

**URGENT/TIME LIMIT**

**DIRECTORATE OF INSURANCE MEDICAL SERVICES**  
**Thycaud, Thiruvananthapuram - 14**

**e-mail : [dimskerala@gmail.com](mailto:dimskerala@gmail.com)**  
**Website : [www.ims.kerala.gov.in](http://www.ims.kerala.gov.in)**

**Phone No. 0471-2323960**

No. F1-14314/2019/DIMS

Date: 09/08/2019

**CIRCULAR**

Sub:- IMS Department - Budget Estimates 2020-21 preparation - Details called for - Reg.

Ref:- Government Circular No. 70/2019/Fin Dated 29.07.2019

In order to prepare the Budget proposals for the year 2020-21, 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 **20<sup>th</sup> August 2019**. 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



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

**Name of Institution:**

	<b>Transfer TA</b>	<b>Tour TA</b>	<b>Medical Reimbursement</b>
Expenditure upto 30.06.2019 (2019-20)			
Amount required for the remaining period upto 31.03.2020			
Amount anticipated for the year 2020-21			

**Name & Signature**

**III. Statement of HRA**

Name of Institution :

Location of the Institution :  
[Whether B2 class cities & above/other (cities/town)/other places]

<b>Pay Range</b>	<b>No. of Government servant at each stage</b>	<b>No. of persons to whom quarters has been provided ESI/PWD separately</b>	<b>No. of persons to whom HRA is payable</b>	<b>Amount of HRA payable per mensum</b>	<b>Amount required for payment of HRA during 2020-21</b>
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:

<b>Sl. No</b>	<b>Wage Type</b>	<b>No. of staff</b>	<b>Basic/Consolidated Pay as on 01.04.2020</b>	<b>DA eligible</b>	<b>DA Rate</b>	<b>Allowance/CCA</b>	<b>Daily Rate</b>	<b>No. of days</b>	<b>Budget Estimate 2020-21</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>

**Name & Signature**