

## CHAPTER VII : MINISTRY OF HEALTH AND FAMILY WELFARE

### 7.1 Management of Bio-Medical Waste in Government Hospitals

#### Introduction

Medical care is vital for our life, health and well being. On the other hand, the waste generated from medical activities can be hazardous, toxic and even lethal because of their high potential for disease transmission. The hazardous and toxic parts of waste from health care establishments comprising infectious, bio-medical and radio-active material as well as sharps (hypodermic needles, knives, scalpels etc.) constitute a grave risk, if these are not properly treated/disposed of or are allowed to get mixed with other municipal waste. The bio-medical waste's propensity to encourage growth of various pathogen and vectors and its ability to contaminate other non-hazardous/non-toxic municipal waste jeopardises the efforts undertaken for overall municipal waste management.

In exercise of the powers conferred by Sections 6, 8 and 25 of the Environment (Protection) Act, 1986 the Central Government, on 20 July 1998, notified the Bio-Medical Waste (Management and Handling) Rules 1998, (Rules).

The Rules define bio-medical waste as any waste, which is generated during the diagnosis, treatment or immunisation of human beings or animals or in research activities pertaining thereto or in the production or testing of biological etc. Further, bio-medical waste is to be treated and disposed of in accordance with the norms and standards prescribed in the Rules.

The components of bio-medical waste include

- (i) Human anatomical waste (tissues, organs, body parts etc.)
- (ii) Animal waste (tissues, organs, body parts of animals, generated during research/ experimentation, from veterinary hospitals etc.)
- (iii) Microbiology and bio-technology waste, such as, laboratory cultures, micro-organisms, human and animal cell cultures, toxins etc.

- (iv) Waste sharps, such as, hypodermic needles, syringes, scalpels, broken glass etc.
- (v) Soiled waste, such as dressing, bandages, plaster casts, material contaminated with blood etc.
- (vi) Liquid waste generated from any of the infected areas.

### 7.1.1 Role of Pollution Control Committees/Boards

Under Rule 7(1) of the Rules, State Pollution Control Boards in the States and Pollution Control Committees in the Union Territories are the prescribed authorities responsible for implementation of the Rules and to grant authorisation for generation, collection, treatment, handling and disposal of bio-medical waste from hospitals and health care units.

Rule 3(8) of the Rules defines an *occupier* as the person in control of a hospital or health care unit. Rule 4 stipulates that it is the duty of every *occupier* to take all steps to ensure that bio-medical waste is handled without any adverse effect to human health as well as the environment.

### 7.1.2 Scope of audit

An examination of the records covering the period 2010-11 to 2012-13 of eight government hospitals (four<sup>1</sup> in Delhi and four<sup>2</sup> outside Delhi) under the administrative control of the Ministry of Health & Family Welfare, was undertaken to assess the compliance of the Rules by these hospitals with respect to generation, collection, treatment, handling and disposal of bio-medical waste. The findings are as under:

---

<sup>1</sup> 1. All India Institute of Medical Sciences (AIIMS), Delhi. 2. Safdarjung hospital, Delhi. 3. Dr. Ram Manohar Lohia (RML) hospital, Delhi. 4. Lady Hardinge Medical College (LHMC) and its associated hospitals, (Dr. Sucheta Kriplani Hospital and Kalavati Saran Children Hospital) Delhi.

<sup>2</sup> 1. Shri Vinoba Bhave Civil Hospital, (VBCH) Silvassa. 2. Post-Graduate Institute of Medical Education and Research (PGIMER), Chandigarh. 3. North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences (NEIGRIHMS), Shillong. 4. Jawaharlal Institute of Post Graduate Medical Education and Research (JIPMER), Puducherry.

### 7.1.3 General observations

#### 7.1.3.1 Classification of the Waste

Schedule II under Rule 6(2) of the Rules prescribes four types of coloured garbage bags for collecting, storing and disposal of different types of bio-medical waste generated in the hospitals. Details are given below:

Colour of garbage bag	Type of bio-medical waste to put in bags	Type of disposal
Yellow bag	human tissues, animal tissues, organs and body parts, wastes from laboratory cultures, and infectious agents and items contaminated with blood and body fluids including cotton dressings, beddings etc.	Incineration/deep burial
Red bag	syringes, tubing, catheters, intravenous sets and wastes generated from disposable items etc. Puncture proof container is prescribed for needles, syringes, scalpels, blades, glass, etc. that may cause puncture and cuts.	Disinfection/Autoclaving/ Microwaving/ Shredding
Blue/White translucent	needles, syringes, scalpels, blades, glass etc. that may cause puncture and cuts, wastes generated from disposable items such as tubings, catheters, intravenous sets etc.	Autoclaving/Microwaving/ Chemical Treatment and destruction/shredding
Black bag	general waste and ash from incineration of any bio-medical waste, chemical waste etc.	Disposal in secured landfill

Audit in this regard observed that in JIPMER, Puducherry the classification/segregation and disposal through coloured bags of bio-medical waste was not done as prescribed. Details are given below:

- Syringes and needles were required to be put into the blue bags were lying on the road near dustbin.
- Yellow and Blue coloured bags were dumped in the dumping yard without incineration/shredding.

### Photos of Dustbin in front of Regional Cancer Centre



### Dumping yard



#### 7.1.3.2 Shortage of bags for disposal of bio-medical waste

In LHMC, Delhi and its associated hospitals, intermittent shortage of coloured bags was noticed in November 2011, December 2011, January 2012 and February 2012.

In JIPMER, Puducherry shortage of yellow and blue bags was noticed in five wards. Stock of bags was found to be zero for two to forty-nine days in these wards.

In the absence of proper garbage bags possibility of improper segregation and disposal of bio-medical waste in these hospital could not be ruled out.

Delhi Pollution Control Committee (DPCC) stated (June 2014) that no intimation regarding shortage of bags for disposal of waste was given by the hospitals to the DPCC officials during inspection of bio-medical waste management.

Thus the relevant Rules were not complied with.

### 7.1.3.3 Storage and Transportation

Rule 6 (5) of Bio-Medical Waste (Management and Handling) Rules, 1998 stipulates that un-treated bio-medical waste shall not be kept stored beyond a period of 48 hours provided that if for any reason it becomes necessary to store the waste beyond such period, the *occupier* must take permission of the prescribed authority and take measures to ensure that the waste does not adversely affect human health and the environment.

In Shri Vinoba Bhave Civil Hospital, Silvassa bio-medical waste was stored in hospital for more than 48 hrs on many occasions during 2010 to 2013 as under:

Period after which bio-medical waste was removed (in Hrs.)	Number of instances when bio-medical waste was stored for more than prescribed 48 hrs during		
	2010-11	2011-12	2012-13
72	33	49	39
96	3	3	3
110	14	1	0

Non removal of the bio-medical waste within the prescribed time limit carried a high risk to public health and contamination of the environment.

As per guidelines for design and construction of bio-medical waste incinerator there shall be a waste storage area adjacent to the incinerator room. It shall be properly ventilated and so designed that waste can be stored in racks and washing can be done very easily. The floor and inner wall of the incinerator and storage rooms shall have outer covering of impervious and glazed material so as to avoid retention of moisture and for easy cleaning. However in the following hospitals the storage rooms were not constructed as prescribed.



#### 7.1.4 Shri Vinoba Bhave Civil Hospital, Silvassa

In Shri Vinoba Bhave Civil Hospital, Silvassa it was noticed that the waste storage room did not have racks, was not properly ventilated and the floor and inner wall was not covered with the glazed material.

Waste Storage Room	
Floor	Walls
	

Further red colour bags which are used for solid wastes such as tubings, catheters, intravenous sets etc. were lying untied in front of waste storage room.



#### 7.1.5 PGIMER, Chandigarh

In PGIMER, Chandigarh also it was noticed that the waste storage room did not have racks and the bags of waste were lying on the floor. The floor was also not covered with the glazed material as shown in the following photographs:



#### 7.1.5.1 Treatment and Disposal

Rule 5(1) provides that bio-medical waste shall be treated and disposed of in compliance with the standards prescribed in Schedule I and V of the Rules. These standards further stipulate that liquid waste generated from the hospitals shall conform to specified parameters and permissible limits and shall be disinfected by chemical treatment before being discharged into drains.

In May 2008, DPCC decided that hospitals having 50 beds or more shall install Effluent Treatment Plant (ETP)/Sewage Treatment Plant (STP) to treat the effluent generated from the hospital. All the four hospitals located in Delhi, covered in audit, had a bed capacity of more than 50 beds and were therefore, required to install the ETP/STP. However, three hospitals (at Sl. No.2, 3 and 4) had not installed the ETP and in one hospital (Sl.No.1), the installed STP was non-functional. Details are as follows:

Sl. No.	Name of the hospital	ETP/STP installed Yes/No	Whether functional Yes/No	Treatment of liquid waste
1.	AIIMS, Delhi.	Yes	STP was not functional during inspection by DPCC in September 2013	Reply awaited
2.	Safdarjung hospital, Delhi.	No	--	Chemically treated before discharging into drain
3.	LHMC & associated hospitals, Delhi.	No*	--	
4.	Dr. RML hospital, Delhi.	No	--	Released without treatment

\*ETP installed only in laundry section.

Hospitals at Sl. No. 2 and 3 replied (February 2014) that liquid waste was chemically treated before discharging into the drain.

Dr. RML hospital replied (February 2014) that in the absence of ETP, the liquid waste was drained into NDMC drain which was connected to Okhla waste water treatment plant.

Thus the situation in at least two hospitals was highly unsatisfactory and carried high risk to the environment. In the absence of an ETP it could not be ensured that the parameters and permissible limits for liquid waste, stipulated in the Schedules of the Rules, were complied with.

DPCC stated (June 2014) that the hospitals at Sl.no. 2, 3 & 4 had submitted action plan for installation of STP in their premises.

#### **7.1.6 Authorisation under Bio-Medical Waste (Management and Handling) Rules, 1998**

As per Rule 8 every *occupier* of an institution shall make an application to the State Pollution Control Board for grant of authorisation for generation, collection, treatment, disposal and/or handling bio-medical waste in any manner. The prescribed authority shall after satisfying itself that the applicant possesses the necessary capacity to handle bio-medical waste in accordance with these Rules, grant or renew an authorisation. Every application for authorisation shall be disposed of by the prescribed authority within ninety days from the date of receipt of the application. The status of renewal of authorisation of the eight hospitals is given in the following table:



	Name of the hospital	Authorisation expired on	Renewal applied on	Whether renewal of authorisation granted as of 31 December 2013 (Yes/No)
Hospitals whose authorisation has expired and have applied for renewal				
1.	Dr. RML hospital, Delhi.	18 February 2010	02 February 2010	No
2.	Safdarjung hospital, Delhi.	31 January 2013	18 April 2013	No
3.	LHMC & associated hospitals, Delhi.	13 June 2013	21 May 2013	No
4.	PGIMER, Chandigarh.	31 August 2013	29 August 2013	No
5.	JIPMER, Puducherry.	12 August 2010	11 August 2010	No
Hospitals whose authorisation had expired and had not applied for renewal				
6.	VBCH, Silvassa.	20 December 2008	Hospital could not furnish any documentary proof to audit as to whether it had applied to the prescribed authority for renewal of authorisation before or after the expiry of earlier authorisation.	
Hospitals which were having valid authorisation as of December 2013				
7.	NEIGRIHMS, Shillong	31 March 2015	Authorisation still valid as of 31 December 2013.	
8.	AIIMS, Delhi	09 May 2014		

It would be seen from the above table that five hospitals (Sl. No. 1 to 5) were generating, collecting, treating, handling and disposing of the bio-medical waste without mandatory authorisation from concerned Pollution Control Boards/Committees. Although these hospitals had applied for renewal of their authorisation from the prescribed authority but the same was yet to be accorded to them as on 31 December 2013, although the prescribed authority was required to process their application within ninety days. Failure of the five hospitals to effectively pursue/follow-up the cases with the concerned Pollution Control Boards/Committees resulted in a situation where these hospitals operated in contravention of the Rules with regard to generation, collection, treatment, handling and disposal of bio-medical waste for a period ranging from four to forty six months.

In case of VBCH, Silvassa (Sl. No. 6) the authorisation granted by prescribed authority had expired in December 2008. The hospital could not furnish any documentary evidence to audit as to whether it had applied to the prescribed authority for renewal of its authorisation before or after expiry of its authorisation. This hospital was thus also unauthorisedly generating, collecting, treating, handling and disposing of the bio-medical waste.

The hospitals at Sl. no. 7 and 8 only had valid authorisation as of December 2013.

DPCC stated (June 2014) that necessary authorisation had since been issued in March 2014 in the case of hospitals listed at Sl. no. 1, 2 & 3.

#### **7.1.6.1 Inadequate internal monitoring of bio-medical waste management in hospitals**

Ministry of Health & Family Welfare issued National Guidelines on Hospital Waste Management in 2002. These guidelines were based on Bio-Medical Waste (Management and Handling) Rules, 1998 and were prepared to enable each hospital to implement these Rules. As per these guidelines there shall be a Waste Management Committee in each hospital under chairmanship of the head of the hospital. The committee shall be responsible for making hospital specific action plan for hospital waste management and for its supervision, monitoring

implementation and looking after the safety of the bio-medical waste handlers. The status of constitution of waste management committees in eight hospitals is given below:

Sl. No.	Name of the hospital	Whether Waste Management Committee constituted	Remarks
1.	AIIMS, Delhi.	No	Hospital Infection Control Committee (HICC) of the hospital also supervised the hospital's waste management. During 2010-11 to 2012-13 only two inspections of bio-medical waste were conducted by the HICC in September 2012 and January 2013.
2.	Safdarjung hospital, Delhi.	Yes	The committee was constituted in January 2010. During the period 2010-11 to 2012-13 total eight meetings were held. In April 2010, the committee nominated 12 nodal officers in the hospital, who were required to take periodic rounds of their areas. The nodal officers were required to submit report of their observations and action taken by them every month to the committee. However, few quarterly monitoring reports of some nodal officers were available with the hospital.
3.	Dr. RML hospital, Delhi.	Yes	The committee was constituted only in February 2013. As of September 2013 the committee has met only once, in July 2013, and had carried out one inspection in August 2013 in three wards of the hospital.

4.	LHMC & associated hospitals, Delhi.	Yes	During the period 2010-11 to 2012-13 total six meetings were held by the committee.
5.	NEIGRIHMS, Shillong.	No	Medical Superintendent chaired monthly meetings with nursing superintendents and sanitary superintendents in which issues relating to bio-medical waste were also discussed.
6.	VBCH, Silvassa.	Yes	The committee was constituted in June 2010. One meeting each was held during the period 2012-13 and 2013-14.
7.	JIPMER Puducherry.	Yes	A Hospital Waste Management Wing was started in 1998. During the period 2010-11 to 2012-13 total five meetings were held by the committee.
8.	PGIMER Chandigarh.	Yes	Waste Management Committee constituted in October 2007. During the period 2010-11 and 2011-12, a total of three meetings were held.

As shown above, out of eight hospitals the waste management committee was not constituted in two hospitals. Further in Safdarjung hospital, Delhi, monitoring was not done regularly by nodal officers. In Dr. RML hospital, Delhi, the committee was constituted only in February 2013.

#### **7.1.7 Improper maintenance of records relating to training in hospital waste management**

As per National Guidelines on Hospital Waste Management issued by the Ministry of Health & Family Welfare in 2002, to enable implementation of the Rules, each hospital was to have well planned awareness and training programmes for all categories of personnel including administrators to make them aware about safe hospital waste

management practices. Trainings were to be conducted for different categories of personnel and training modules were to be prepared accordingly.

Audit observed that trainings were being imparted in all the hospitals covered in audit but in the absence of details regarding number of doctors, nurses, operation theatre technicians and safai karamcharis, it was difficult to ascertain how many were trained and how many were yet to be trained and hence, compliance to guidelines could not be checked.

### **7.1.8 Other Issues**

#### **7.1.8.1 Over charging of service rates by Common Bio-medical Waste Treatment Facility (CBWTF) in Delhi**

A Common Bio-medical Waste Treatment Facility (CBWTF) is a set up where bio-medical waste, generated from a number of health care units, is imparted necessary treatment to reduce adverse effects.

As per guidelines issued by Central Pollution Control Board (CPCB), cost to be charged by CBWTF operator from the healthcare units for collection and disposal of bio-medical waste, shall be worked out in consultation with the State Pollution Control Board/Pollution Control Committee and the local Medical Association.

In Delhi charges to be levied by the CBWTFs on hospitals and health care units were approved in May 2005 by the Directorate of Health Services (DHS), Government of National Capital Territory of Delhi, on basis of bed capacity of the hospital. These were also endorsed by the DPCC.

Audit observed that in LHMC and its associated hospitals, Delhi M/s Synergy Waste Management (P) Ltd., (CBWTF operator) charged extra if the bio-medical waste produced was more than 200 gm per bed. Such extra charges were not approved by the DHS. The CBWTF charged ₹ 23.11 lakh in excess of the approved rates during 2010-11 to 2012-13 from LHMC and its associated hospitals.



### **7.1.8.2 Non availability of autoclave and shredder in NEIGRIHMS, Shillong**

Schedule 1 of the Rules, prescribe that waste sharps, solid waste and disposable items are required to be disinfected by microwaving/autoclaving and mutilation by shredder. It was observed that NEIGRIHMS, Shillong in March 2006 made a payment of ₹ 7.20 lakh for two autoclaves and ₹ 2.50 lakh for one shredder in March 2006 to Hospital Services Consultancy Corporation Limited (HSCCL). However, even after a lapse of more than six years the autoclave and shredder had not been installed as of December 2013.

### **7.1.8.3 Delay in installation of Incinerator**

In NEIGRIHMS, Shillong the HSCC on behalf of the hospital, awarded a contract in March 2006 to M/s National Associates for ₹ 68.99 lakh for supply, installation, testing and commissioning of two incinerators and their accessories within six months. It was observed that both incinerators were delivered at site only on 19 June 2013 after more than six years. However, as of December 2013 the equipment was yet to be installed.

## **Conclusion**

The waste generated from medical activities can be hazardous, toxic and even lethal. In order to assess the management of bio-medical waste, audit took up examination of records of eight government hospitals. During the examination, audit found that six out of eight government hospitals covered in audit were generating, collecting, and disposing bio-medical waste without mandatory authorisation. Hospital waste management committee was not constituted in two hospitals. In the absence of proper records audit could not verify that training for hospital waste management was being imparted to all categories of staff in the hospital. In three out of the four government hospitals in Delhi, the ETP<sup>3</sup>/STP<sup>4</sup> was not installed. Thus, the overall implementation of Bio-Medical Waste (Management and Handling), Rules, 1998 in the hospitals was inadequate.

---

<sup>3</sup> ETP : Effluent Treatment Plant

<sup>4</sup> STP : Sewage Treatment Plant

The matter was referred to the Ministry in March 2014; their reply was awaited (May 2014).

## **National Institute of Health and Family Welfare**

### **7.2 Inordinate delay in construction of international hostel**

**National Institute of Health and Family Welfare awarded the work of construction of a hostel to Hospital Service Consultancy Corporation (India) Ltd in April 2008. The work was yet to commence even after payment of ₹ 2.80 crore up to April 2013 resulting in idling of advance payment without any return and substantial time and cost overrun.**

National Institute of Health and Family Welfare (NIHFW), an autonomous body under the Ministry of Health and Family Welfare decided (2006 and 2007) to construct an international hostel within its campus in Delhi. It appointed the Central Public Works Department (CPWD) as execution agency and released (March 2007) ₹ 80 lakh as advance payment to latter. Since CPWD did not take any concrete action for four months, it was felt that CPWD was overburdened, therefore, the work was withdrawn (June 2007) from CPWD and given to Hospital Service Consultancy Corporation (India) Ltd (HSCC), a Government of India Enterprise under the Ministry of Health and Family Welfare, at a consultation fee of 10 *per cent* of total cost. The MoU was entered with HSCC on 25 April 2008.

HSCC prepared preliminary estimate of ₹ 2.5 crore and got advance payment of ₹ 80 lakh. As per the MoU the capital work was to be executed on deposit work basis and fund made available would be interest free. MoU did not contain any condition relating to time of completion of various stages of work, stages for making advance payment, penalty, etc.

Audit observed that the NIHFW did not firm up its exact requirement and revised upwards its requirement from 15 to 50 rooms in December 2008. Accordingly, it requested HSCC to resubmit a revised cost estimate for construction. The HSCC submitted (December 2008) revised cost estimate amounting to ₹ 8.88 crore.

NIHFW communicated the approval of the preliminary estimate to HSCC in December 2010 after a delay of more than two years. HSCC took up the matter of approval of hostel building plan with the Municipal Corporation of Delhi (MCD) in August 2011 and the master plan of the campus was submitted to MCD in May 2013. As of December 2013 apart from obtaining approvals from Delhi Urban Arts Commission and Delhi Fire Services, no progress was evident in the construction work. Meanwhile, HSCC again submitted (January 2013) revised cost estimates amounting to ₹ 13.63 crore (an increase of 53 *per cent* over the initial estimate) which was approved by the NIHFW.

The progress on the project was negligible and expenditure of only ₹ 6.10 lakh had been incurred on the project as of June 2013. Notwithstanding these facts, the NIHFW released an additional sum of ₹ 2 crore to HSCC in March 2013 without ascertaining the cost incurred by the agency and adjusting the advance of ₹ 80 lakh given earlier.

The Ministry attributed (May 2014) the delay to obtaining approval from local bodies and change in requirement from 15 to 50 rooms. The matter was being followed up with MCD and on receipt of Master Plan from the MCD; building plans would be submitted to local bodies for approval. It was also informed that NIHFW is following up the status of the construction work with HSCC and also requested them to deposit the interest on advance amount to them.

Thus, action taken to withdraw work from CPWD and give to HSCC for ensuring timely construction became ineffective. The delays, part of which were attributable to NIHFW resulted in cost escalation from initial estimate of ₹ 2.5 crore to ₹ 8.88 crore (with increase in number of rooms) and subsequently to ₹ 13.63 crore. Further, the MoU with HSCC was weak as it failed to secure interest of the Institute. It also resulted in undue advances of ₹ 2.80 crore to the agency.

## Safdarjung Hospital

### 7.3 Non-availment of rebate on water charges

**Safdarjung Hospital failed to avail eligible rebate of 10 per cent on the water bills from Delhi Jal Board (DJB), despite having 21 functioning rain water harvesting systems. This resulted in avoidable payment of ₹ 59.04 lakh on water bills raised by DJB during the period April 2010 to December 2013.**

Delhi Jal Board (DJB) in its notification (December 2009) for water tariffs in Delhi, effective from January 2010, specified that Government Institutions would be eligible for a 10 per cent rebate on the total amount of water bills. This was subject to the condition that the Institutions provide certificates of adopting measures of water harvesting. In terms of this notification, Safdarjung Hospital (Hospital) falls under the classification of Government Institutions. The Hospital had three water connections and 21 functional rain water harvesting systems in different locations within its premises since 2006. Thus, the Hospital was eligible for availing 10 per cent discount on its monthly water bills.

Audit, however, observed that the Hospital did not avail this concession. The excess payment on this account during the period April 2010 to December 2013 worked out to ₹ 59.04 lakh. Details are given in the **Annex-V**.

Audit further observed that in all test checked cases, over the period 2010-13, the water bills indicated the status of water meter as 'stopped'. As a result, the Hospital was being billed on 'average basis' instead of 'actual basis'. Hence, Audit could not vouchsafe the veracity of the payments made by the Hospital to the DJB towards water charges. These facts indicate that the Hospital failed to exercise due diligence in the matter.

The Hospital may initiate measures to avail the required concession on future bills and may also seek refund of the excess amount already paid. It may also get the meters repaired/replaced so that appropriate amounts of user charges are paid.

On being pointed out (January 2014) the Hospital stated (March 2014) that it had taken up the matter with DJB for availing the required concession. The Ministry reiterated the position in May 2014.

### **Post Graduate Institute of Medical Education and Research, Chandigarh**

#### **7.4 Short recovery of licence fee of residential accommodation- ₹ 1.57 crore**

**Post Graduate Institute of Medical Education and Research, Chandigarh was recovering licence fee on the pattern of Union territory instead of Central Government rates, resulting in short recovery of ₹ 1.57 crore.**

Ministry of Health and Family Welfare (Department of Health) notified the Regulations for Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, which came into force on the 21 April 1967. Rule 40 of Regulations states that in respect of matters not provided in these regulations, the rules as applicable to Central Government servants, such as general conditions of service, pay and salary, joining time and orders and decisions issued in this regard by the Central Government from time to time shall apply *mutatis mutandis* to the employees of the Institute.

Government of India, Directorate of Estates revised the flat rates of licence fee recoverable for the residential accommodation available in General Pool and also in Departmental Pools of Ministries/Departments of the Government of India throughout the country and requested all the Ministries/Department (April 2011) to take action to recover the revised licence fee in accordance with these orders. The revised rates of licence fee were effective from 1 July 2010.



Audit noted (November 2012) that PGIMER, Chandigarh had been recovering licence fee as per the rates prescribed by Chandigarh UT Administration, which were lower than the rates prescribed by the Director of Estate, Government of India.

On being pointed out the PGIMER replied (January 2013) that the issue of recovery of licence fee was considered by its Standing Finance Committee (SFC) in the meeting held on 18 February 2008 and 9 May 2008, whose decision in this regard was also ratified by the Governing Body in its meeting held on 3 December 2008, wherein it was decided to continue to recover the licence fee on the UT pattern; however, the same was to be reviewed for implementation after decision of Government of India on the recommendation of Sixth Pay Commission. The matter was put up to the Governing Body in its meeting held on 6 July 2013, wherein it was decided to charge licence fee as per Central Government orders from time to time, to be implemented prospectively. The decision of Governing Body was subsequently approved (April 2014) by the Ministry. The Ministry also confirmed to Audit (April 2014) the implementation of recovery of licence fee as per Government of India orders from 05 July 2013.

Thus PGIMER, Chandigarh was recovering licence fee at lower rates and rectified its practice on being pointed out by audit. The delay in implementation of orders from 5 July 2013 instead of 1 July 2010 resulted in short recovery of ₹ 1.57 crore.