



भारत सरकार / GOVERNMENT OF INDIA
डॉ राम मनोहर लोहिया अस्पताल,
अटल बिहारी वाजपयी आर्युर्विज्ञान संस्थान, नई दिल्ली
DR. RAM MANOHAR LOHIA HOSPITAL,



ATAL BIHARI VAJPAYEE INSTITUTE OF MEDICAL SCIENCES, NEW DELHI - 110001

(HA-I SECTION)

No. HA-I-11025(11)/1/2024-HA-I Section-Dr. RMLH/3927 Dated: 30.09.2024

OFFICE ORDER

It has been decided by the competent authority to sponsor all staff, including doctors, nursing staff, paramedical staff, and other administrative staff, for training to enhance or expand their knowledge, which will be beneficial to the organisation.

2. All faculty/nursing staff and others are requested to apply for various training programmes through proper channels. The HODs/ section in-charges/ Nursing Superintendent may compile the applications received in their department, assess and screen them for their suitability, and send them to the undersigned through e-office by the 15th of every month. While recommending and forwarding the request/application for training, it may be ensured that the functioning of the department/section will not be affected.

3. The suggested institutions include but are not limited to NIHFWS, NIFM, IIM, IIT, ISTM, and AIIMS, among others.

4. The following Screening Committee has been constituted by the competent authority for final screening and recommendation for training of hospital staff:

- | | | |
|---|---|----------------|
| i. Dr. B.K. Kundu, Addl. Medical Superintendent | - | Chairman |
| ii. Dr. O.P. Meena, Chief Medical Officer (NFSG) | - | Member – Secy. |
| iii. Dr. Sanjeet Panesar, Associate Prof. (Com. Med.) | - | Member |
| iv. Shri Vijay Prakash Nodiya, Dy. Director (Admn) | - | Member |
| v. Ms. Raj Kumar Boyala, Nursing Superintendent | - | Member |

5. The expenditure on training will be booked under the Head of Account 2210 01110 2003 09 [Training Expenses]. Other expenditures on airfare/train tickets/ bus fare, boarding and lodging, to and from travel from residence etc., as per the entitlement, will be booked under the Head of Account 2210 01110 2003 11 [Domestic Travel Expenses].

6. This issue with the approval of the Director and Medical Superintendent.

Signed by

Vijay Prakash Nodiya
(Vijay Prakash Nodiya)
Date: 28-09-2024 11:27:20
Dy. Director (Admn)

Encl: SOP and Application Form.

Copy forwarded for information and necessary action to:

1. All Addl. Medical Superintendents.
2. Dean, ABVIMS.
3. All HODs.
4. Registrar, ABVIMS.
5. Officer I/c Procurement/Inventory Management/Maintenance.
6. All Administrative Officers.
7. Senior Accounts Officer.
8. Nursing Superintendent.
9. All section in-charges.
10. The Chairman, e-governance with the request to upload this on the Hospital web-site.
11. Master file.

SOP for Training

- An officer/staff may apply for training by himself / herself or be nominated by the institution.
- Application must be forwarded by the concerned HOD / Officer In-charge/ANS, as the case may be.
- Payment will be done by the applicant, and the same will be reimbursed, as per entitlement/admissible, after submitting the certificate of completion of training and the bill of fees paid after resuming duties. However, if institute nominates, the fees will be paid by the institute.
- This facility is not for obtaining degrees or certificate courses, which are covered under the Study Leave.
- A total of 90 days training programme is allowed in a calendar year. However, training of longer duration can be availed, subject to justification and the approval of the competent authority.

APPLICATION FORM FOR TRAINING

1. Name of applicant :
2. Designation :
3. Department :
4. Justification :

5. Proposed institution for training :
6. Duration of training :
7. Period of training :
8. Fees of training :
9. Previous training, if any :

(Please state name of training, period, year, institute where taken)

UNDERTAKING

I hereby undertake that subsequent to my training, I will accept any duties assigned to me in relation to the subject of training.

Signature of Applicant _____

RECOMMENDATION

I recommend _____ (Name & Designation) for the above training. The routine work of the department will not suffer during the period of training.

Signature of HOD/Officer In- charge/ANS _____
(with stamp)

RECOMMENDATION OF THE SCREENING COMMITTEE

Approved / Not approved.

Director & Medical Superintendent