



**THE NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
(WORKSHOP & MAINTENANCE SECTION)**

No. NIHFW/TS/04-01/2015

Dated: October 18, 2019

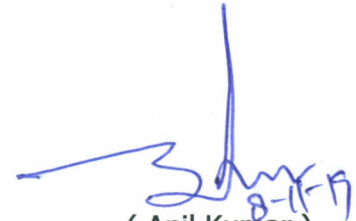
Office Order

Sub: Use of Institute's transport vehicles regarding.

In continuation of Office Order of even No. dated 18.09.2019 regarding non-availability of the Institute's official vehicles for official use, it has been decided that Resource Persons invited for delivering lectures/sessions for various training programmes/workshop ec. will be re-imbursed if they use own private car @ Rs. 24/- per km. (and for auto-rickshaw @ Rs. 12/- per km.) as per their entitlement of the 7th Central Pay Commission norms or availing of hired transport through OLA/UBER on actual basis (with bills). The course coordinator will also intimate the resource person/expert member while inviting them.

Similarly, officials of NIHFW will follow these guidelines as per entitlements as per the 7th Central Pay Commission norms. The non-availability certificate will be issued by the Transport Unit on the requisition form itself which may be submitted for re-imbursement after performing the visit duly certified by user. The bill will be re-imbursed to the official after the visit is verified by the HOD/Sectional Head/Nodal Officer of various projects (to facilitate the mechanism, performa is attached).

This issues with the approval of Director, NIHFW.


(Anil Kumar)
Dy. Director (Admn.)

Copy to:

1. All the HODs/Sectional Heads/Nodal officers of various projects with a request to bring it to the notice of staff working under them.
2. SPA to Director, NIHFW.
3. PA to Dean, NIHFW.
4. PA to Dy. Director (Admn.), NIHFW.
5. Notice Boards.
6. Computer Centre – with a request to upload the order on the website of the Institute.



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Dated: _____

**Performa for re-imbursement of transport charges for journey performed by
Institute officials for official purpose by own car/OLA/UBER Vehicle.**

Name and Designation of the User : _____

Date and time of Journey : _____
Performed

Name of the Department/Section : _____

Purpose of Journey : _____

Place from _____ to _____

Total distance covered : _____

Mode of Journey by own Car/Auto/ : _____
Hired (Ola/Uber Vehicle) (Please attach travel slip/bill if journey
performed by hired vehicle (Ola/Uber))

Head of Account (for official use) : _____

i. Institute's activity : _____

ii. In case of Project activity : _____
Please indicate the name
of the project _____

Signature of the user

Signature of the HOD/Sectional Head

Official vehicle was not used due
to Non-availability of the Institute's

Verified by the Transport Supervisor

Dy. Director (Admn.)

Accounts Officer



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Dated: _____

**Performa for re-imbursement of transport charges for journey performed by the
Resource Persons/Expert Members.**

Name of the Resource Persons/
Expert Members : _____

Date and time of Journey Performed : _____

Name of the Department/Section : _____

Purpose of Journey : _____

Place from _____ to _____

Total distance covered : _____

Details of Bank Account : _____

Head of Account (for officials use) : _____

i. Institute's activity : _____

ii. In case of Project activity please
indicate the name of the project : _____

Signature of the user

Signature of the HOD/Sectional Head

Official vehicle was not used due
to Non-availability of the Institute's

Verified by the Transport Supervisor

Dy. Director (Admn.)

Accounts Officer