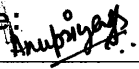
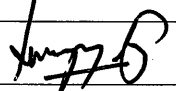
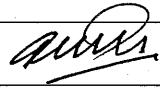




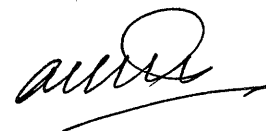
National Health Systems Resource Centre  
Ministry of Health & Family Welfare, Government of India

**ADMIN & HR POLICY**

<b>Policy Owner:</b> HR Manager	<b>Policy Reviewer:</b> Principal Administrative Officer	<b>Policy Approver:</b> Executive Director
<b>Name:</b> HRM	<b>Name:</b> Brig. Sanjay Baweja	<b>Name:</b> Maj Gen (Prof.) Atul Kotwal, SM, VSM
<b>Signature:</b> 	<b>Signature:</b> 	<b>Signature:</b> 
<b>Date of Release:</b> 06 Jun 2025	<b>Date of Implementation:</b> 06 Jun 2025	<b>Page No.:</b> 1 to 38

**1. Introduction**

- a. An initiative for the formation of HR and Administrative Policies & Procedures has been taken to create clear and transparent rules and regulations, providing a platform to address issues for all Consultants working with NHSRC, RRC-NE at any level and selective tenants as indicated will apply to MoH&FW Consultants employed through NHSRC.
- b. The Policies & Procedures of HR and Administration set forth personnel policy guidelines to assist Consultants with their operational responsibilities and to inform them about the workings of the organization. The scope of this policy document is intended to support the growth of NHSRC and RRC-NE enhance the efficiency and effectiveness of the organization's operations.
- c. This policy is to be read in conjunction with the Bye-Laws, as amended from time to time, and supersedes any other policies previously used by NHSRC and RRC-NE. It will also serve as the basis for the revision of the Bye-Laws in the future.



**Maj Gen (Prof.) Atul Kotwal, SM, VSM**

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## PART I

### OFFICE PROCEDURE

2. Guidelines for various aspects of day to day functioning are as given below:-

#### **(a) Timings.**

(i) The working hours of the NHSRC Office, New Delhi, as well as those of its branches, will be the same as observed by the Ministry of Health & Family Welfare, Government of India, i.e., from 09:00 AM to 05:30 PM, Monday to Friday. The lunch break of 30 minutes will be from 01:00 PM to 01:30 PM. The personnel may opt for flexi-timing with prior approval and for a maximum period of 3 months. However, core timings remain from 09:00 AM to 05:30 PM.

(ii) The NHSRC Office, New Delhi, and RRC-NE Office, Guwahati, shall remain closed on all national and other holidays declared as such by the Government of India. In addition, each employee will also be allowed to avail themselves of any two Restricted Holidays as specified by DoPT in the list of Restricted Holidays.

(iii) Punctuality is of utmost importance. Consultants/staff should maintain the time of arrival, but in case of contingency, a 15-minute grace time period may be given.

#### **(b) Work From Home (WFH).**

(i) Personnel can be allowed to work from home normally for 3 working days in a month. Approval of the request is purely at the discretion of the Reporting Head. Working from home by an individual will be considered a working day. The Reporting Head will ensure that fixed deliverables are given to the individual and the output of the assigned tasks will be assessed the following day. In case the requirement exceeds 3 days, approval from the Executive Director (ED) will be required. The Reporting Head will inform the HR Division about the individual's working from home.

(ii) Approvals for WFH will be obtained at least a day in advance, and the same will be intimated to the HR Section by Divisional SEs for record-keeping purposes.

(iii) Approval must be in the form of an e-mail.

(iv) Any individual on WFH can be called to report to the office at any point in time, even after the approval for working from home has been granted.

**(c) Dress Code.** NHSRC promotes a comfortable work culture for all in the office. The organization expects all personnel working in NHSRC & RRC-NE to wear neat and clean formal/semi-formal clothes at work. Casual clothing is not permitted in the office.

Any form of clothing that does not suit the stature of the organization and the individual will be avoided. For all meetings, official events, functions, etc., formal dressing is a must.

**(d) Channel of Reporting.** The channel of reporting is important in any organization to define who will report to whom. The Executive Director (ED) is the head of the organization. The Executive Director, Advisors, Director RRC-NE, and PAO form Tier 1 in the reporting chain. All Advisors, Director RRC-NE, PAO, and the Division Heads report directly to the ED. Reporting within the technical division and the administration will be as follows:

(i) Technical Division (NHSRC)

(aa) Fellows/Consultants/Senior Consultants (SC) report to Lead Consultants (LC).

(ab) Lead Consultants (LC) report to Advisors (In the absence of an Advisor, LCs will report to the ED).

(ac) Where the Advisors are not present in the division, all the Consultants will report to the Lead Consultant (LC).

(ii) Administration Division (NHSRC)

(aa) Assistants to nominated consultant.

(ab) Consultants of IT, Finance, HR to Section heads.

(ac) Consultants of Gen Admin to PAO

(ad) HR Manager / Finance Manager / IT Manager/ Senior Consultant-Administration and Consultant of Publications to PAO

(iii) Technical Division (RRC-NE)

- Fellows/Consultants → Divisional In-charge (Sr. Consultant) → Lead Consultant → Director RRC-NE → Executive Director, NHSRC

(iv) Administration Division (RRC-NE)

- Administrative Assistant/Office Secretary → Consultant (Accounts)/IT Manager → Administrative Officer → Director RRC-NE → Executive Director, NHSRC through PAO

**(e) Non-Disclosure Policy.** As part of normal duties, individuals may obtain or have access to confidential information concerning the Organization. Under no circumstances should any use be made of this information except for purposes directly related to



furthering the work objectives of the Organization, as provided within the terms of the delegated authority. In the event of an individual leaving the Organization, all confidential information and material in their possession must be returned to the Organization (Division of the individual), and continued confidentiality must be maintained. If there is any doubt regarding whether the information is confidential, the approval for sharing will be invariably taken from the division head.

**(f) Staff Suggestion.** NHSRC is committed to receiving and implementing relevant staff suggestions that will help the organization improve its productivity, workplace efficiency, work-life balance, etc. A suggestion box has been installed on both the Offices NHSRC Main Office and NDC Basement Office, where staff can drop their valuable suggestions. Once suggestions/inputs are received, they will be shared with a committee to study them and submit their recommendations to the ED for appropriate decision. If approved, the suggestion will be implemented in the organization by way of an Office Order to be published by Admin.

**(g) Office Council.** In consonance with MoH&FW's letter No. B.12014/02/2018-JCM dated 14<sup>th</sup> February 2020 and even no. dated 14<sup>th</sup> March 2023 "Office Council" has been constituted. The Secretariat of NHSRC will work as an "Office Council". A meeting will be held every month. A dedicated time slot will be earmarked to address all local and regional issues in this forum. A record of all concerns of office council and suggestions will be maintained by H.R. Section on a monthly basis in an Office Council Register and the same will be put up for endorsement by PAO and approval of ED, NHSRC.

## **PART II**

### **HR PROCESSES**

#### **3. Recruitment.**

**(a) Various Echelons.** NHSRC is well-structured and has a well-defined hierarchy. The organization is headed by the Executive Director, followed by other leadership roles, including Advisors and the Principal Administrative Officer (PAO). The middle-level management comprises Lead and Senior Consultants. In the absence of an Advisor, a Lead Consultant can lead or head a division. However, in administration, Senior Consultants are expected to lead their respective sections.

**(b) Terms of Reference.** For recruitment to all positions, terms of reference defining the role, education, experience, age, skills, etc., required for the specific position are

created. The ToR differ from position to position. The ToR for technical positions are created by the respective Advisors/Divisional Heads. The ToR for administrative positions are created by the PAO. All ToRs will be approved by the ED, NHSRC, through the PAO. The ToR for the Advisor and Principal Administrative Officer will be approved by the Executive Director, NHSRC, in consultation with MoH&FW. The following criteria are followed at NHSRC & RRC-NE for filling a technical position.

**(c) Criteria.** Three major criteria that are followed are qualification, experience, and age. Special/desirable criteria may be factored in as and when required, depending on the job requirements of each post. Relaxation in age may be proposed for exceptional cases as per the ToR.

**(i) For Technical Positions**

Si. No.	Position	Experience	Age	Qualification
(aa)	Advisor & PAO	At least 15 years of post-qualification work experience	Up to 60 years	Postgraduate in the required discipline
(ab)	Lead Consultant	At least 10 Years of post-qualification work experience	Up to 55 years	Postgraduate in the required discipline
(ac)	Senior Consultant	At least 5 Years of post-qualification work experience	Up to 50 years	Postgraduate in the required discipline
(ad)	Consultant	At least 2 Years of post-qualification work experience	Up to 45 years	Postgraduate in the required discipline
(ae)	Junior Consultant	At least 1 Year of post-qualification work experience	Up to 40 years	Postgraduate in the required discipline

**(ii) For Administration Positions**

Si. No.	Position	Experience	Age	Qualification
(aa)	Senior Consultant (HR / Finance / IT Manager)	At least 10 Years of post-qualification work experience	Up to 55 Years	Should be a Postgraduate in the required discipline
(ab)	Consultant	At least 5 Years of post-qualification work experience	Up to 45 Years	Should be a Postgraduate in the required discipline



(ac)	Secretarial Executive & Assistants	At least 3 Year of post-qualification work experience	Up to 40 Years	Should be a Graduate in the required discipline
(ad)	Office Assistants	At least 1 years of work experience	Up to 35 Years	Should be a 12 <sup>th</sup> Grade pass

**Note:** For technical and administrative positions, all essential qualifications (undergraduate and postgraduate qualifications) should be from regular institutions, while desirable education may be obtained from distance learning institutes.

**(d) Release of Advertisement (Twice a Month) / Duration of Advertisement.** Next step in the process is publishing of the advertisement which is released by NHSRC twice a month. This is normally done on the 5<sup>th</sup> & 20<sup>th</sup> of each month but the same can be changed as per the need of the organization. Each recruitment advertisement is live for a maximum of 21 days. Once the 21 days are over no applications are accepted. The Terms of References are uploaded on the websites of NHSRC, MOHFW, RRC-NE (Only if the recruitment is for RRC-NE), National Career Service Portal, Linked In (Only NHSRC & RRC-NE Jobs), and on the DeventJobsIndia (Job Portal) and in the Employment Newspaper.

**(e) Selection Criteria in Case of a Single Candidate Appearing.** For any open position at NHSRC, if only a single candidate appears for the interview, the selection will not be considered valid due to the lack of competition for the said post.

**(f) Online Processes (Written Tests/ Interviews).** In the period during pandemic and for the sake of convenience of conducting interviews, NHSRC had adopted the online interview & the written test process. Same has been continued, However, for Tier 1 and Lead Consultant position physical interview will be held. Error-free software is used to run the written tests and interviews are conducted online. Candidates are expected to take the Interview and the written test on their laptops or Desktops and ideally use a good internet medium to avoid connectivity issues which may be of disadvantage to the candidate. Mobile phones are not allowed. NHSRC shares the guidelines with the candidate prior to the process which clearly defines the Do's and the Don't for the candidate.

**(g) Background Verification.** Prior to releasing an offer to the selected candidate, NHSRC conducts a thorough employment background check on the candidate. Education, experience, etc., are verified by the internal team using the reference details provided by the candidate.

**(h) Joining of Selected Candidate.** A candidate is expected to join on the mutually agreed date. The joining date cannot be extended unless backed by a valid reason that is acceptable to NHSRC. The joining date cannot be extended by more than 10 days under any circumstances. Joining must be in person on the given date and time with the required documents. There is no provision for online joining, as original documents need to be physically verified.

**(i) Policy on Salary Negotiations.** The consultancy fee is decided by NHSRC, taking into account the individual's last drawn salary, educational qualifications, and parity within the division the individual will be joining. It also involves necessary deliberations with stakeholders before the fee is finalized. Once the fee is approved and offered, it cannot be negotiated. The ED will be the final authority for fee fixation.

**(j) Joining time/ Extensions on Joining Date.** NHSRC encourages candidates to serve the required notice period in their current organization, with a 30-day notice period being acceptable. However, a longer notice period may only be accepted if mutually agreed upon by the candidate and NHSRC, with the concurrence of the Divisional Head and approval from the Executive Director (ED) being mandatory. Before joining, candidates must submit their relieving letter from their previous organization to NHSRC either on the day of joining or prior to joining. A selected candidate will not be inducted unless the relieving letter or an email from the HR department of the last organization is submitted.

**(k) Lateral Movement / Transfer.** A Consultant may be transferred, assigned, or deputed from one division, location, or branch to another of NHSRC either full-time or for a specific assignment. Such lateral movement may also be necessitated if a new branch/ division is created. S/he may also be required to undertake additional duties apart from the normal duties of the post to which s/he is appointed. A Consultant may also request a transfer from one working place to another. Request for such lateral move between divisions needs to be concurred to by the Divisional Head. Final approval of ED will be obtained.

#### 4. Terms of Engagement

**(a) Contract Agreement.** NHSRC offers initially a two-year contract (limited within year) which is extendable subject to performance, funding, or need of the division where s/he is hired. The contract can be terminated by NHSRC or a Consultant within 30 days of the notice period or payment in lieu thereof.



**(b) Probation/ Extension of Probation/ Notice Period During Probation/**

- (i) The probation period will be three (3) months and may be extended up to six (6) months.
- (ii) During the probation period, the Consultant's performance will be assessed based on their ability to meet the job requirements and the standards specified in the key deliverables/Terms of Reference (ToR). If the Consultant fails to meet the desired expectations, the Division In-charge must provide adequate counselling to the Consultants.
- (iii) During the probation period, if either the Consultant or the Organization is not satisfied with the work performance, a 15-day notice can be given by either party, or payment in lieu thereof may be made.
- (iv) The probation period may be extended if the Reporting Officer feels that the work/output of the personnel needs further monitoring before confirmation or non-confirmation. Such an extension is permitted only once, with a maximum duration of six (6) months or a minimum of three (3) months, subject to approval from the ED, NHSRC.
- (v) If the contract is discontinued, no leave will be allowed during the notice period.

**(c) Remuneration.** The consultancy fee in NHSRC is paid within the band of the position. It is decided mainly on educational qualification, experience, and is required to be at parity within the division. The approved fee bands of NHSRC are tabulated below:

NHSRC Fee Band			
S.No	Designations	Lower Limit (INR)	Higher Limit (INR)
(i)	Lead Consultant	1,30,000/-	1,70,000/-
(ii)	Senior Consultant	90,000/-	1,50,000/-
(iii)	Consultant	60,000/-	1,20,000/-
(iv)	Junior Consultant	40,000/-	70,000/-
(v)	Intern/Fellow	45,000/- (Intern)	50,000/- (Fellow)

**(d) Maximum Age.** An individual can work in NHSRC till s/he attains 65 years. No individual can work beyond 65 years unless the engagement beyond 65 years is

approved by the Secretary H&FW. Same needs to be processed on file duly recommended at all levels.

**(e) Benefits.** NHSRC offers the following important benefits for the wellbeing of its personnel:

(i) **Free Accidental Insurance:** All NHSRC and RRC-NE personnel are entitled to personal accidental insurance coverage. This policy does not cover Summer Interns, Short Term Consultants, and Consultants on work orders. The policy is fully paid for by NHSRC.

(ii) **Subsidized Medical Insurance.** All personnel on long-term contracts with NHSRC, RRC-NE, and MOHFW are eligible for a cashless Mediclaim policy cover of Rs. 5 lakhs. 80% of the premium amount is paid by NHSRC, with the remaining 20% paid by the individual. This policy is optional, but individuals are encouraged to take it due to the benefits it provides.

(iii) **Mobile Bill Reimbursement.** (Only for one bill)

Si. No.	Designation	Reimbursement Amount including GST
(aa)	Executive Director	Rs.2000/- Per Month or the bill amount whichever is lesser
(ab)	Advisors/PAO/ Lead Consultant/ Sr. Consultant	Rs.1500/- Per Month or the bill amount whichever is lesser
(ac)	Consultants, SEs & assistants	Rs.800/- Per Month or the bill amount whichever is lesser

(iv) **Laptop Reimbursement:** Laptop Reimbursement is authorized for Consultants of NHSRC, MoH&FW who are on the NHSRC payroll and RRC-NE. The reimbursement amount is Rs. 1,000 per month for a period of 30 months, Maximum upper limit is Rs. 30,000 or the invoice amount, whichever is lesser. After 30 months from the first reimbursement or six months after the last installment, a second reimbursement can be initiated on similar terms. If a consultant leaves NHSRC before completing one year, the amount reimbursed for the laptop will be debited or adjusted from their final payment.

(v) 30 days of Consolidated Leave for all consultants, along with national and other holidays declared by the Government of India. In addition, each employee will be



allowed to avail themselves of any two Restricted Holidays as specified by the DoPT in the list of Restricted Holidays. All individuals are required to submit leave requests exclusively through the designated leave management software. Hard copy submissions will not be accepted. In exceptional cases where the software is temporarily unavailable, leave may be applied for on paper; however, the request must be entered into the software once the issue is resolved.

(vi) Fully paid Maternity leave (For female Consultants) as per Government of India policy 26 weeks i.e., 182 days,

(vii) Performance-linked annual increments for all.

(viii) Special Increment A++ for exceptional performance of consultants.

(ix) TA/ DA as per category authorization.

**(f) Redesignation of Executives and Assistants.** Reference is made to the Office Order dated 10<sup>th</sup> May 2204. The decision has been taken by the committee member for redesignation of Assistant Level Personnel based on education and the designation has been categorized:

(i) Secretarial Executive (SEs) from Secretarial Assistants

(ii) Administrative Assistant (AAs)

(iii) Office Assistants (For personnel with a qualification of 12th Pass)

**(g) Short Term Consultants.**

(i) NHSRC also engages consultants on a short-term basis. This is done when there is an urgent requirement or additional support is needed to meet critical deadlines. A short-term consultant is generally engaged for a period of 3 months, which can be extended for another 3 months, subject to performance and the division's needs. In very specific and rare circumstances, this contract can be extended to a maximum of 11 months.

(ii) The recruitment process for a short-term consultant is the same as for a regular consultant. The only difference is that the three-member panel is composed from within NHSRC. The position is advertised on the NHSRC website for 7 days, and selection is made through an open and fair interview process.

(iii) A short-term consultant is entitled to 1 leave per month; in a 3-month contract, this amounts to 3 leaves. Availing all 3 leaves or 1 leave at a time is permitted. Any

excessive leave will be treated as leave without pay. The notice period for short-term consultants is 7 days.

**(h) Interns & Fellows.**

(i) As part of its commitment to strengthening the public health system under NHM, one vital role NHSRC plays is in the induction of public health skills through the provision of apprenticeship opportunities. As part of this approach, NHSRC conducts campus recruitments to identify and bring in suitable candidates as Interns and Fellows. All divisions in NHSRC, including Administration and RRC-NE, are entitled to engage Interns/Fellows. The number of Fellows is capped for all divisions, usually at 25% of their sanctioned strength.

(ii) Candidate selected from Campus Recruitment joined as an Intern in the absence of Provisional Certificate. The internship tenure at NHSRC is usually up to 3 months. This may be extended in the event of a delay in releasing results by the University. Upon submission of results, the internship is converted into a fellowship, with the total period for the Intern-Fellow being 1 year. The fellowship period cannot be extended beyond 1 year.

The remuneration for Interns is Rs.45,000 per month, and for Fellows, it is Rs.50,000 per month. The notice period for Interns is 7 days, while for Fellows, it is 15 days.

**(i) Summer Interns.** The NHSRC, in the decisions made during the Secretariat Meetings of March 2024 and April 2024, has decided to onboard summer interns comprising 25% of the total division strength. Highlights of Summer Interns are as follows:

- (i) A link on the NHSRC website is being created for the registration of interns. The tenure of these interns will be two to three months.
- (ii) The interns can apply online on the NHSRC website, their application must include a recommendation from their institute.
- (iii) The remuneration for such interns will be ₹10,000/- per month
- (iv) These interns will fall under the category of "Summer Interns." It will not be mandatory for divisions to take summer interns.
- (v) The proportional allocation of summer interns will be 25% of the division's strength. Intern intake exceeding 25% will be unpaid.
- (vi) The notice period for summer interns will be 2 working days.
- (vii) The selection process may include a written test, CGPA, interview, and other parameters as deemed appropriate by the concerned division.
- (viii) Individuals applying for such internships should indicate the division they are



interested in.

**(j) Induction.** Induction is a formal welcoming process that is designed to make the new joiners (Consultant, Fellows, Interns) feel comfortable, informed about NHSRC, and prepared for the role in his/ her new position. It is also to give him/her an overview of the organization's history, its core values, vision, mission, goals, objectives rules & regulations, etc. In addition, the new consultant is given an overview of the Divisions, H.R. facilities, and key personnel of the Organization. The Induction is conducted once in two month by the Admin (HR) and HRH/HPIP Division. This is generally scheduled on the first Friday of the month. All new joiners of NHSRC, RRC-NE and MOHFW are required to attend. This daylong event will commence with an overview of charter of all technical divisions followed by an overview of Admin sections such as Accounts, General Admin, IT and HR.

**(k) Training.** The full-time staff of the Society and its branch/s shall be encouraged to take up skill development courses and even correspondence courses which further their employment prospects, enhance their skills, and build up the capabilities of the NHSRC. HR section identifies and organizes various important training each year for enhancement of skills of the Consultants. An Annual Training Calendar will be prepared by the HR Section which will be approved by the ED NHSRC. Nominations will be obtained from the Technical / Admin division for such trainings. These trainings may be conducted either online or offline modes. The cost of such trainings will be borne by the Organization. The training / Workshop to improve the Technical expertise of the Consultants will also be organized by the respective divisions. Post conduct of training a detailed feed back will be taken from participants with the view of future improvement.

**(l) External Consultants (ECs).** In addition to the above modes of employment, NHSRC may also engage experts for task based projects. Such experts (External Consultants) may be hired for a specific period called "**Professional Days (PDs)**". Engagement cycle will not exceed 89 consecutive days, which may translate into 76 PDs. For the purpose of engaging an EC, they need to be empanelled with NHSRC. Empanelment will be done on a monthly basis by ED's Sectt and list of empanelled experts maintained by them and shared with Admin Division. Remunerations for ECs will be based on their qualification, experience.

**(m) Foreign Travel Procedure (on Leave/Duty).** Personal proposing to undertake foreign travel based on an invitation from a foreign University/ organization, for

presenting papers, attending meetings/ workshops/ seminars, and wishes to travel abroad, would be required to submit the following documents as soon as possible to take necessary approval on the file from the ED through concerned Advisor / Reporting Head and PAO.

- (i) Copy of Invitation Letter
- (ii) Travel Itinerary
- (iii) Leave Application
- (iv) Request letter for issuance of NOC for Visa purposes, if required. Same may be processed based on mail received from individual.
- (v) Source of Funding.
- (vi) NHSRC shall not bear or reimburse any expenses incurred towards the foreign travel.
- (vii) In case, if the consultant/ Divisional Head is receiving repeated invitation letters personally, the consultants need to take the approval of the Reporting Head and Executive Director prior to making any further intimation, confirmation, or correspondence with the organizers.
- (viii) However, if an individual wishes to undertake foreign travel for purely personal reasons, a Leave Application duly approved by the Reporting Head will need to be furnished to HR Section for issue NOC to obtain visa.

**(n) Fee Release.** Based on timely submission of attendance, the Monthly Consultancy Fee is disbursed on the last working date of every month after deducting the TDS. NHSRC follows 22.5 days as a month for paying the consultancy fees to all who are on the contract of NHSRC. If a consultant joins or leaves NHSRC, s/he will be paid for the number of consultancy days s/he has worked in that month, Saturday and Sunday being non-payable days.

(i) NHSRC has a liberal leave policy and there are ample leave for personal exigencies or for any other personal needs. Any leave consumed which is beyond entitlement will result in Leave without Consultancy fees. The deduction for such additional leave will be made by the total monthly consultancy fee divided by the total number of consultancy days i.e 22.5

(ii) Monthly Attendance. The monthly attendance of the consultants shall be processed in the "Monthly Attendance Format" and shall be submitted to the HR



Division by 12 noon of every last/ second last working day of the month. The details of designated signing authorities are as under: -

(aa) For Advisors, PAO & any Consultants directly reporting to ED –ED.

(ab) For Sr. Consultants & Consultants - The concerned Advisor / Div Incharge.

(iii) Monthly Attendance of Out Sourced Staff. An Attendance Register is maintained at reception to record the daily attendance and leave of the Outsourced Staff. This is periodically reviewed by the Gen Admin for leave records and monthly fee purposes. All absences from the duty should be supported with the leave application form, if availed.

**(o) Exit Procedure.**

(i) Resignation process: A consultant, who wishes to submit her/his resignation, has to submit the same in hard copy, addressed to Reporting Authority/ Advisor/ Executive Director, NHSRC. It is mandatory to serve a notice period of 30 days. Authority of accepting a resignation is that of ED.

(ii) On the last working day of the Consultant, an Exit form is to be filled and clearance is to be taken from various Sections of Administration. which is to be submitted to the HR Division for calculation of the full and final amount. A resignation letter submitted in an email shall not be considered.

(iii) The Full & Final settlement of the consultant, leaving the organization, will be disbursed within 15 days of the consultant leaving the organization (subject to completion of exit formalities).

(iv) Relieving Letter, signed by PAO, shall be issued to the individual along with the release of the Full & Final settlement amount by the HR Division.

(v) No Leave is permitted during the notice period. Approval of all Resignation Waiver as also withdrawal of resignation only to be approved by ED. To waive off a notice period, a consultant has to mention the same on her/his resignation letter, the same has to be recommended by the Division head/ Advisor. It is the sole discretion of the ED to waive off the Notice Period fully, partially, or reject the same. Similar action is to be taken if the Consultant is leaving the organization due to cessation of the Contract.

(vi) No consolidated /carry forwarded leave may be adjusted during the notice period.

(vii) Experience Certificate. On completion of exit formalities, an individual is issued her/his relieving letter by the HR section of NHSRC within 15 days of her/his relieving. Any request for an experience certificate will have to be made to the Advisor / Division Head of the division. The Experience certificate will be issued by the respective Advisor / Division Head and not by the Administration.

**(p) Personal information.** In case of any change in the personal profile of the staff member, a form is to be filled by the individual and submit the same to the HR Division immediately, to keep the personal record updated. As a regular updation of Personal Information may will be initiated every six months by H.R Section and compiled.

### Part-III

#### FAMILIES of PERSONNEL of NHSRC Joining as a PERSONNEL at NHSRC

5. The silent features of the policy are as given below: -

(i) Scope. This section of HR policy may apply to two situations:

(a) Change in the status of 2 personnel, who are already working in NHSRC as a close relative or spouse.

(b) A fresh joining who is a close relative of an already employed personnel at NHSRC.

(ii) Definition. The definition of close relative includes spouse, parent/stepparent, child/stepchild, and brother/ sister.

(iii) Pre-Requisite for Relatives.

(a) Not in the same division. Declaration at the time of joining that the close relative is in NHSRC (details of division and position be given).

(b) Not in the direct line of reporting either above or below the existing HR.

(iv) Pre-Requisite for Spouse. If two personnel in the same division intend to get into a legal marital alliance following will be ensured: -

(a) They will make their reporting officer and organization aware of this arrangement. Reporting may be done as under:

**Advisor---PAO(H.R.Section)---ED**

(b) The reporting officer will process on file a case for the side-stepping of one of the



two individuals

- (c) Written consent to be sidestepped will be taken from the individual who is recommended for sidestepping.
- (d) Sidestepping into another division will be done: -
  - (i) Against an existing vacancy.
  - (ii) With the consent of the recipient division's head that the individual being sidestepped is suitable for the role. This side-stepping will be in consonance with the existing policy of lateral transfer.
  - (iii) One will not occupy such a position in the same line of authority in which employees can initiate or participate in decisions involving a direct benefit to the relative. Such decisions include hiring, retention, transfer, promotion, wages and leave requests.
- (e) If two people are in different divisions, they will inform their respective Advisors and give an intimation to HR.

#### **PART- IV**

#### **APPRAISAL PROCESS**

##### **6. Appraisals**

- (a) NHSRC follows the Financial Year for its Annual Performance Appraisal (APA) exercise i.e. 01 April to 31 March. The Appraisal Process commences in the month of January with an email from the HR Manager to all personnel working with NHSRC, RRC- NE.
- (b) The performance of an individual is measured, by the Reporting Officer (RO), as per the parameters given in the appraisal form. Post assessment by the RO same is reviewed by ED, NHSRC, for all technical positions and PAO for administrative staff. Where PAO is reporting in the capacity of RO, appraisals will be reviewed by the ED, NHSRC (FM, ITM, both HRM and Admin Consultants). who is also the appraiser and thereafter by the Reviewer which is ED NHSRC or the PAO for Admin Personnel. The rating given by the Reviewer is final.
- (c) Consultants who join till 31 December are only eligible for annual appraisal for that assessment year. Those who are on the extended Probation may not be eligible for the Performance Appraisal.

- (d) Increments will be linked to the Appraisal rating. Same will be decided by the secretarial prior to the appraisals (responsibility for coordination - PAO).
- (e) Those who are appraised for the full year will be given full increment as per their rating. A Consultant joining mid-year will be given increments on pro-rata basis.
- (f) Increments at NHSRC & RRC-NE will be released w.e.f 1 April of each year.
- (g) APA exercise for NHSRC & RRC-NE will be completed by the 15<sup>th</sup> March and APA forms duly completed to be handed over to HR Section.
- (h) **Mid-Term Review.** Any individual who is rated “C” in her/his Annual performance Appraisal will be required to undergo a Mid Term Review in the month of September / October. The outcome of the review will decide on further extension or cessation of the contract. If the outcome is not satisfactory the consultancy contract of the individual will be ceased with immediate effect. Accordingly, if any consultant is graded “D”, their contract will cease from 31 Mar of the reporting year.
- (i) **Extra Ordinary Performance.** Recommendation for increment based on extraordinary performance must be substantiated by appropriate appraisals. Increment factor decided in the Sectorist Meeting will be applied.
- (j) **Increment of Consultants upon crossing the higher band of their respective Pay band.** A person who reached the higher band of their existing level will continue to get the annual increment, but the base of such increment will be the higher rating limit of the fee band and not be the last drawn consultancy fee.

**Final Rating of the Appraisee by the Reviewer/ED,NHSRC and corresponding score is as given below: -**

Grade	Description	Overall Marks	Review
A	Exceeded require performance level (Excellent)	More than 79 (81-100)	The Increment % will be According to secretarial panel decision at that current year
B	Met required performance level	More than 64 (65-80)	
C	Met required performance on few counts	50-64	
D	Did not meet performance under most of the counts	Less than 50	Served Notice



**Note:** The appraiser in all cases of technical divisions will be the Advisors. Where an Advisor is not present, the Lead Consultant will be the appraiser and ED the Reviewer.

## PART V

### LEAVE RULES

#### 7. Leave Rules (Consultants- Technical and Administrative)

***Contractual obligations take priority over other leave privileges.***

(a) On average, 20 days of working days per month are available. Deriving from the 20 days of working principle, work allocation and assignments must be given such that a maximum of 30 days leave in a calendar year may be given for consultants.

(b) **Leave Sanctioning Authority/ Procedure:** Leave at NHSRC & RRC- NE is sanctioned by respective reporting heads or the Division Head as the case may be. Leave application is required to be submitted prior to availing of the leave. Leave may be approved or declined subject to exigencies of work. The same will be decided by the reporting officer. In case of an emergency, an individual may take verbal/ on mail approval for leave from sanctioning authority. Same will be regularized immediately post termination of leave.

(c) Permission for attending workshops/seminars and other programs for skill development or improving qualifications would be sanctioned as part of the assignment if it is needed. If not, proportionate reductions in consultancy fees would apply. In case, a consultant wishes to take leave to undertake any assignment on remunerative basis with an organization other than NHSRC, prior permission needs to be taken. Proportionate reductions in Consultancy fee for such an assignment will be made. In addition, staff of the NHSRC and its branch offices may avail of proportionate reduction in consultancy fees in exceptional circumstances. This could include consultancies with external agencies where the consultancy is deemed to be of value to the building of skills and work experience of the concerned staff member. This can be sanctioned after recording reasons in writing by: -

- (i) Executive Director in respect of staff of NHSRC headquarters, New Delhi and Director of a Branch office, and Chairperson of the Executive Committee in the case of the Executive Director.
- (ii) The concerned Director in case of experts/staff in a branch office.

**(d) 30 days Leave Without Pay (LWP).** With reference to decision taken in Secretariat Meeting of Sep 2020. It was agreed that for cases where individuals' absence for more than 30 days even with LWP, a notice will be served for them to rejoin their place of work within seven days failing which their services will be terminated.

**(e) Maternity Leave (M/L).** As per letter No Z 18015/21/2017.NHM-II/NHM -I dated 11 Jun 2020 lady consultants working with NHSRC or its branch offices may be allowed to avail maternity leave up to 26 weeks or till the completion of their contract, whichever is earlier subject to the condition that that they should have worked for 80 days in the last 12 months prior to proceeding on maternity leave. This will be in addition to 30 days of EL. Guideline as elucidated in Maternity Benefit (amendment) Act, 2017 as notified in Gol Gazette of India No 6 of 2017 shall apply

**(f) Leave Rules (Assistant Level Staff).** All staff in assistant category (less SEs and IT Executive) will have the following entitlements: -

**(i) Earned Leave.** 30 days leave in a year. This Leave is earned on a monthly basis, 2.5 days per month, and accumulates to 30 days in a year. A weekend or a holiday may be added at both ends while availing of this leave. However, Weekends and Holidays falling during a period of Earned Leave are counted as part of Earned Leave. Any leave outstanding at the end of the calendar year will be carried forward as given at Para 9 below.

**(ii) Casual Leave.** Casual leave of 08 days per year. Casual leave may be availed in half days but cannot be availed for more than 2 days at a time. Also, a weekend or a holiday may be added at both ends while availing casual leave, but such period shall be limited to a maximum of 4 days at a stretch. Weekends and Holidays falling during a period of Casual Leave are not counted as part of Casual Leave. Such leave also cannot be carried forward to the subsequent year nor can be en-cashed.

**(iii) Sick Leave.** Ten days per year calculated from the date of joining. Sick leave may be availed in half days if needed but sick leave in excess of 3 days shall have to be supported by a certificate from a registered medical practitioner. Sick leave cannot be en cashed. It can be carried over for upto maximum of 20 days, but such carried-over leave is only applicable only for hospitalization.

**(iv) Special Leave.** Where essential, women staff can avail of six (06) additional days of special leave per annum, one day at a time and not exceeding one day per month. Such leave can be availed by either prefixing or suffixing with any holiday/s or



weekends. However, such leave cannot be carried forward to the subsequent year nor can be encashed.

***\*All the above leave (Except Maternity Leave) are calculated on a prorate basis for Individuals joining duty during the middle of a year and may avail Leave proportionately.***

- 8. Sabbatical Leave Policy.** This policy is designed to give staff the opportunity to have a break from their assignment for a predetermined time period to develop their careers. Sabbatical leave provides a facility where an individual can undergo specialist training/ further education or for enhancement of skill/ knowledge.

**(a) Entitlement to Sabbatical Leave**

- (i) Consultant may be entitled to unpaid sabbatical leave where the leave has been identified as having specific benefits to the organization. The costs of providing cover during the period of absence will also be a major factor in the decision making process.
- (ii) Consultant may undertake a maximum of 2 sabbaticals in his tenure with NHSRC.
- (iii) Each sabbatical will be for a period of up to 3 months only. In exceptional cases, a one-time sabbatical may be allowed for 6 months subject to the approval of Executive Director NHSRC.
- (iv) Consultant should have a valid contract for at least one-year post completion of sabbatical leave.
- (v) There should be a gap of at least one year in each sabbatical leave.
- (vi) Sabbatical leave will be unpaid leave. No allowance/reimbursements will be paid during a sabbatical leave.
- (vii) Eligible leave will not be adjusted against Sabbatical leave.
- (viii) A sabbatical will not result in a break in the existing contract. earned leave, and maternity leave will be deemed to be suspended during the period of the sabbatical.
- (ix) Consultants may be permitted to take up paid assignments during the sabbatical.
- (x) Consultants should be sent any information that the reporting heads consider relevant in relation to developments within their division in order to keep the consultant up to date. This is the responsibility of the reporting manager
- (xi) Consultant will remain on their current terms and conditions of assignment although not at work.

(xii) If Performance appraisal is due during the sabbatical leave, the individual will have to complete his appraisals before the commencement of sabbatical leave.

On joining the individual will be required to submit a report.

**(b) Eligibility.** Applications will be considered from the consultants who: -

- (i) Are working in the NHSRC for a minimum period of three years.
- (ii) Have a valid reason or need for the leave and have the consent of the division head.
- (iii) Apply at least 3 months in advance and undertake a commitment to remain engaged with NHSRC for at least 1 year following their return from sabbatical leave.
- (iv) Has not exceeded the limit of sabbatical leave.
- (v) Is willing to abide by the terms & conditions of sabbatical leave.

**(c) On Return from Sabbatical Leave.** Consultant must confirm date of their return to work in writing to their reporting head and copy to PAO and HRM prior to taking the sabbatical. The individual is entitled to return to their original designation but may be assigned to another task within the same division.

**(d) Where Consultants Decide Not to Return to Work**

- (i) If the consultant decides not to return to work, they should give a written request to Executive Director NHSRC and copy to Reporting Head and PAO at least 4 weeks before the sabbatical is due to end.
- (ii) Individual would be required to return to work and serve one month of notice period or pay one month of consultancy fee to NHSRC.
- (iii) The necessary exit formalities would need to be completed by the individual and return all assets/documents to NHSRC.
- (iv) Failing to comply with the above NHSRC will not give any reference check for the individual and no relieving order will be issued.
- (v) In consonance with para 7((d)(iv)), in the eventuality of the individual choosing not to come back after the Sabbatical Leave, a refund of one year salary + 10% interest will have to be made.

**(e) LEAVE ACCUMULATION**

- (a) Carry forward of leave will be permitted to the limit of 10 days in a year.
- (b) Leave may be accumulated subject to a ceiling of 30 days in complete tenure.
- (c) This leave may be utilized at a scale of not more than 15 days in a year. Approval for 15 days accumulation leave will be routed by the Division Head to ED through PAO.



- (d) 30 days of accumulated leave will not be offset against notice period.
- (e) In case if someone wishes to avail more than 15 days of accumulated leave, sanction of ED will have to be obtained.

## **PART VI**

### **ADMIN POLICY**

- (f) **Issue of Ministry Pass.** MoHFW passes will be obtained for staff requiring visiting ministry on regular basis for liaison and other official work. Names will be shared by respective divisions along with contract letter and copy of Aadhar in pdf format for putting up a note by PAO to the Ministry for issuing an Office Memorandum (OM) on the same. Once OM is issued by the Ministry, the same will be shared by the Consultant- Admin with the respective division Secretarial Executive (SE) to apply for an e-pass on <https://evisitors.nic.in>. Once the E Pass is issued by MHA, the same is informed by SE to the Consultant – Admin. The passes are collected by Admin from the MHA and shared with the division SE.
- (g) **Creation / Issue of ID.** All consultants and contractual staff working in NHSRC shall be issued a valid Identity Card. The validity of the Identity Card shall be upto the last date of the Contract. The HR Section issues the ID card to the Consultants at the time of joining and the Consultant is expected to return the ID card at the time of leaving the Organization.
- (h) **Issue and Return of Data Cards.** With reference to the office order :03/03/2024 dated 18<sup>th</sup> March 2024 for effectively & properly usage of Data Card SOP for the issue and return of Data Card are being formulated. Highlights of Issue and Returns of data cards are as follows:
  - (i) Each division has a certain number of data cards.
  - (ii) For getting the data cards Divisions will be required to submit relevant documents to the IT Section.
  - (iii) IT section will obtain the data cards from the service provider.
  - (iv) In case an individual plans to leave NHSRC, data cards will be returned to the IT section at the time of resigning.
  - (v) In the 30-day notice period, the IT section will get the data card surrendered from the name of the individual.
  - (vi) In addition, the division may also intimate the name of the person (along with documents) to whom the data card is to be issued in lieu of the person leaving the division.

- (i) **Issue of Stationery.** Individual staff requiring stationery items must place demand material requisition form duly signed by Consultant/Div Head to Store-in-Charge, Admin Division. Once it is approved by PAO, store in-charge issues the stationery as per availability of stock.
- (j) **Vehicle Booking.** NHSRC is providing vehicles for official duties for conveyance of NHM and NHSRC officials as and when required through empaneled vendors. Requisition for vehicle is required to be placed to administrative division two hours in advance. Short notice requisition will be accepted in exceptional cases. It is the responsibility of the user to complete and sign the car diary duly verifying the details like kms, hours and location visited.
- (k) **MoUs.** All the MoUs, whether financial or non-financial, are required to be prepared by respective Divisions and put to ED, NHSRC through PAO for approval. Once approved, the respective divisions will print the MoU on non-judicial stamp paper and present it for signature. The PAO, on behalf of the ED NHSRC, is the signing authority for all MoUs. However, the execution of the technical aspects of the MoUs will remain the sole responsibility of the division. The PAO will manage the financial aspects related to the MoUs. Payments will be made as per the terms of reference (ToR) laid down in the MoUs, and on the basis of UC provided in the given format. Payment will be approved by ED.
- (l) **Legal Advice.** NHSRC has an empaneled legal consultant for legal advice. In the event of legal consultation, divisions may request PAO for the same.
- (m) **Financial approvals.** Financial powers of ED are 35 lakhs per transaction, that of PAO is 50,000 and Advisors 20,000. Powers of Dir RRC (NE) is 05 lakhs/ transaction. All approvals will be routed by divisions to ED through PAO. For events etc. In Principle Approval of ED may be taken.
- (n) **Secretariat Procedure.** Secretariat meeting is held every month in the NHSRC office. ED is the Chairperson with all Advisors as members and PAO as Member Secretary. PAO will request all advisors for secretariat points from their side by 25<sup>th</sup> of each month. Consultant Administration will be responsible for compilation of all the points and prepare folders for the event. During the Agenda points of the previous secretariat are ratified, and fresh agenda points are discussed during the meeting. PAO is preparing the MOM of the meeting and getting it approved by ED NHSRC. After approval of previous month MOM, PAO will circulate the same to all Advisors and Dir RRC (NE).
- (o) **Use of Conference Facilities:** For booking of inhouse conference facilities division will



approach administrative division for the same. Reception desk will book and maintain all the records on google calendar.

In the event of a meeting being organized outside NHSRC, divisions will move its budget on file through PAO for approval of ED, NHSRC. Once the budget is approved consolidated requirements of accommodation, banquet, lunch, transport, plants, bags, stationary etc. are required to be given to the administrative division well in advance. Administrative division will make arrangements for the event accordingly.

**(p) Travel Approval and bill settlement:**

(i) Division head approved travel requisition form with details (date of travel, from and to destination, flight details, FF, is sent by individuals or SE on behalf of the individual to [airticket@nhsrccindia.org](mailto:airticket@nhsrccindia.org).

(ii) On receipt of requisition, Admin Asst. forwards the same to Travel Agent, after entering the details on the tracker. Once the tickets are issued, the same is forwarded to the concerned officials. Admin Asst to track the requests and if tickets are not booked, remind the travel agent.

(iii) In case of cancellation of tickets, the request is to be shared by the individual over the same email where travel requisition was placed. Admin. Asst forwards the cancellation request to Travel agent and once done, the confirmation is shared with the individual.

(iv) Boarding passes are required to be submitted on completion of journey. In case the same is not available an undertaking for the same may be submitted.

(v) On receipt of bills from Travel Agent, Admin Asst will scrutinize the same and forward to Finance for processing of payment of invoices.

(vi) Tickets are being booked by Admin Division. In certain occasions there are constraints faced due to technical issues at booking agencies end (AT&T). In such situations, Admin Division will inform individuals to get the ticket done under their own arrangements to be reimbursed later.

(vii) It is required that all tickets booked through personal arrangements must be done only through the official portals of airlines, Ashoka Travels & Tours ([atttransport@itdc.co.in](mailto:atttransport@itdc.co.in)), Balmer Lawrie & Company Ltd ([govemp@balmerlawrie.com](mailto:govemp@balmerlawrie.com)), and IRCTC ([irctc.co.in](http://irctc.co.in)). Use of third party online portals such as Make My Trip, Easy Trip, etc., is NOT PERMITTED.

(viii) An approved travel plan must be accompanied by a travel requisition form for ticket booking and subsequent claim submission.

**(q) Vendor management.** Keeping in mind the services being provided by vendors, the administrative division is maintaining vendor evaluation form. It is being filled on a quarterly basis, keeping in view the feedback received from divisions as well as close monitoring/ observations by administrative divisions.

**(r) Donation.** Two donation boxes are kept in NHSRC at GF and FF respectively. These boxes are opened on the occasion of Holi and Diwali. Officials of NHSRC may donate on a voluntary basis only. The amount contributed will be equally distributed among outsourced and pantry staff of NHSRC. This is purely voluntary welfare measure.

## **PART VII**

### **MISCELLANEAOUS**

#### **1. Office Decorum**

(a) Zero Tolerance Policy. To establish an atmosphere that promotes a congenial and healthy environment, NHSRC has adopted a policy of courteous behavior. In view of this, the organization has nil tolerance for certain misbehaviors. Please report conduct that is unacceptable while keeping in mind that we must be tolerant of other people in general. Also, conduct that is especially outstanding or refreshing should be reported.

(b) Grievance Redressal. The objective of the Grievance resolution procedure is to provide consultants of the NHSRC with an easily accessible mechanism for settlement of their individual grievances and adopt measures for expeditious settlement of the grievances. This would in turn lead to increased satisfaction, resulting in improved productivity and efficiency. Consultants are expected to discuss their grievances with their Reporting Head. In case, if they fail to reach a satisfactory solution and the staff member wants to take his grievance to the Grievance Committee, he/she is required to forward his grievance to PAO in writing which should include the account of efforts made to resolve the grievance at the level of Reporting Head. The PAO shall forward the matter to the Grievance Resolution Committee (GRC). NHSRC has constituted a Grievance Resolution Committee which consists of the following members:

- (i) PAO, NHSRC (Chairperson)
- (ii) Two Lead Consultants (Member)
- (iii) HRM (Convenor)

At least one of the committee members should be a woman. Grievance Redressal



Committee will communicate their recommendation to the ED within reasonable timelines. All complaints will be treated with utmost confidentiality and sensitivity. The 'Principles of Natural Justice' would be followed during the procedures. The decision of the Executive Director would be final.

## **2.Posh Policy and Committee Formation.**

(a) NHSRC believes in a positive work environment centered on its values and requires the effort of all to create a culture where consultants can work together without fear of sexual harassment. The policy aims at ensuring that the entire workforce maintains appropriate standards of business and personal conduct with colleagues, clients, and with the public at large. It is the intention of the Organization to take all necessary actions required to prevent, correct and if necessary, discipline behavior that violates this policy. This policy has been enforced to make the work environment free from sexual harassment.

The organizations has constituted a Sexual Harassment Complaint Committee for redressal of sexual harassment complaints (made of the victim) and for ensuring time bound resolution of such complaints. The Committee will consists of:

- (i) One Advisor (Chairperson)
- (ii) One Senior Consultant (Member)
- (iii) An independent representative (woman)
- (iv) PAO,NHSRC (Convenor)

(b) At least two committee members should be women. Corrective measures, as decided by the Committee, shall be taken if the allegations are proved to be true. such action(s) may include written or verbal warnings, suspension and termination. False accusation of sexual harassment or other unlawful behavior can be damaging to an accused staff member and disruptive to NHSRC's operation. Thus, intentional misuse/abuse of this policy will also result in strict disciplinary action against the staff member misusing/abusing the policy.

(c)The duties and responsibilities of NHSRC Part Time Vigilance Officer (VO) is vested with PAO, NHSRC. Procedure for disciplinary cases and action on police cases will be coordinated by him.

### Appendix-A

#### Revised Guidelines for Travel, Travel Advances & Settlement of Advance

##### (I) Procedure for Outstation Travel (Domestic).

Si. No.	Activity	Reference / Timeline
1	Individuals must take prior approval for official visit(s) from respective reporting officer / PAO / ED, NHSRC as the case may be, in the prescribed format / in writing/e-mail. In case of Ministry personnel: If travel approval taken on note sheet with all required information e.g.- travel date, destination, flight details etc. NHSRC will consider the approved note sheet in lieu of approved travel plan.	Prescribed form no. F/ADM-08/09
2	Submission of travel advance request to account section with necessary approval.	Before the outward journey is undertaken.
3	Tickets/advance shall be arranged based on the approved Travel Plan and the settlement of expenditure would be done accordingly. Travel advance requested by individual may be reviewed considering the entitlements, numbers of travel days, projected expenditure and availability of fund.	As and when request received on immediate basis.
4	Ceiling for advance is up to 75% of anticipated expenditure proposed. If Air ticket is self-booked by traveler, then 100% of ticket value and 75 % of other expenses will be given. Advance will be transferred in bank account only.	
5	Tickets along with a copy of approved travel plan and other supporting vouchers should be enclosed with respective travel claim and each voucher should be signed by individual and countersigned by Div Head/PAO/Adv/ED. In case further clarification/detail required, it should be provided to Accounts staff to help in settling the claim. Any other incidental expenditure for official purpose, should be submitted separately in the prescribed form for reimbursement.	Prescribed form no. F/ADM-08/21 ,F/ADM-08/32
6	All consultants must submit their travel claims on timely manner, even if no advance is received from office.	Within a maximum of 30 days after completion of travel. Any claim submitted after 30 days of outbound travel to be countersigned by ED NHSRC.
7	State consultants/fellows must submit their travel claim on monthly basis along with a copy of the monthly tour report	By/before 15th of each month for the previous Month
8	Refund of advance / unspent balance to NHSRC bank account only in form of bank transfer or cheque.	Maximum within 7 working days after completion of tour.



9	Cancellation/postponement of the planned visit where advance request is already submitted, must be reported to the account section immediately (with information to PAO). In case advance is already released, individual must refund the advance amount to NHSRC bank account.	For refund - maximum within 7 working days
10	During the visit, individual should collect proper bill/receipt for each payment as far as possible. In case where bills/receipt are not available the same will be authenticated by way of bank statement of the individual.	At the time of payment
11	No claim beyond normal entitlement shall be entertained until it is justified in writing by the individual and endorsed by the Division Head / PAO and approved by the ED, NHSRC (as the case may be). In case where bills/receipts are not available the same will be authenticated by way of the bank statement of the individual.	Before submission of bill by individual, if such expenditure is incurred
12	Hotel accommodation when NHSRC booking has been confirmed, will not be reimbursed. In case of online booking via Make My Trip, Oyo etc.) of hotel room, a proper bill with detail of room rent, taxes etc. should be submitted. In absence of hotel bill, confirmation from hotel for their stay should be produced with the travel claim form or In case where bills/receipts are not available the same will be authenticated by way of the bank statement of the individual.	
13	In case of claim for use of hired vehicle, individual must produce proper bill with detail i.e. Vehicle no./Distance travelled in kilometer/Rate per km or norms of payment/Owner's/Driver's signature on bill/Toll tax receipts (if any)/Places visited. In case where bills/receipt are not available the same will be authenticated by way of bank statement of the individual.	
14	In case of continued travel, further advance request shall be reviewed based on the actual expenditure & unspent balance (if any) from the last travel. In such cases further advance (if applicable), shall be provided through bank transfer only.	2 working days for release of further Advance
15	Air travel within 500kms will only be permissible if justified in exceptional circumstances provided with prior approval of ED-NHSRC duly recommended by PAO / Advisor concerned.	Before booking air tickets / undertaking travel
16	Reimbursement of food expenses & incidentals would be on a per diem basis, as per the entitled ceiling and based on circumstances tabulated below. No separate reimbursement of food expenses shall be admissible.	Refer Table – I
17	In the case of places not connected by train, travel by AC bus for all those entitled to travel by AC II Tier and above.	Refer Table II
18	In case of road travel between places connected by rail, travel by any means of public transport be allowed provided the total fare does not exceed the train fare by the entitled class with additional amount equivalent to local travel from home/duty place to railway station/hotel at each end claimed by individual unless the additional cost is justified in writing with sufficient evidence, i.e. non availability of train / berth / alternate option	



	etc with approval of ED-NHSRC duly recommended by PAO / Advisor concerned.	
19	Change in actual travel against approved travel plan should be justified with necessary documentary proof or otherwise, and it should be approved by Division head / PAO / ED, NHSRC (as the case may be), before submitting bill to accounts section.	within 7 working days after completion of travel
20	In case of air travel, where tickets are provided by NHSRC, the original boarding passes should be submitted to the concerned Secretarial Executive after completion of tour. A copy of the boarding pass should be enclosed with the respective travel claim. In the absence of the boarding pass an undertaking/ self-declaration may be provide by traveler as per DoPT Circular no: F.No. G14019/2/13-Cash dated 07th Oct-14.	within 7 working days. As in para 6 above
23	In case of ticket cancellation, reason for cancellation should be provided on the ticket/bill and be routed through respective Division head before submission of bill for payment. Necessary supporting document may be attached (if available) to justify the reason/cost.	within 10 days after completion of travel
27	Delay in submission of travel claim(s) for reimbursement after three month from the date of completion of tour should be provided with sufficient justification on file approval for the delay.	
28	In case of delay in settlement of advance within one month without written justification & its approval by the PAO/ED, NHSRC, the amount may be adjusted from monthly fee of coming month.	
29	Travel reimbursement to Experts/Resource Persons (other than NHSRC Personnel) is normally done based on prior approval. In such cases, equivalent status (at par with NHSRC i.e. Advisor / Sr. Consultant / Consultant / below) should be specified for the purpose of reimbursement of Per Diem/travel expenses.	Prescribed form no. F/ADM-08/13 Timeline Normally within a week

(a) If the move is carried out at short notice due to exigencies of service, ex-post-facto approval duly endorsed by Adv/Div Head may be obtained from the Competent Authority on priority.

(b) If the travel claim is not submitted within 30 days, the amount taken as advance will be deducted from the fee of the official along with penal deduction as per Govt rates.

<b>Table – I: Per Diem</b>	
<b>Condition</b>	<b>Percentage</b>
In case of food provided by state	75%
In case of food not provided by state	100%

<b>Table – II</b>	
<b>Condition</b>	<b>Entitlement</b>
Entitlement of Accommodation, Travel by Air/Rail/Road	Refer Si. No. 17 above



Designation	Accommodation per day (on actual)	Perdiem / TA	Air Travel	Rail Travel	Road Travel for places not connected by train
ED	upto Rs. 7,500/-	Rs 1000/-	Business Class	Train 1AC	AC bus/AC taxi
Advisor /PAO	upto Rs.7500/-	Rs.1000/-	Economy Class	Train 1 AC	AC bus/AC Taxi
Lead Consultant	upto Rs. 6,000/-	Rs 900/-	Economy Class	Train 1AC	AC bus/AC taxi
Sr. Consultant	upto Rs. 5,000/-	Rs 900/-	Economy Class	Train 1AC	AC bus/AC taxi
Consultant/ State facilitators	upto Rs 4,500/-	Rs 800/-	Economy Class	Train 2AC	AC bus/ AC taxi
Junior Consultant	upto Rs 2,250/-	Rs 700/-	Economy Class	Train 2AC	AC bus/ AC taxi
Fellow	upto Rs 2,250/-	Rs 700/-	Economy Class	Train 3AC	AC bus/non AC taxi
Intern	upto Rs 1,000/-	Rs 700/-	Economy Class	Train 3AC	Deluxe/ Ordinary Bus/ Shared Taxi

\*\*Road travel expenditure will be reimbursement at RTO rates except where appropriate bill from reputable taxi agency are attached.

## **(II) Reimbursement of local travel expenses when own vehicle used:**

When own vehicle is used for local travel, reimbursement would be on actual or at the rate notified by the concerned director of the transport. If no rates have been prescribed, the prevailing rate of the metropolitan city of the state may be adopted. If no such rates have been fixed, the rates provided for Delhi/NCR will be considered as upper limit. As per NHSRC Policy for local pick and drops from upto Consultants@ Rs.14 per Km and Rs.16 Km for above consultants may be paid. In this case, registration number of the own vehicle should be mentioned in the claim form.

## **(III) Local Travel at tour stations:**

- (i) Request to NHM state/CMO/DPMU for providing local transport facility at station of tour.
- (ii) If not provided by NHM state/CMO/DPMU, vehicle can be hired from registered cab agencies locally or app-based cab services. If the distance is covered in a day is up to:
  - 0-50 kms Approval on tour plan is sufficient.

- 51-150 kms Approval of Advisor/Lead Consultant i/c separately on travel claim is essential.
- 151-250 kms Approval of Executive Director, NHSRC is mandatory.

(iii) If the distance between districts is more than 250 km then a separate approval for not using public transport including Road/Rail is to be processed on file.

**(IV) Reimbursement of travel expense when own vehicle is used:**

- (i) Travel distance should be within 500 kms. If amount claiming through RTO rate (certification point no 7 in travel claim form):
- (ii) Prior approval should be taken from the Reporting Officer for Concurrence from ED NHSRC.
- (iii) Reason for using own car should be mentioned.
- (iv) RTO rates will be applicable from journey start location.
- (v) Vehicle number is to be mentioned in travel request form and vehicle should be registered in the name of Consultant/Sr. Consultants. Also should attach the copy of vehicle RC with travel claim.
- (vi) If claiming only reimbursement up to entitled rail class travel cost (certification point no 8 in travel claim form): then no extra documents are needed. However, Sr consultant / Consultant should put the same in travel plan.



## **Appendix- B**

### **(i) Standard Operating Procedure for Summer Internship Recruitment Process**

**1. Introduction:** NHSRC is an autonomous body of MoHFW engaged in promoting various facets of public health in both rural and urban environments. Established in 2007, the National Health Systems Resources Center's mandate is to assist in policy and strategy development in the provision and mobilization of technical assistance to the states and in capacity building for the Ministry of Health. In Addition to rendering their services to states, NHSRC is also inadvertently committed to grooming young minds who are pursuing their specialization in the field of public health and other streams. Towards this end, NHSRC offers summer internships to students who are presently pursuing their postgraduation. All divisions of NHSRC are entitled to intake summer interns in a year.

**2. AIM of this SoP:** This SOP aims to lay down the methodology of engagement of "Summer Interns".

**3. Preview:** This SOP will cover the undermentioned aspects: -

- (a)Part I – Rules of Engagement.
- (b)Part II – Application submission by an Individual.
- (c)Part III – Actions by HR Section.
- (d)Part IV – Actions by Technical Divisions.
- (e)Part V – Misc.

### **Part I: Rules of Engagement**

- 4. The following rules of engagement will be adhered to while engaging individuals as Summer Interns:
  - (a) The proportion allocation of summer interns will be 25% of the division's strength.
  - (b) Above 25% of all intakes will be unpaid.
  - (c) Duration of Internship: The maximum duration of the internship will be three months and the minimum duration is one month.
  - (d) Remuneration: The stipend for an internship is Rs 10,000/- per month.
  - (e) The Executive Director's Discretionary Quota will be kept.

## Part II - Application by an Individual

5. An interested candidate who wants to apply for an internship in NHSRC can do so on the website of NHSRC by clicking on the link <https://www.nhsrcindia.org/internship> under the tab of opportunities and select the internship option.
6. Candidates need to download & fill out the internship form and submit the same duly authenticated by the university authority, with their stamp and seal, on the email ID [internship.nhsrc@nhsrcindia.org](mailto:internship.nhsrc@nhsrcindia.org).
7. The application form which are not authenticated by the university authorities will not be entertained.

## Part- III - Action by HR Section

8. On receipt of the application, HR Section will undertake the following actions:-
  - (a) Download the applications once a week from the ID [internship.nhsrc@nhsrcindia.org](mailto:internship.nhsrc@nhsrcindia.org) and compile details of the same.
  - (b) Post approval of PAO forward the same to concerned Divisions.
  - (c) Once the applications have been received from Divisions, duly endorsed for further processing: -
    - (i) Take approval of ED on a note for engagement of the individual in the concerned Division.
    - (ii) Get in Touch with the Universities and candidates to fix a joining date and time.
    - (iii) Convey to the individual necessary documents to be bought by then for joining formalities.
    - (iv) Physically check documents of individuals on the date of joining.
    - (v) Should there be a discrepancy, inform the same to PAO, ED, and the concerned Division. Methodology for the same will be by way of processing the same on a note.
    - (vi) Undertake a brief orientation of the individual.
    - (vii) Have the individual report to the division head for further engagement.
  - (d) Two weeks before the termination of the internship, HR section will inform the individual (with SE of the division in CC) of exit formalities. Exit forms will be shared by the individual.
  - (e) Ensure that all formalities are undertaken by the individual and exit interviews of PAO and ED are held.



- (f) HR Section will maintain a detailed database for all such Summer Interns to include: -
- (i) Institution from where taken.
  - (ii) Date of onboarding.
  - (iii) Duration and date of exit.
  - (iv) Qualifications.
  - (v) If possible, next place of employment.
  - (vi) Personal details such as address, contact number

#### **Part IV**

##### **Actions by Technical Division**

9. On receipt of applications from HR Sections, Divisions will: -
- (i) Scrutinize the applications for Divisional employment suitability.
  - (ii) Assess the individual. The method of assessment may be decided by the concerned Advisor and may be in the form of an interview, CGPA, written test, or combination of the three.
  - (iii) Once found suitable the decision will be conveyed to HR Section.

#### **Part V – MISCELLANEOUS**

10. **Notice period of Summer Interns:** A summer Intern may be allowed to resign in the mid of their engagement. For this, the concerned intern will need to submit an application stating reasons thereof and duly endorsed by the Advisor/ Divisional Head. The application will be processed to HR Section on a note for approval of ED. One week's notice will be given to ensure that exit formalities are properly undertaken.
11. **Internship Certificate:** On completion of exit formalities an individual will be issued an internship certificate by the HR section of NHSRC, within 15 days post-completion of exit formalities.

## Appendix-C

### **Standard Operating Procedure for Issue and Returns of Data Cards**

The Following guidelines will be followed for issue/return of data cards to/from divisions: -

1. Each division has a certain number of data cards.
2. The same is I the process of upgradation.
3. It may be noted that data cards are issued against individual identities.
4. To address the issue of proper use of data cards following process will be followed.
5. For getting the data cards Divisions will be required to submit relevant documents to the IT Section.
6. It section will obtain the data cards from the service provider.
7. In case an individual plans to leave NHSRC, data cards will be returned to the IT section at the time of resigning.
8. In the 30-day notice period, the IT section will get the data card surrendered from the name of the individual.
9. In addition, the division may also intimate the name of the person (along with documents) to whom the data card is to be issued in lieu of the person leaving the division.
10. IT Section will facilitate the reissue of the card in the new person's name.



## **NHSRC Standard Operating Procedure (SOP)**

**Title:** Safety Awareness & Personal Protection during Official Travel

**SOP Number:** NHSRC/ADMIN/TRAVEL-SAFETY/2025

<b>Version</b>	<b>Effective Date</b>	<b>Policy Owner</b>	<b>Policy Reviewer</b>	<b>Approver</b>	<b>Summary</b>
<b>1.0</b>	17 October 2025	HRM, NHSRC	Principal Administrative Officer	Executive Director, NHSRC	New Policy

### **1. Preamble / Background**

All State visits are undertaken in line with the mandated tasks and responsibilities of the concerned Divisions, with the overall planning, approval, and execution lying solely within their purview. The role of the Administration Division is restricted to facilitation, which includes booking of travel tickets and arranging vehicles for transit between residence and airport (and back) as required. Beyond these limited functions, the accountability for the purpose, conduct, and outcomes of the visit rests entirely with the concerned Division.

### **2. Purpose**

To ensure a step-by-step procedure for the safety awareness and personal protection of NHSRC and RRC-NE Personnel while on official travel. This SOP aims to provide a streamlined procedure, with special emphasis on safeguarding female personnel during outstation assignments.

### **3. Scope**

This SOP is applicable to all NHSRC and RRC-NE Personnel (ED, Advisors, PAO, Director RRC-NE, Lead consultant, Senior Consultants, Consultants, Junior Consultants, Fellow Administration staff, and supporting officials) undertaking official travel outside Delhi/NCR.

#### 4. Policy & Guidelines

S.No.	Particulars / Specifications	Responsible	Informed To	Frequency
a)	All NHSRC & RRC-NE personnel must provide accurate details of their travel plan at least 3 days prior to travel.	Individual	Advisor/Divisional Head	Per Travel (≥3 days before)
b)	Any changes in the itinerary must be immediately informed to the Advisor/Divisional Head	Individual	Advisor/Divisional Head	Immediate (on change)
c)	Personnel must ensure they have the contact details of the Advisor/Divisional Head, Nominated Consultant by the Advisor/Divisional Head, State Nodal Officer, District Nodal Officer, and Administration.	Individual	-	Before Departure (Per Travel)
d)	Prefer vehicles suggested by the State/District Official or book through state-empaneled vendors. If unavailable, request a vendor recommended by state authorities.	State Nodal Officer	-	Per Travel (Before Booking)
e)	Strictly avoid taxis from unknown vendors.	Individual	-	Continuous (During Travel)
f)	Share vehicle details (cab number, driver's number, travel itinerary) with the State Nodal Officer and the Advisor/Divisional Head or the Nominated Consultant at NHSRC/RRC-NE. Details must be shared only with designated officers, not with everyone.	Individual	Advisor/Divisional Head or Nominated Consultant by the Advisor/ State Nodal Officer	Per Travel (Before Journey Start)
g)	Follow Safety Tips on Local Travel (Annexure I).	Individual	-	Continuous (During Travel)
h)	In case of emergencies (medical, persecution, accidents, grievous injuries, etc.), immediately inform the Local State Nodal Officer (first responder) and the Divisional Head/Advisor). Concurrent reporting should also be made to nominate individuals, PAO, and Senior Consultant (Admin). Where feasible, FIR should be lodged by the individual at the nearest police station.	Individual	State Officials, Advisor/Divisional Head, Nominated Consultant, PAO, SC Admin	Immediate (On Incident)



i)	Share hotel booking details (check-in/check-out) with the Advisor/Divisional Head or Nominated Consultant. Family members may also be kept in the loop during travel.	Individual	Advisor/Divisional Head or Nominated Consultant	Per Travel (At Booking)
j)	Book hotels in advance as suggested by the state. Preferably use state-empaneled hotels. Suitability and location may be checked using platforms such as TripAdvisor etc. All travel and accommodation expenses will be covered by NHSRC or RRC-NE.	Individual	-	Per Travel (Before Departure)
k)	While booking hotels, ensure safety: choose rooms near escape routes or elevators, ensure peep holes and latches, lock doors at night, avoid opening to strangers, and report doubtful visitors to hotel management and Advisor/Divisional Head or Nominated consultant	Individual	Advisor/Divisional Head/Nominated consultant or Nodal Officer	Continuous (During Stay)
l)	Follow Safety Tips for Hotel Stay Measures (Annexure II).	Individual	-	Continuous (During Stay)
m)	Download and activate the Government of India's 112 Emergency App (mandatory). The SOS Alert App may also be downloaded, which enables notifying up to five nominated contacts during an emergency	Individual	-	One-time (and ensure active before each travel)
n)	Complete the Pre-Travel Safety Checklist (Annexure III) before departure.	Individual	Advisor/Divisional Head or nominated Consultant	Per Travel (Before Departure)
o)	Primary responsibility for safety and liaison with state authorities lies with the Division (Advisor/Divisional Head). They may nominate 1–2 consultants to act as backup travel safety nodal officers to ensure redundancy.	Advisor/Divisional Head or nominated Consultant	-	Ongoing (Nomination prior to travel)
p)	The Advisor/Divisional Head, state nodal officers, and MD-NHM of states will also be first responders in case of an incident. Admin staff will provide support where required but will not initiate FIRs directly.	Individual + State Officers	Advisor/Divisional Head/Nominated Person + Admin	Immediate (On Incident)

q)	Evacuation in case of grievous injury: State nodal officers may arrange evacuation to the nearest medical facility. If feasible, the individual should also reach a medical facility directly.	Individual	Advisor/Divisional Head/State Nodal Officer/MD-NHM	Immediate (On Incident)
r)	During travel: behavior with drivers must be polite and courteous. Rebuking should be avoided to prevent confrontation. Itinerary changes must be promptly conveyed to the state/division.	Individual	Advisor/Divisional Head or Nominated Consultant/State Nodal Officer	Continuous (During Travel)

## 5. Roles & Responsibilities

### 5.1 Travel Safety Network

Each division shall establish a Travel Safety Network led by the Advisor/Divisional Head(s) and supported by nominated consultants designated by the Advisor. At least one primary and one backup officer shall be nominated to ensure redundancy and after-hours availability.

This network shall remain in touch with traveling consultants, particularly female consultants, junior consultants, or fellows, to monitor safety and provide timely coordination with State Nodal Officers where required. The details and availability of nominated officers must be circulated in advance.

In case of any incident, the Travel Safety Network — consisting of the Advisor/Divisional Head(s), nominated consultant(s), and State Nodal Officer — shall act as the first responders, while the Administration will extend facilitative support as needed.

### 5.2 Individual Traveler

For detailed responsibilities, please refer to the SOP Table of Policy and Guidelines and Annexures. In addition, the traveler must coordinate with the driver before departure, share cab and itinerary details only with designated officers, and may keep family members informed. Hotel suitability should be checked through platforms like TripAdvisor, and basic room safety precautions must be followed. Travelers must remain courteous with drivers and avoid confrontation, referring any disputes to the state or division for resolution.

The team – travelling – need to update the reporting officer/concerned assigned clearly on whereabouts during travel – for official visits – if any additional travel plans (other than



official visits) are being made and same taxi is being used – that needs to be avoided or should not be permitted. It's advisable not to travel to isolated or picnic spots alone during official visits.

### **5.3 Advisor/Divisional Head(s)**

The Advisor/Divisional Head(s) hold the primary responsibility for consultant safety during travel. They must monitor travel updates, remain the main point of contact, and may nominate one or two consultants as Travel Safety Nodal Officers to ensure redundancy and after-hours availability. One Senior Consultant/Lead Consultant should also be designated to stay in regular touch with traveling consultants to ensure coordination and safety. The division, through the Advisor/Divisional Head(s) and nominated officers, shall take the first response in emergencies, with the Administration providing only facilitative support where required.

### **5.4 State NHM Officials**

State NHM officials may facilitate local support such as arranging vehicles, assisting with coordination, or suggesting suitable hotels where feasible. This support, however, remains facilitative and situation-specific, while the primary responsibility for overall travel arrangements and settlement of bills rests with NHSRC.

In the event of an emergency — medical, persecution, accident, or grievous injury — the State Nodal Officer and MD-NHM shall act as first responders on the ground, working in coordination with the Advisor/Divisional Head(s) or nominated officers of NHSRC.

### **5.5 Female Consultant Safety**

The overall responsibility for ensuring the safety of female consultant's rests with the Advisor/Divisional Head(s). Female consultants must promptly report any incident to the State Nodal Officer, Advisor/Divisional Head(s), Nominated consultant(s) designated by the Advisor or Director RRC-NE (for RRC-NE Consultants), and concurrently to the PAO.

To strengthen monitoring, each division shall nominate a Travel Safety Nodal Officer, particularly when lady consultants, junior consultants, or fellows are travelling. The details and availability of such officers must be shared in advance to ensure timely coordination and response. In case of any emergency the female JC/Fellow should not hesitate to reach out to the appropriate authority.

In emergencies such as harassment, medical situations, or accidents, the State Nodal Officer, Advisor/Divisional Head(s), and nominated consultant(s) will act as first responders, while Administration will provide supportive facilitation as required.

### **5.6 ICC / POSH Linkage**

The Internal Complaints Committee (ICC) / POSH provisions shall apply strictly to cases where a male consultant of NHSRC misbehaves with a female consultant. Such incidents falling under ICC/POSH must be reported immediately, verbally and in writing, to the Advisor/Divisional Head(s), nominated consultant(s), and the ICC POSH Committee.

Upon return from the state visit, the matter will be formally processed by the PAO through activation of the POSH Committee.

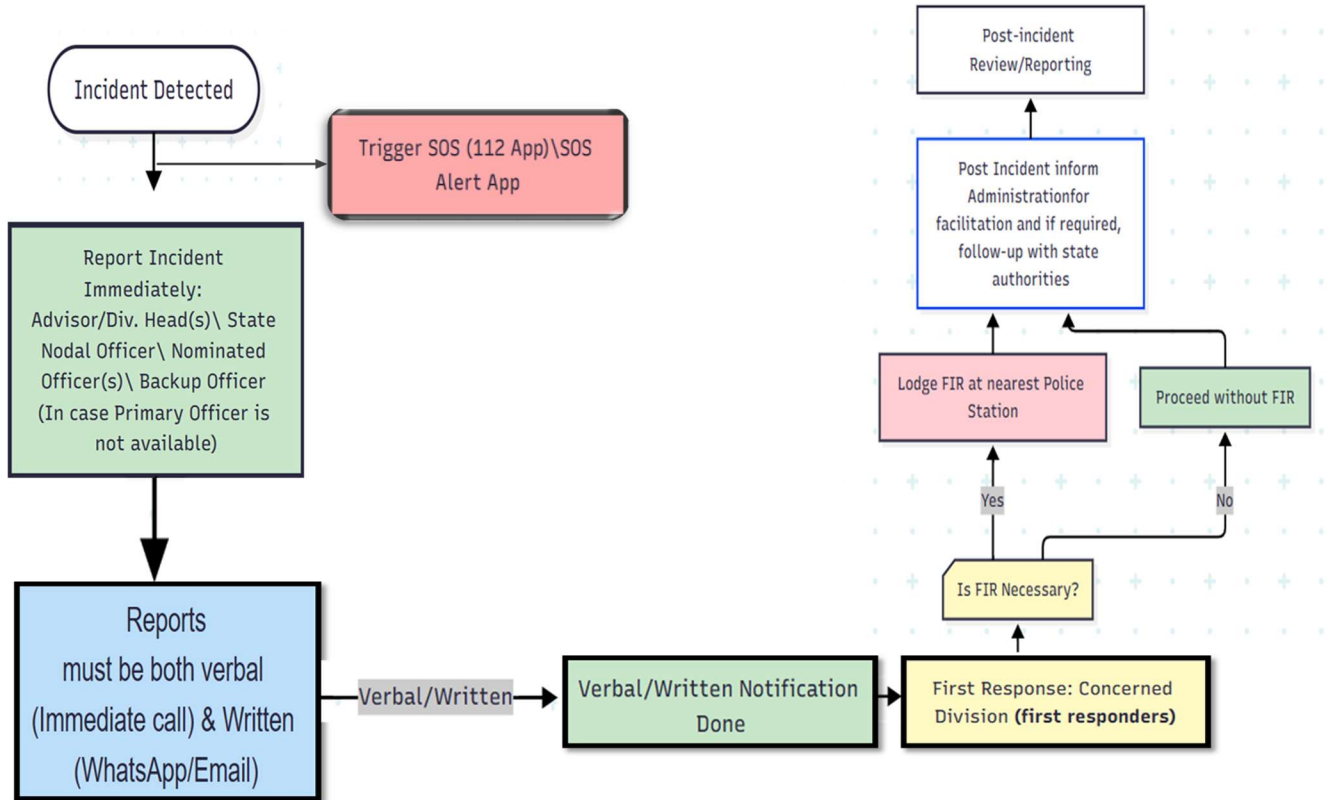
External incidents (such as harassment by hotel staff, taxi drivers, or others) are outside the scope of ICC/POSH and must be dealt with through state authorities and local police action.

### **5.7 Incident Reporting**

- i. Any incident must be reported immediately and concurrently to the Advisor/Divisional Head(s), the State Nodal Officer, and the nominated officer(s) of the division.
- ii. In case of dire emergencies, the SOS alert (112 Emergency App) must be triggered to notify up to five pre-nominated contacts.
- iii. A backup nominated officer shall be identified by each division, to ensure redundancy if the primary officer is unavailable.
- iv. Reports must be both verbal (immediate call/message) and written (WhatsApp/email using the standard template).
- v. FIRs, where necessary, must be lodged by the individual at the nearest police station.
- vi. Admin/PAO/SC Admin are not first responders. Their role begins post-incident, for facilitation and follow-up with state authorities, while keeping the concerned division in loop.
- vii. A flowchart (Annexure – Incident Reporting Flow) shall guide the reporting and escalation sequence for uniform application across all divisions.



- viii. The first response shall rest with the concerned division; reviews can only take place post-incident.



## 5.8 Reviews & Monitoring

Reviews and monitoring of safety incidents shall be undertaken only after the occurrence of an incident, since such events are inherently unpredictable. The primary responsibility for monitoring consultant safety rests with the concerned division, which must respond in real time and take immediate action as required.

The Administration Division may facilitate follow-up with state authorities, but the concerned division will remain accountable for incident response and review. Progress in such matters shall be monitored expediently and in real time, rather than through fixed periodic or quarterly reviews.

## 5.9 Evacuation, Legal Aid & Financial Coverage

In case of grievous injury or other serious circumstances, the primary responsibility for evacuation rests with the State authorities. Such matters shall be coordinated with the

concerned division and the Administration in NHSRC. Where feasible, the consultant should also attempt to reach the nearest medical facility directly.

Since legal aid concerns the affected individual personally, seeking legal aid shall be the responsibility of the individual. The NHSRC Legal Consultant (LC) may provide advice, but if escalation requires engaging a lawyer or legal representation, the responsibility and costs shall rest with the individual.

Medical expenses will be covered only under the medical insurance opted for by the NHSRC consultant. Beyond such coverage, there is no central financial liability under NHSRC policies for medical, legal, or other expenses arising from incidents. Any uncovered costs shall rest with the consultant concerned, with recovery sought from the responsible party through due process, including registration of a police case where necessary.

The Administration Division shall provide facilitative support in coordinating evacuation or legal/financial follow-up with the state but will not directly intervene in legal actions such as filing FIRs.

## **6. General Travel Safety Tips**

The key to safe travel in any area is situational awareness. Consultants must remain alert to their surroundings and stay in control of every situation, as safety is ultimately a personal responsibility. The following specific measures are to be observed:

- a. Familiarize yourself with train/bus/air schedules before traveling. If comfortable public transport available between two cities – may be preferred.
- b. Keep ticket copies and accommodation details in your carry-on luggage.
- c. Carry a route map of the city if visiting for the first time.
- d. Keep your mobile phone fully charged and carry a charger; if possible, keep a power bank or spare battery/Power back up.
- e. Maintain the contact numbers of HR, Administration, and colleagues in the city of visit, both on your phone and in a diary.
- f. Label your luggage with your name, organization address, and contact number. For security, use tags that conceal personal details and remove old destination tags.
- g. Do not leave luggage unattended or with unknown persons.
- h. Carry a small flashlight and basic medicines.



- i. Avoid wearing jewelry or accessories that project affluence (gold chains, diamonds, expensive watches). Leave such items at home.
- j. Never accept food or drinks from strangers.
- k. Report any loss or theft immediately to the appropriate authorities.
- l. Do not agree to carry items or luggage for someone else.
- m. Women employees should avoid traveling alone at night and must not board cabs after dark unless accompanied by a state official, coordinator, or security guard provided by the state/district.
- n. In case of any untoward incident, consultants must immediately contact the local NHM/State authorities and simultaneously inform their Advisor/Divisional Head(s) and the designated senior monitoring their work. In dire emergencies, contact the local police without delay.
- o. All traveling consultants must download and activate a safety app (such as the 112 Emergency App) on their mobile devices for immediate reporting in emergencies.
- p. Where only late-night flights/trains are available, plan to travel a day earlier to ensure arrival during daylight hours.

## **7. Hotel Safety Precautions**

- a) Avoid ground-floor rooms or rooms with easy outside access.
- b) Prefer upper floors near elevators and avoid isolated corridors and balconies.
- c) Keep doors locked at all times; use the peephole and safety chain before opening the door.
- d) Verify visitor identity with the front desk before allowing entry.
- e) Keep windows closed, especially in ground-floor or balcony rooms.
- f) Avoid elevators if feeling unsafe.
- g) Share outing details with colleagues/family and prefer nearby restaurants.
- h) Never disclose hotel details to strangers.
- i) Avoid walking or jogging in isolated areas, particularly at night.

## Annexures

### Annexure I – Safety Tips for Public Transport

S. No.	Safety Tip
a	Book flights, trains, or buses that arrive before dark and avoid late-night travel. If late-night travel is unavoidable, plan to reach a day prior.
b	Keep GPS enabled on mobile phones while travelling.
c	Share live location with a trusted family member, colleague, or the Reporting Officer/Nodal Officer during travel.
d	Complete field visits/meetings before dark.
e	Do not disclose travel plans or hotel details to strangers.
f	Use licensed taxi services or those recommended by colleagues/state officials.
g	Share cab number, vehicle number, and driver's contact with the State Office, NHSRC, and the Reporting Officer/Nodal Officer.
h	Upon arrival, be cautious of people claiming to be cab drivers in unmarked cars.
i	Clearly write out the directions from the airport/railway station to the hotel. Stop to ask for directions only in well-lit public areas.
j	If unfamiliar with the local language, carry a card with the hotel's name and address to show to drivers or police.
k	Avoid boarding cabs if the driver appears intoxicated or suspicious.
l	In cabs, sit behind the driver (so you can see them, but they cannot see you).
m	Pay the driver while still inside the vehicle upon reaching your destination.
n	Avoid sleeping during night travel.
o	Insist on travelling via main roads; avoid shortcuts or deserted routes.
p	Prefer sitting near women passengers in public transport.



## Annexure II – Safety Tips for Hotel Stay

S. No.	Safety Tip
1	Avoid ground-floor rooms or rooms with easy outside access.
2	Prefer upper floors near elevators; avoid isolated corridors and balconies.
3	Lock doors at all times; use spy hole/chain before opening doors.
4	Verify visitor identity with front desk before allowing entry.
5	Keep windows closed, especially in ground-floor or balcony rooms.
6	Avoid elevators if feeling unsafe.
7	Share outing details with colleagues/family; prefer nearby restaurants.
8	Never disclose hotel details to strangers.
9	Avoid walking/jogging in isolated areas, especially at night.

### Annexure III – Pre-Travel Safety Checklist

Sl. No.	Item	Remarks
1	Travel itinerary shared with Advisor/Divisional Head(s) at least 3 days in advance.	
2	Contact details of Advisor/Divisional Head(s), nominated consultant(s), State Nodal Officer, District Nodal Officer, and Administration noted and saved.	
3	Family members informed of travel plans, itinerary, and key contacts.	
4	Driver's name, mobile number, and vehicle details confirmed in advance.	
5	Itinerary shared with the driver prior to departure to avoid confusion.	
6	Vehicle arranged through state-empaneled/known vendor; details shared with Advisor/Division and State Nodal Officer.	
7	Hotel booked in advance, preferably state-empaneled; suitability verified on TripAdvisor or similar platforms.	
8	Hotel details (check-in/out, address, contact) shared with Advisor/Division.	
9	Safety features confirmed (locks, latches, peephole, location near exits/elevators).	
10	Government of India's 112 Emergency App downloaded and activated; SOS contacts (up to 5) configured.	
11	Mandatory emergency contacts saved: Mission Director, CMO, Advisor/Divisional Head(s), PAO, Director RRC-NE (if applicable).	
12	Travel essentials ready: ticket copies, ID, charger/power bank, flashlight, basic medicines, and safe luggage tagging.	

### Annexure IV – Incident Reporting Template

Sl. No.	Item	Details / Remarks / Tick (✓)
1	<b>Name of Consultant Reporting</b>	
2	<b>Division</b>	
3	<b>Date &amp; Time of Incident</b>	
4	<b>Location of Incident</b> (State / District / Hotel / Travel Route etc.)	
5	<b>Type of Incident</b>	<input type="checkbox"/> Medical <input type="checkbox"/> Harassment <input type="checkbox"/> Accident <input type="checkbox"/> Safety Concern <input type="checkbox"/> Other: _____
6	<b>Brief Description of Incident</b> (facts only)	
7	<b>Immediate Action Taken by Consultant</b>	
8	<b>Persons/Authorities Contacted Immediately</b>	<input type="checkbox"/> Advisor/Divisional Head(s) <input type="checkbox"/> Nominated Consultant(s) <input type="checkbox"/> State Nodal Officer <input type="checkbox"/> PAO <input type="checkbox"/> Police <input type="checkbox"/> Other: _____
9	<b>Mode of Reporting Used</b>	<input type="checkbox"/> Phone <input type="checkbox"/> WhatsApp <input type="checkbox"/> Email <input type="checkbox"/> 112 Emergency App <input type="checkbox"/> Other: _____
10	<b>Was SOS Alert Triggered?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	<b>First Responder's Action</b> (Advisor/Divisional Head(s) / State Nodal Officer / Nominated Consultant)	
12	<b>Further Escalation (if unresolved)</b>	<input type="checkbox"/> MD <input type="checkbox"/> ED <input type="checkbox"/> PAO <input type="checkbox"/> Other: _____
13	<b>Follow-up Required</b>	<input type="checkbox"/> Evacuation <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Financial <input type="checkbox"/> Other: _____
14	<b>Final Status / Resolution (if any at the time of reporting)</b>	
15	<b>Additional Remarks / Observations</b>	

**Signature of Consultant:** \_\_\_\_\_

**Date:** \_\_\_\_\_