proposals of this technical committee will be approved by the Collector in consultation with the Treasury Officer of the district.
13. The health institutes will place the orders for equipments, consumables & reagents and if any other required equipments, consumables & reagents (which are not included in the list of Rate Contract of RMSCL) can be procured through bids. These orders must be placed in time by the CHC/PHC In-charges (Dispensary, TB Clinics) and ensure timely supply and installation of the machines, reagents and training of manpower.
14. All cases of outsourcing shall bear the approval of the concerning chairman of the RMRS (SDO/BDO/BCMO/CM&HOs) as the case may be in consultation with the TO/A TO/A AO of the concerning area. The outsourcing whether of manpower or machinery or man with machine shall be done in a transparent manner through a fifteen day tender notice in two local facilities or seven



days tender notice in three local news papers. The RMRS shall also inform the known local suppliers of equipment through mail/publishing on their website or hospital website and should state the website address in the advertisement.

15. It will at times be critical that installation of equipment or placement of manpower is to be done before a fixed date, such a date should be mentioned in the tender notice specially in case of manpower requirements. It is clarified that manpower requirements can be accessed through a placement agency or direct applications, where manpower agencies do not respond.

16. Apart from the equipments, there can also be a situation wherein there is paucity of specialists for example Radiographers/Lab technicians etc or such para medical staff/ manpower for short periods or longer durations. It is therefore considered necessary to put in place an enabling outsourcing policy. The main aim of these guidelines is to plug the shortages of machine and manpower through the RMRS.

17. The para medical staff is to be engaged on a visiting basis and paid visiting charges for the fixed hours of visit on per visit basis.

The rates of each of the categories are being displayed below.

S No	Manpower	Per visit consultation payment
1	LT (Recognized Degree)	*Rs. 400/- per visit, for a visit of eight hours per day.
2	Radiographer (Recognized Degree)	*Rs. 500/- per visit, for a visit of eight hours per day.
3	LA/ Guards	From ex-servicemen society/placement agency, to be used after training.
4	Data entry operator	Man with machine model of PD

\*These rates are in consonance with the rates recommended by the committee headed by Principal Secretary, Medical Education)

18. These are indicative rates and may vary depending on the supply and demand in the district. In case of any variation within 10% of the visiting fees the collectors are authorized to increase the rates of the manpower engaged to fill up the service gap.

19. It must be borne in mind that these are temporary stop gap arrangements and the department of Health will fill up these gaps as and when suitable manpower becomes available.

20. The budget allotted to CMHOs and others will be utilized through RMRS by giving advance to RMRS concern as was done in case of Hospitals so that these guidelines may also be effective for implementing scheme through RMRS for which budget had already been allotted.

These guidelines issued with the concurrence of Finance (Exp-1) Department vide their ID No. 101302346 dated 29-05-13.

Director (PH)  
Medical & Health Services  
Rajasthan, Jaipur