

URGENT/TIME LIMIT

DIRECTORATE OF INSURANCE MEDICAL SERVICES
Thycaud, Thiruvananthapuram - 14

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Phone No. 0471-2323960

No. F1-11892/2020/DIMS

Date:04/08/2020

CIRCULAR

Sub:- IMS Department - Budget Estimates 2021-22 preparation - Details called for - Reg.

Ref:- Government Circular No. 41/2020/Fin Dated 28.07.2020

In order to prepare the Budget proposals for the year 2021-22, all Drawing & Disbursing Officers of this Department are requested to furnish the details in the proforma published in www.ims.kerala.gov.in

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 **15th August 2020**. Any lapse in this regard will be viewed very seriously and defaulters will be proceeded against.
- 6) Mail your reply through budget.ims@kerala.gov.in and post for confirmation

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 /www.ims.kerala.gov.in

II. Statement showing details of Pay & Allowances in each category

Name of Institution:

Sl.No.	Designation	Scale of pay	No. of Posts	Basic pay as on 01.04.2021	No. of persons holding the basic pay in Col. No.5	Special Allowance per mensum and the type of special allowance	Compensatory Allowance per mensum	Risk allowance per mensum	Non Practising allowance per mensum	City Compensatory Allowance per mensum	Permanent Travel allowance	ESI Allowance	Adhoc Bonus	Other Allowances if any (specify the name of conveyance allowance to PH staff with No. of staff)	Uniform Allowance	Remarks
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1																

Name & Signature

III. Statement of HRA

Name of Institution :

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

Pay Range	No. of Government servant at each stage	No. of persons to whom quarters has been provided ESI/PWD separately	No. of persons to whom HRA is payable	Amount of HRA payable per mensum	Amount required for payment of HRA during 2021-22
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:

Sl. No .	Wage Type	No. of staff	Basic/Consolidated Pay as on 01.04.2021	DA eligible	DA Rate	Allowance/CCA	Daily Rate	No. of days	Budget Estimate 2021-22
1	2	3	4	5	6	7	8	9	10

Name & Signature

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

Name of Institution:

	Transfer TA	Tour TA	Medical Reimbursement
Expenditure upto 30.06.2020 (2020-21)			
Amount required for the remaining period upto 31.03.2021			
Amount anticipated for the year 2021-22			

Name & Signature

VI. Expenditure of Telephone Charges

1. Name of Institution :
2. Telephone Number :
3. Whether STD facility available :
4. Monthly rate with Tax :
5. Permissible limit of Bimonthly call charges :
6. Permissible limit of Bimonthly calls :
7. Amount spent during 2020-21 till 30.06.2020 :
8. Monthly average of calls during 2019-20 :
9. Average of call charges 2019-20 :
10. Actual expenditure on Telephone Charges
during 2019-20 :
11. Amount required for the remaining period
2020-21 :
12. Amount anticipated for 2021-22 :

Name & Signature

VII. Statement of Expenditure on Repair and Maintenance of Vehicles

1. Name of Institution :
2. Whether any vehicle is provided :
3. Type of vehicle :
4. Make year & No. :
5. Monthly Charges :
6. Monthly average expenditure during :
2019-20
7. Actual expenditure till 30.06.2020 :
2020-21
8. Amount anticipated for the remaining :
period 2020-21
9. Amount required for 2021-22 :

Name & Signature

VIII. Statement of Expenditure on Fuel Charges (POL)

Name of Institution :
Type of vehicle :
Reg. No. of vehicle :
Fuel used :
Monthly fuel consumption :
Amount required for one month :
Actual expenditure 2019-20 :
Actual expenditure for the first three
months of 2020-21 :
Revised estimate for 2020-21 :
Budget estimate for 2021-22 :

Name & Signature

IX. Statement of water charges and Electricity charges

Name of Institution:

Sl.No.	Period	Water Charges	Electricity charges
1	Rate/Bimonthly basis		
2	Amount Spent during 2020-21 till 30.06.2020		
3	Amount anticipated for the remaining period 2020-21		
4	Amount anticipated for 2021-22		

Name & Signature.

X. Statement of Expenditure on the purchase of Drug, Dressings and Diet

Name of Institution:

Sl. No.		Drugs & Dressings	Dietary articles
1	Amount spent on Local purchase during 2020-21 till 30.06.2020		
2	Amount required for the remaining period of 2020-21		
3	Amount anticipated for 2021-22		

Name & Signature.

XI. Details of Medical Reimbursement claims of Insured Persons

1. Name of Institution :

2. Amount anticipated for 2021-22
(DIMS, RDD and IMO wise with specific
reason for increase as the case may be) :

Name & Signature

ANNEXURE I
(Referred to in Para 3)
Statement of arrears of Tax and Non Tax Revenue

Name of Department

1. Arrears of Tax

A. Tax Revenue

1. Item (Head of Account)

- a) Arrears outstanding at the beginning of the year 2020-21
- b) The Demand for the Year 2020-21
- c) The amount collected during the year 2020-21
- d) The amount remitted or written off during the year 2020-21

B. No Tax Revenue

II. The Amount of arrears as at the end of 2019-20 is at the following stage of action (Rs. In Lakh)

- a) Revenue Recovery Proceedings
- b) Amount stayed by Court
- c) Amount stayed by Government
- d) Amount stayed by other authorities
- e) Others

TOTAL:

ANNEXURE - II
(Referred to in Para 3)
Statement of arrears of Loans and Advances

Name of Department

1. Item

- a) The Arrears outstanding at the beginning of the year 2020-21
- b) The Demand for the Year 2020-21
- c) The amount collected during the year 2020-21
- d) The amount remitted or written off during the year 2020-21