

**GUIDELINES ON THE IMPLEMENTATION OF THE SCHEME
REGARDING
ESTABLISHMENT OF MODEL RURAL HEALTH RESEARCH UNITS
IN THE STATES DURING THE 12TH PLAN PERIOD**



**GOVERNMENT OF INDIA
DEPARTMENT OF HEALTH RESEARCH
[MINISTRY OF HEALTH & FAMILY WELFARE]**

July, 2013

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1. INTRODUCTION

1.1 The Department of Health Research was created as a new Department under the Ministry of Health & Family Welfare vide Presidential Notification dated the 17th September, 2007 by an amendment to the Government of India (Allocation of Business) Rules, 1961. The Department has been allocated 9 new functions to promote health research activities, besides the ongoing work relating to the management and administration of ICMR.

1.2 Government of India, in June, 2013, vide sanction order at Appendix-I approved the scheme for 'Establishment of Model Rural Health Research Units (MRHRUs) in the States' during the 12th Plan period as a path-breaking initiative to develop/strengthen the health research infrastructure in the country to fulfill the newly allocated function of the Department related to the "Promotion, Coordination and Development of Basic, Applied and Clinical Research".

1.3 The scheme has been developed on the model of a functional rural health unit of ICMR at Ghatampur (UP), which has successfully demonstrated how the modern technologies and research, which are struck up at the national level centres/Medical Colleges, can be transferred and used in the rural settings for providing better health care to the population.

2. OBJECTIVE OF THE SCHEME:

- Create infrastructure at the periphery for transfer of technology to the rural level for improving the quality of health services to rural population.
- To ensure an interface between the new technology developers (Researchers in the Medical Institutions; State or Centre), health systems operators (Centre or state health services) and the beneficiaries (communities in rural areas)
- Ensure the much needed geographical spread of health research infrastructure in the Country

3. COVERAGE & LINKAGES

- 15 MRHRUs would be established in the States in a phased manner. 7 Units would be established in 2013-14 and 8 in 2014-15 at a total estimated cost of Rs.67.67 crores.
- Each MRHRU will be set up preferably in close proximity to the state health facility (Community / Primary Health Centre at block level).
- The total covered area required for establishing the MRHRU would be about 620 sqmtrs minimum (could be constructed as a multi-storey

block). For this purpose, suitable land would be provided by the State Government free of cost.

- Each MRHRU would be linked with one of the ICMR institution/centre for mentoring and will be headed by an authorised officer of the concerned mentoring ICMR Institute/Centre.
- Besides core technical staff, the scientists/faculty from ICMR institutes will be deployed.
- Staff at the MRHRUs will be engaged on contractual basis till regular posts are created.
- Partners from States (Medical College, Health Department & other related) would be engaged in research.
- Research program will focus on disease profile of the area and strategies for transfer of existing technologies to the end user will be evolved.
- Doctors from the medical colleges may also undertake visits at the clinics at the MRHRUs.

4. FUNDING/FINANCIAL ASSISTANCE FOR THE PROJECT:

4.1 The MRHRUs will be developed and maintained as departmental units of Government of India, Department of Health Research (Ministry of Health & Family Welfare). Funding of the Units would be as per as per the following norms:

Item	Financial Assistance
Non-Recurring Expenditure per MRHRU	
Civil Works	2.075 crore
Equipment	1.00 crore
Total Non-Recurring	About Rs.3.075 crores
Recurring Expenditure per annum (per MRHRU)	
Staff (contractual)	Rs.30.00 lakhs per annum
Training/Consumables/Contingency, etc	Rs.20.00 lakhs per annum

5. MAJOR FUNCTIONS OF THE MRHRU

5.1 The Model Rural Health Research Units (MRHRUs) would be required to develop necessary expertise to positively impact the health systems and services being provided to the common man. The mechanism would also empower state system to actively decide their agenda based on proper intervention at public health level and assess the effect of interventions. To meet this objective, The MRHRUs would, *inter alia*, undertake the following functions:

- i. To develop State/area specific models depending upon the disease profile, topography, morbidity patterns and local conditions for transfer of the technology for providing better health care services to the rural masses by supporting and undertaking relevant research on local health issues as per the priorities identified by the State Govt. in close coordination with State health authorities. Special focus will be given to tribal areas, hilly terrain, and remote areas.
- ii. To create a state-wide research capability within the context of building the National Research Infrastructure, including training the health professionals of State Health System to enable them to carry out health research in the use of modern technologies and to replicate the models at local level.
- iii. To facilitate the transfer of appropriate technologies, existing and new, to make them available and accessible to target populations.
- iv. To undertake various research projects in close coordination with the State Government Institutions and others that are relevant and beneficial to the rural population.

5.3 These Units would function in an operational research mode and would serve as model units to transfer the technology to the state system for its applicability and feasibility in the rural settings. These units will undertake/translate the research under the basic, applied and clinical discipline for the use of population in that area.

6. AGENCY FOR IMPLEMENTATION OF THE SCHEME:

6.1 The scheme will be executed by the Indian Council of Medical Research (ICMR) on behalf of the Department of Health Research (DHR), including the management of staff cadre at the MRHRUs. DHR will have managerial role for release of funds and overall monitoring of the project.

7. SUBMISSION OF APPLICATIONS /PROPOSALS

7.1 Applications/Proposals for establishment of MRHRUs would be required to be submitted by the concerned State Health Department in the prescribed format at Appendix-II.

8. SCREENING/ EVALUATION & DECISION ON THE PROPOSALS:

8.1 The process of screening/evaluation/final approval would broadly comprise the following:

(1) Screening/evaluation of the proposals would be carried out by the Technical Screening Committee and Evaluation Committee at the ICMR, comprising of various experts. This would include-

- a) Site visits by the Committee or its sub-committee, wherever required.**
- b) Seeking Expert Review wherever required.**
- c) Presentation of technically sound projects before the Evaluation Committee, wherever required.**

(2) The proposals duly recommended by the Screening Committee and Evaluation Committee of ICMR and complete in all respects would be referred to the DHR for placing the same before the Approval Committee to be constituted with the approval of Secretary, DHR. The composition of the Approval Committee would broadly be as follows:

(i) Secretary, DHR	...	Chairman
(ii) AS &FA (Health)	...	Member
(iii) 2 Joint Secretaries of DHR	...	Members
(iv) Joint Secretary, D/oH&FW	...	Member
(v) Representative of DGHS	...	Member
(vi) Nominees of the Stakeholders (As decided by the Chairman)	Member(s)
(vii) Deputy Secretary/Director, DHR	...	Member Secretary

9. FUNDING MECHANISM

9.1 After approval of the proposals by the Approval Committee, the proposal for release of funds will be processed by the Department of Health Research for requisite approvals in consultation with the IFD.

9.2 The funds will be released by the DHR to the ICMR for establishment of the approved MRHRUs in accordance with the approved parameters of the scheme.

9.3 ICMR would devise suitable internal mechanism as per the provisions of GFRs and other GoI rules/regulations for speedy execution of the civil works, procurement & installation of equipments, selection & posting of requisite core staff with the active involvement of the State Health Department and the ICMR

Institute/Centre with whom the MRHRU would be attached, which would inter alia include-

- Identification of land in consultation with the State Government, as per requisite specifications
- Signing of the MOU with the State Govts (Format at Appendix -III)
- Finalization of layouts/maps for establishing the MRHRUs.
- Tendering and hiring the agencies for construction of unit/renovation of space provided by the State Govt.
- Tendering and procuring the equipments as per the needs from the indicative list at Appendix -IV.
- Hiring the contractual staff and other office equipments to run the unit.
- Designing and preparing the appropriate/relevant research project proposals to be undertaken by the MRHRU in consultation with the Scientific Advisory Group.

9.4 The funds for civil works & procurement of equipment would be released in two installments. 50% of the funds would be released at the time of approval/sanctioning of the project and remaining 50% in the next year or submission of the Utilization Certificate of the first installment, whichever is earlier.

9.5 Funds for staff/manpower (to be engaged on contractual basis) for the approved/sanctioned MRHRU would be released only in the 2nd year of the sanctioning of the concerned MRHRU. The list of staff which can be engaged for each MRHRU is given at Appendix-V.

10. MONITORING MECHANISM

- 10.1 Each MRHRU will be linked to the nearest ICMR institute to mentor and guide the research activities of MRHRU relevant to local needs and would be headed by an authorised officer of the concerned mentoring ICMR Institute/Centre. The research activities will be monitored and guided by a Committee consisting of technology developer (eminent scientist/researcher from reputed research institution as well as nearby Medical College), technology implementer (state health officials and functionaries) and researchers of MRHRU, constituted with the approval of Secretary, DHR. The above stated officials will have frequent meetings (3-4 times in a year) to identify the need and the transfer of technology to the beneficiaries.

10.2 Some of the indicators that will be used to review the growth of these centers are as follows:

- Number of research projects undertaken by that Unit.
- New clinically/public health relevant knowledge generated and published
- Number of technologies transferred to the states.
- Impact on health care practices and various health indicators of the state
- Number of persons trained for carrying out the research activities.
- Dissemination of the research activities in various National and International Conferences.
- Evaluation of the units by external experts/agencies.

11. PROGRESS REPORTS

11.1 ICMR would obtain quarterly progress report from each MRHRU and submit the same to the Department of Health Research for information/necessary action alongwith their expert comments.

12. PROJECT MANAGEMENT & IMPLEMENTATION UNITS:

12.1 Two separate PMIUs, one in DHR and the other under ICMR, would be set up for smooth and efficient implementation of the scheme. While PMIU in DHR will be primarily responsible for the overall administrative/financial management regarding implementation of the scheme, the unit at ICMR will be responsible for providing all technical support, from the call of applications/proposals, processing the same for recommendations by the expert committee, coordination with the concerned agencies for establishment of the MRHRUs, submission of UCs, progress reports, etc. Separate guidelines will be framed for the engagement of staff and functional responsibilities of the PMIUs.

13. AUDIT REQUIREMENTS

The audit of accounts of the MRHRU will come under the purview of C&AG. Each entity receiving funds under the project will be required to maintain separate accounts for the project.

14. UTILIZATION CERTIFICATES.

ICMR would be required to furnish the Utilization Certificate for the funds received under the project in accordance with the provisions of the GFRs. The

UC will be accompanied by the performance-cum-achievement reports of the MRHRs in the format as may be prescribed by the DHR.

15. CONTACT

Further information can be obtained at-

DHR website: dhr.gov.in

Contact person:

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Ministry of Health & Family Welfare
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Ph : 011-23736085**

Email: mrhru-dhr@gov.in

Appendix-I

No.V.25011/570 (ii) /2010-HR
Government of India
Ministry of Health and Family Welfare
Department of Health Research

Room No.511-A, Nirman Bhawan, New Delhi-110108
Dated: 21st June, 2013

To

The Pay & Accounts Officer,
Ministry of Health & Family Welfare
Nirman Bhawan,
New Delhi-110011

Subject: Administrative Approval & Expenditure sanction for the Plan Scheme of the Department of Health Research for 'Establishment of Model Rural Health Research Units (MRHRUs) in the States' during the 12th Plan period under the initiative of Development of Infrastructure for Health Research.

Sir,

I am directed to say that the aforesaid proposal was considered by the EFC in its meeting on 22nd March, 2013 under the Chairmanship of Secretary, Department of Health Research. In pursuance of the recommendations made by the EFC, the administrative approval & Expenditure sanction of the Competent Authority is hereby conveyed for plan scheme of Department of Health Research, namely '**Establishment of Model Rural Health Research Units (MRHRUs) in the States**' for implementation during the 12th Plan period. Under the scheme, 15 (fifteen) Model Rural Health Research Units (MRHRUs) will be set up in the States during the 12th Plan period at an estimated cost of Rs.67.66 crores subject to the following terms and conditions:-

PHYSICAL TARGETS:

2. The proposal will be limited to the establishment of 15 Model Rural Health Research Units during the remaining period of the 12th Plan (7 Units in 2013-14 and 8 Units in 2014-15).

FUNDING MECHANISM OF THE SCHEME:

3. Financial assistance of Rs.3.075 cr. would be provided for establishment of each MRHRU (Rs.2.075 cr. towards civil works and Rs. 1.00 cr. towards equipment).

4. Recurring expenditure would not exceed Rs.30 lakhs per annum on staffing of each MRHRU and Rs.20 lakhs per annum towards consumables, trainings, contingency etc. The norms of financial assistance and phasing of year-wise expenditure is given at **Annexure-I**.

OTHER TERMS & CONDITIONS:

5. Each Unit will be established in a total covered area of about 620 sqmtrs (to be constructed as a multi-storied block). For this purpose, the requisite land approx.300-400 sqmtrs. would be provided by the State Government free of cost.

6. The selection of locations will be based and prioritized on the basis of the disease burden of the area in consultation with the concerned State Governments to ensure that the units are able to meet their objectives. Heavy burden disease may be the target area for the scheme.

7. The Model Rural Health Research Units (MRHRU) will be set up preferably in close proximity to the state health facility (Community/Primary Health Centre at Block level) so that the unit could work in close coordination with the state health providers, national level research institutions and medical colleges in developing models for transfer of technologies in rural settings.

8. Each MRHRU will be linked to the nearest ICMR institute to mentor and guide the research activities of MRHRU relevant to local needs. These research activities would be monitored/ guided by the Committee, consisting of Eminent Scientists of National repute with representation from state govt. medical colleges, state health services and other concerned state health officials, constituted with the approval of Secretary, DHR.

9. The staff at the MRHRUs as well as for PMIUs at DHR and ICMR will be engaged on contractual basis only.

10. The appointment of contractual staff and procurement of equipment, etc. would be done as per the GFRs and other relevant laid down Government procedures.

11. The scheme will be implemented through the ICMR, including the management of staff cadre at the MRHRUs. DHR will have managerial role for release of funds and overall monitoring of the project.

12. The release of grants-in-aid and the terms and conditions thereof including submission of utilisation certificates shall be subject to the provisions GFRs.

This issues with the approval of competent authority vide Ministry of Finance, D/Expenditure's O. M. No. F.No.1(3)PF.II dated 01.04.2013.

Encl: As above.

Sd/-
(Sunita Sharma)
Deputy Secretary to the Government of India
Tel No.23063723
Tel No.23063723

GUIDELINES ON THE IMPLEMENTATION OF THE SCHEME REGARDING ESTABLISHMENT OF MODEL RURAL HEALTH RESEARCH UNITS IN THE STATES

Copy forwarded for information /necessary action forwarded to:

1. Director General, ICMR & Secretary (HR)
2. Joint Secretary (PF-II), D/o Expenditure, Ministry of Finance, North Block, New Delhi.
3. Adviser (Health), Planning Commission, Yojana Bhawan, New Delhi
4. AS &FA (Health)

CC:

- i. PS to HFM
- ii. PS to MoS (HF&W)
- iii.
- iv. JS(HR)-Shri S.K. Rao
- v. JS(HR)-Shri NageshPrabhu
- vi. US (RKA)/US(AS)-DHR

Annexure-I

**Costing of the proposal regarding establishment of Model Rural Health Research Units in
the States during the 12th Plan period.**

GUIDELINES ON THE IMPLEMENTATION OF THE SCHEME REGARDING ESTABLISHMENT OF MODEL RURAL HEALTH RESEARCH UNITS IN THE STATES

Appendix-II

Component	Unit Cost	Rs. in crores				
		2013-14	2014-15	2015-16	2016-17	Total
Physical Targets		7	8	0	0	15
Civil Works	Rs.2.075 cr. per MRHRU (50% in first year and 50% next year)	7.26	7.26+ 8.30	8.30	0	31.12
Equipment	Rs.1.00 cr. per MRHRU (50% in first year and 50% next year)	3.50	3.50+ 4.00	4.00	0	15.00
A. Total Non - Recurring	Rs.3.075 cr. per MRHRU	10.76	23.06	12.30	0	46.12
Recurring						
Staff at MRH RUs	Rs.30 lakhs per annum (from 2 nd year)	0	2.10	2.10+ 2.40	2.10+ 2.40	11.10
B. Total for Staff		0	2.10	4.50	4.50	11.10
Consumables, Training, contingency, etc.	Rs.20 lakhs (from 2 nd year)	0	1.40	1.40+ 1.60	1.40+ 1.60	7.40
C. Total (Consumables, Training, contingency, etc.)		0	1.40	3.00	3.00	7.40
D. Project Administration Charges						
(a) Staff at DHR for PMIU		0.26	0.26	0.26	0.26	1.04
(b) Staff at ICMR for PMIU (Technical Support)		0.14	0.14	0.14	0.14	0.56
E. Office Expenses-DHR		0.51	0.31	0.31	0.31	1.44
Total Recurring (B+C+D+E)		0.91	4.21	8.21	8.21	21.54
Grand Total (A+B+C+D+E)		11.67	27.27	20.51	8.21	67.66

Application Format for seeking details for establishing Model Rural Health Research Units (MRHRU) in the States

1. Name of the State:
2. Name of District where the MRHRU to be established:
3. Site/Location identified for MRHRU (in close proximity to PHC/CHC)*
4. Status of availability of requisite land or semi- constructed building having a covered area of about 620 Sq mtrs minimum, for establishing MRHRU
5. Distance (in km) of identified site from
 - a. State Health Hqrs.
 - b. Nearest Medical College
 - c. Nearest State level Research Institution (if any)
6. No. of district(s) the proposed MRHRU is likely to cover for transfer of new technologies
7. Names of Nodal persons/Coordinators (to be identified – one from State Health Hqrs., one from nearest State Govt. Medical College, one from district/CHC level where MRHRU is to be established) with designations
8. Areas of expertise of the Nodal Officers:
9. Research work proposed with reference to local health priorities*
10. Willingness to take up research proposals based on local/regional/national health priorities to be prepared in consultation with the state medical college and any other research institutions
11. List of proposals being sent along with the application along with concept note
12. Method of election/evaluation of the concepts being sent.
13. State health personnel at CHC/PHC level identified to undertake various research activities under the MRHRU.
14. Any other information you would like to furnish.

**[Kindly send three to five research proposals which the MRHRU proposes to undertake]*

Note:

- i. The selection of locations will be based and prioritized on the basis of the disease burden of the area in consultation with the concerned State Governments to ensure that the units are able to meet their objectives. Heavy burden disease may be the target area for the scheme.
- ii. The Model Rural Health Research Units (MRHRU) will be set up preferably in close proximity to the state health facility (Community/Primary Health Centre at Block level) so that the unit could work in close coordination with the state health providers, national level research institutions and medical colleges in developing models for transfer of technologies in rural settings.
- iii. Each MRHRU will be linked to the nearest ICMR institute to mentor and guide the research activities of MRHRU relevant to local needs. These research activities would be monitored/ guided by the Committee, consisting of Eminent Scientists of National repute with representation from state govt. medical colleges, state health services and other concerned state health officials, constituted with the approval of Secretary, DHR.
- iv. The staff at the MRHRUs as well as for PMIUs at DHR and ICMR will be engaged on contractual basis only.
- v. The appointment of contractual staff and procurement of equipment, etc. would be done as per the GFRs and other relevant laid down Government procedures.

MEMORANDUM OF AGREEMENT (MOA)

PREAMBLE

Whereas the Government of India, Ministry of Health & Family Welfare, Department of Health Research has formulated a scheme for establishment of Model Rural Health Research Units (herein referred to as **MRHRU**) for transfer of modern technologies and research to the rural settings for providing better health care to the population, under the initiative of development of infrastructure for health research. during the 12th Plan period;

Whereas the details of the of the scheme have been already communicated to State Health Departments and they have expressed their willingness to establish MRHRU in their State with the financial assistance of Department of Health research, Ministry of Health and family welfare Govt. of India

Now therefore,

This Agreement is made at _____ this _____ Day of _____ 2013

BETWEEN

The Government of _____, Department of _____ (name of the State Government & the Department) (herein referred to as the SG) and the Indian Council of Medical Research _____ (hereinafter referred to as ICMR) through their authorized signatories _____ which expression unless repugnant to the context or the meaning thereof shall include its permitted assigns and successors.

AND

Department of Health Research, Ministry of Health & Family Welfare, Govt. of India with office at Nirman Bhawan, New Delhi (hereinafter referred to as DHR) through its authorized signatory _____ which expression unless repugnant to the context or the meaning hereof shall include its permitted assigns and successors.

Whereas the above mentioned parties having signed the Memorandum of Agreement (hereinafter referred to a MOA), which will lay the foundation for cooperation and joint action for Establishing the Model Rural Health Research Units (MRHRUs) in the States, and agreed as under:

1. COMMON OBJECTIVES

- i. To develop State/area specific models depending upon the disease profile, topography, morbidity patterns and local conditions for transfer of the technology for providing better health care services to the rural masses by supporting and undertaking relevant research on local health issues as per the priorities identified by the State Govt. in close coordination with State health authorities. Special focus will be given to tribal areas, hilly terrain, and remote areas.
- ii. To create a state-wide research capability within the context of building the National Research Infrastructure, including training the health professionals of State Health System to enable them to carry out health research in the use of modern technologies and to replicate the models at local level.
- iii. To facilitate the transfer of appropriate technologies, existing and new, to make them available and accessible to target populations.
- iv. To undertake various research projects in close coordination with the State Government Institutions and other research institutes/centres that are relevant and beneficial to the rural population.

2. OBLIGATIONS OF THE DEPARTMENT OF HEALTH RESEARCH

- a) To provide requisite funds for the establishment of MRHRUs in respect of approved projects
- b) To exercise overall managerial role for release of funds and overall monitoring of the project.

3. Obligations of the Indian Council of Medical Research (ICMR)

- (i) To execute the scheme on behalf of the Department of Health Research (DHR), including the following-
- (ii) Inviting applications/proposals for setting up of MRHRUs in the States.
- (iii) Screening/ Evaluation & Recommendation of the proposals
- (iv) Site visits by the Committee or its sub-committee, wherever required.
- (v) Seeking Expert Review wherever required.
- (vi) Devising suitable internal mechanism as per GFRs and other relevant rules/regulations of the Government of India for speedy execution of the civil works, procurement & installation of equipments, selection & posting of requisite core staff with the active involvement of the State Health Department and the

ICMR Institute/Centre with whom the MRHRU would be attached, which would inter alia include-

- (vii) Identification of land in consultation with the State Government, as per requisite specifications
- (viii) Signing of the MOU with the State Govts (Format at Appendix -III)
- (ix) Finalization of layouts/maps for establishing the MRHRUs.
- (x) Tendering and hiring the agencies, as per the GFRs, for construction of unit/renovation of space provided by the State Govt.
- (xi) Tendering and procuring the equipments, as per GFRs.
- (xii) Hiring the contractual staff and other office equipments to run the unit and management of staff cadre at the MRHRUs after following all GFR provisions.
- (xiii) Designing and preparing the appropriate/relevant research project proposals to be undertaken by the MRHRU
- (xiv) Linking of each MRHRUs to the nearest ICMR institute to mentor and guide the research activities of MRHRU relevant to local needs.
- (xv) To obtain quarterly progress report from each MRHRU and submit the same to the Department of Health Research for information/necessary action, along with their expert comments,
- (xvi) Obtaining Utilization Certifications and other relevant information in accordance with the GFRs.

4. OBLIGATIONS OF THE STATE GOVERNMENT

- 1) Identification and handing over requisite land / building for providing a covered area of about 620 sq mtr minimum for establishment of the MRHU.
- 2) Deploying personnel from State Medical Colleges and Health Functionaries
- 3) To provide hospital infra-structure (equipment and personnel's) for the field / hospital work.
- 4) To facilitate the DHR/ICMR in activities for successful functioning of the MRHRUs

5. AMENDMENT TO THE AGREEMENT

- The obligations of DHR, ICMR and State Government have been outlined in this MOA. However, during the operation of the MOA circumstances may arise which may call for alternations or modifications of this agreement. These alterations will be mutually discussed and agreed upon in writing.
- No amendment or change hereof or addition hereto shall be effective or binding on either of the parties hereto unless set forth in writing and executed by the respective duly authorized representatives of each of the parties hereto.

6. VALIDITY & TERMINATION

This MOA shall come into effect upon signature of both the parties on the date set forth below and will in force for five years. It may be extended further in its present form or with modifications as may be agreed upon through mutual consent. This MOA can be terminated at any time after the initial project period of five years through mutual consent on three months' notice in writing from either side.

7. INTERPRETATION/MATTERS NOT PROVIDED HEREIN

If any doubt arises as to the interpretation of the provisions of this agreement or as to matters not provided therein, parties to this agreement shall consult with each other for each instance and resolve such doubts in good faith.

Signed on this day.....of

- 1. For and on behalf of the State Government 2. For and on behalf of the ICMR**

**Authorized Signatory
Place
Dated**

**Authorized Signatory
Place
Dated:**

Witness:.....

Witness:.....

- 3. For & on behalf of the Government of India,**

**Ministry of Health & Family Welfare, Department of Health Research
New Delhi**

Authorized Signatory,

**Place
Dated:**

Witness:.....

Appendix-IV

List of Equipments

Indicative list of equipments for Model Rural Health Research Unit

SN	NAME OF EQUIPMENT	QUANTITY	ESTIMATED COST
1	Microscope (light)	2	120000
2	Microscope (Fluorescent)	1	100000
3	ELISA READER	1	200000
4	Auto analyser	1	250000
5	Biosafety cabinet	1	300000
6	Haematology analyser	2	240000
7	Computer with accessories	1	100000
8	centrifuge	1	50000
9	refrigerated centrifuge	1	300000
10	Ultra sonography machine	1	1000000
11	Hot plate	1	2000
12	Electronic balance	1	50000
13	Refrigerator	1	30000
14	(-20 degree) freezer	1	300000
15	Water bath	1	50000
16	Autoclave	2	30000
17	Oven	1	50000
18	X Ray viewing box	1	5000
19	Needle breaker	1	10000
20	UPS	1	50000
21	Gas burner with cylinder	1	20000
22	Electric incinerator	1	200000
23	Solar vaccine refrigerator	1	70000
24	ECG machine	1	100000
25	Solar inverter	1	1000000
26	Furniture & fixTure	1	500000
27	Telephone with internet connection	1	10000
	TOTAL		90,97,000

i.e. approximately Rs.1.00 crore per MRHRU.

APPENDIX-V

Core Staff to be provided at each MRHRU (to be engaged on contractual basis on consolidated remuneration till creation of regular posts)

GUIDELINES ON THE IMPLEMENTATION OF THE SCHEME REGARDING ESTABLISHMENT OF MODEL RURAL HEALTH RESEARCH UNITS IN THE STATES

SN	Name of the post	Pay+Pay Band	No. of posts	Consolidated Remuneration per month	Estimated Cost per year per
1.	Scientist D/C (Medical)	Rs. 15600-39100 + GP 7600	1	60000	720000
2.	Scientist C (Non-Medical)	Rs.15600-39100+GP 6600+NPA	1	55000	660000
3.	Technical Assistant (Statistician)	PB – 2 / 8700-34800	1	31000	372000
4.	Technical Assistant (Research 1)	Rs. 9300-34800+ GP 4200	1	25000	300000
5.	Assistant (Multipurpose)	Rs. 9300-34800+ GP 4200	1	25000	300000
6.	Technical C (Lab Technician)	Rs. 5200-20200 + GP 2800	1	21000	252000
7.*	Data Entry Operator - outsourced	Rs.16000-20000 p.m.	1	18,000	216000
8*	Group D staff /Multi Task Staff-outsourced	Rs.8000-10000 p.m.	1	9000	108000
Total			8	244000	2928000

****To be outsourced.***