

No. I.18012/1/2009-IWSU  
Government of India  
Ministry of Health & Family Welfare  
IWSU

Nirman Bhawan, New Delhi-110011  
Dated the 20<sup>th</sup> October, 2009

**OFFICE MEMORANDUM**

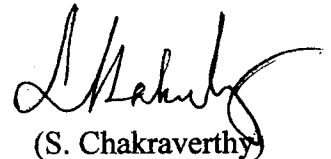
**Subject :- Work Study of Ministry of Health & Family Welfare, Department of Health & F.W.**

The undersigned is directed to forward herewith copy of O.M. No 28(2)-2009-SIU dated 20<sup>th</sup> October, 2009 along-with its enclosures received from Staff Inspection Unit, Ministry of Finance, Department of Expenditure .

2. All the Section Officers/ Incharge of Sections in the Department of H & FW, are requested to kindly fill-up the form in respect of their section/staff and the same may be returned to this unit by 15<sup>th</sup> Nov. 2009 positively, so that requisite information on the prescribed format as sought for by SIU, can be sent to them to start 'on- the spot study' of Department of Health & FW.

3. Apart from the above information, Administrative Section i.e. Estt. I/II/III/IV sections of this Department has to fill up the form P-III [consolidated statement of strength of officers and staff], and the Basic data forms (Form -B- VI) is to be filled-up by the officer up-to the level of Director and equivalent of Department of Health & F.W.

4. Early response and co-operation on the above matter is highly solicited from all the Officers/sections /Administrative section of Department of Health & F.W.



(S. Chakraverthy)

Under Secretary to the Govt. of India

To

All Section Officers/Incharges/ AD of Sections in the Department of Health & F.W.

Section Officers Estt. I/II/III/IV

All Directors/Jt. Directors/Dy. Secretaries/ACs,/ Programme Officer/US/DD/Editors (Eng/Hindi) in the Department of H & FW

**Copy forwarded for information to ;**

PPS to Secy (H&FW)/ PS to AS (VV)/AS & MD NRHM/ AS & FA/Addl DG/All Joint Secretaries/Chief Director/DCs/Chief Media in the Department of Health & F.W.

Copy also forwarded to : Director (SIU), Min. of Finance, Deptt. of Expenditure , Lok Nayak Bhawan ,New Delhi- w.r.t. their OM No 28(2)-2009-SIU dt 20<sup>th</sup> Oct. 2009. Name of Liaison Officer will be nominated and intimated only on receipt of above information from all the section of this Department.

4

No.28(2)-2009-SIU  
Ministry of Finance  
Department of Expenditure  
Staff Inspection Unit  
.....

New Delhi, the 20<sup>th</sup> October, 2009

**OFFICE MEMORANDUM**

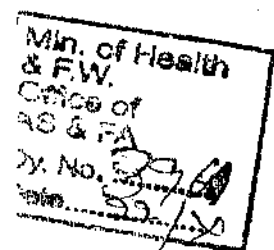
**Sub: Work Study of Ministry of Health & Family Welfare, D/O  
H&FW.**

The undersigned is directed to say that the staffing study of Ministry of Health & Family Welfare has been included in the SIU's programme of studies for the year 2009-10 on the request of the Ministry of H&FW. It is essential to have the preliminary and basic data in respect of your office so as to take up the study in the right earnest. It is, therefore, requested that following details may be furnished expeditiously:-

- a) Preliminary and basic data in Proformae P- I to P-III, P-III-A and B-I to B-VIII (copies enclosed).
  - b) Copy of the Organizational Chart.
  - c) A latest copy of the Performance Budget/Annual Report
2. It is also requested that a senior officer not below the rank of Deputy Secretary to the Government of India or equivalent may be nominated as Liaison Officer to effectively co-ordinate with the SIU Team. His particulars including his official as well as residential telephone numbers may be communicated to this office.
  3. On-the-spot study will be taken up on receipt of the data/information.

*Ram Autar*  
**(RAM AUTAR)**  
**DIRECTOR(SIU)**  
**TELEFAX: 24640314**  
**Tel: 24617753**

**Shri Naved Masood,**  
**Additional Secretary & Financial Adviser,**  
**Department of H. & F.W.,**  
**Room No244, A-Wing, Nirman Bhawan,**  
**Dr. Maulana Azad Marg,**  
**New Delhi-110008**



*Savas*

*1/10/09*  
*23/10/09*

*22/10/09*  
*2*  
*23/10*

As on.....

Organizational Chart of the Office .....

Shri.....  
Dy. Director (Admn)  
(Rs.....)

Shri.....  
Admn. Officer  
(Rs.....)

Shri.....  
Accounts Officer  
(Rs.....)

Admn Section	Estt. Section	R&I
S.O. -1	S.O. -1	S.O. -1
Asstt.-2	Asstt.-2	Asstt.-
UDC -3	UDC -3	UDC -
LDC-2	LDC-2	LDC-8
Peon-1	Peon-1	Peon-1

Accounts Section	Cash Section
S.O. -1	S.O. -1
Asstt.-4	Asstt.-3
UDC -2	UDC -2
LDC-3	LDC-2
Peon-1	Peon-1

- Note: 1. Please indicate allocated sanctioned strength.  
2. Number of vacancies may be shown in brackets against each grade.

Signature  
Date

As on.....

**Organizational Chart of the Office .....**

- Note:**
1. Please indicate allocated sanctioned strength.
  2. Number of vacancies may be shown in brackets against each grade.

Signature  
Date

**Statement of main functions (Section-Wise)**

Name of the Ministry/Department

S.No.	Name of Section/Unit	Functions
1	2	3

- (i)
- (ii)
- (ii)
- (iv)

and so on

Signature  
Date

OFFICE-----

**Consolidated statement of strength of officers and staff**

S.No.	Designation of Post	Scale of Pay	Sanctioned strength	Existing Strength	Remarks
1	2	3	4.	5.	6.
<b>Class I</b>					
1					
2					
3					
<b>Class II (Gazetted)</b>					
1					
2					
3					
<b>Class II (Non-Gazetted)</b>					
1					
2					
<b>Class III</b>					
1					
2					
<b>Class IV</b>					
1					
2					
<b>Total</b>					

Signature  
Date

As on....

**Strength of Officers and staff (Section/Division-wise)**

Name of the Section/Division:

S.No.	Name of the Post	Sanctioned strength	Existing strength	Remarks
1	2	3	4	5

Signature of Authorized officer

Department of Expenditure

**List of Functions/Job performed by officers/staff working in Sections/Divisions  
(To be furnished by staff/officers upto the level of Director)**

Name of the Section/Division:

S.No.	Name & Designation of the official	Main jobs performed (in brief) by the official
1	2	3

Signature  
Date

Name of the Office :

Name of the Section :

**Statement showing the number of receipts in the Section during one year**

Period : (From.....to.....)

Month	Number of receipts received	Reason for abnormal increase or decrease during a particular month.
1	2	3
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		
Total		

Signature  
Date

Name Of the Office:

Name of the Section:

**Statement showing the number of files opened under each main subject head during one year.**

S.No.	Head No.	Subject	No. of files opened
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Signature  
Date

Name of the Office:

Name of the Section/Branch:

**Statement showing original items of work/seasonal items of work and not covered by disposal of receipt (all work which is initiated in the Branch suo-moto to be indicated here).**

Sl.No.	Item of work	Annual frequency (No. of occasions in which the activity at Sl.No.2 performed)	No. of receipts covered, if any	Remarks, if any
1	2	3	4	5

Certified that all original/seasonal items of work have been covered.

Signature  
Designation

Name of the Office:

Name of the Section/Branch:

**Particulars of incoming & outgoing returns:**

Sl.No.	Description of Report/Return	From whom received (if received from more than one office, No. of such offices for incoming returns)	Office/Sec tion to which sent (for outgoing returns).	Periodicity i.e. weekly Fortnightly/ Monthly etc.	Average Time spent for per Report		No. of Receipts covered, if any.
					DH (in min.)	Supervis ior (in min.)	
1	2	3	4	5	6	7	8

Signature:

Date:

**BASIC DATA IN RESPECT OF OFFICERS(Upto the level of Director)**

Name of the Officer:

Designation:

Section/Division/Unit controlled:

Period: From.....to.....

(for one year period)

**A. Tour undertaken**

S.No.	Place visited	Purpose of visit	Duration of tour Date & time of arrival/departure at headquarters

**B. Local Visits**

Sl. No.	Office/Place visited	Purposes of visit	No. of visits in a year	Time spent on each visit (including transit time)

**C- Conferences/Meetings/Seminars etc.**

Sl.No.	Office/Place where Conference/meeting/Seminar attended	Subject matter of the Conference/meeting/Seminar	No. of Conferences/ Meetings /Seminars	Time spent on each Conf./Meeti ng/Semianr (in minutes)

**D - Original Items of work not connected with receipts seasonal items.**

**i) Initiated at Officer's own level**

SL.No.	Item of work	Periodicity	Time spent on each occasion (In minutes)

**ii) Initiated at lower level and scrutinized at officers' level**

Sl. No.	Item of work	Periodicity/Annual cost	Time spent on scrutiny on each occasion (in minutes)

Signature

Date

**FORM B-VII****Statement of work done by the Lower Division Clerks (other than typists)**

Ministry/Department:

Section:

Period to

S.No.	Item of work	Annual Frequency
1	No. of receipts diarised	
2	i) Recording of movement of files (No. of file movements) ii) Recording of movement of receipts in Diary Register (No. of movement of receipts)	
3	No. of entries of papers sent to R&I for issue	
4	No. of Peon Book Entries	
5	Preparation of U.O. Challans (No. of Challans)	
6	Preparation of envelopes (if done in sections) (No. of envelopes prepared)	
7	Entry of particulars of new files in files register and giving number etc to files. (No. of new files opened)	
8	Indexing of files (No. of Index slips prepared)	
9	Recording of files (No. of files recorded and marked in register).	
10	Weeding of files (No. of files weeded)	
11	Preparation of weekly arrears statement.	
12	Preparation of history sheets of cases pending disposal over a month and sending the monthly reports (No. of history sheets prepared).	
13	Any other type of work (Please specify).	

Signature of the Section Officer

Name of the Office \_\_\_\_\_

Name of the Section \_\_\_\_\_

**List of Registers maintained in the section**

**S.No. Name of the Register**

**Information contained therein**

- 1
- 2
- 3
- 
- 

Signature of Section  
Incharge