

From,

Mission Director,
National Health Mission,
Bays No. 55-58, Sector-2
Panchkula, Haryana

To

All Civil Surgeons
Haryana.

Memo No: NHM/Admin/HR-A11/2021/ 9117-39

Dated: 14/10/2021

Subject: Regarding Intra district Deputation against vacant posts of contractual employees under National Health Mission, Haryana.

Reference on the subject cited above,

It has been decided by the Govt. that Deputation of contractual NHM employees can be done against vacant post, within the same district, by following the principles/guidelines as under:-

- Intra District Deputation is applicable for employees under NHM contract only (against posts approved in RoP). And NOT applicable for Temporary manpower under Covid-19 and that hired through outsourcing /under lumpsum budget.
- Vacant posts, against which the deputation is desired, needs also, to be mandatorily approved in RoP.
- The category of the post should be same i.e. Staff Nurse against Staff Nurse, ANMs against ANMs etc.
- Request for deputation from an employee shall be entertained ONLY ONCE in the service period of an employee in NHM. No subsequent request for the same/extension of deputation will be considered.
- A maximum of 90 days period of deputation is allowed, thereafter the concerned employee has to mandatorily go back to his/her original place of posting. And NO further deputation request will be entertained.
- Civil Surgeon would be empowered for intra district deputations against vacant posts, in public interest, not exceeding 15 days, in one instance.
- Preference would be given in the following conditions:-
 - If request is made by widow employee/physically handicapped employee/newly married female employee/family circumstances of employee. (Relevant documents to be attached)
 - If request is made on medical ground of self or family member only. (Relevant documents to be attached)

Procedure to be followed for Intra District Deputation against vacant post:-

- ❖ The employee desiring deputation will submit Performa B , duly filled and signed in the O/o concerned Civil Surgeon.
- ❖ Performa A, for Intra District Deputation against vacant post, shall be filled by Dy.CS-NHM(after verifying all the facts).
- ❖ If the deputation is upto /for a period of 15 days, the Civil Surgeon shall be the Approving Authority. Intimation of the same is to be shared with the SHQ immediately.

- ❖ In eventuality of extension of intra district deputations beyond 15 days or request for deputation upto 90 days(In NO case beyond 90 days), complete proposal with duly filled Performa - A and Performa B to be sent to State HQ, with your Recommendation .
- ❖ Dy. CS-NHM, in no case , should sign /recommend /approve(if deputation upto 15 days), as officiating CMO.

Worthy Mission Director, NHM would have full right to accept/reject the proposal.

Kamran
Director (Admin)
National Health Mission
Panchkula (Haryana)

Endst. No. NHM/ Admin/HR-A11 /2021/ 9140-9220

Dated: 14/10/2021

Copy is forwarded to the following for information and necessary action please :-

1. Hon'ble Health Minister, Haryana for information.
2. W/ACS, Health, Haryana for information
3. Director General, Ayush, Haryana.
4. Director General Health Services, Haryana .
5. ED, HSHRC, Haryana.
6. All Directors, Dy. Directors and all POs of O/o NHM and O/o DGHS, Haryana
7. All Deputy Surgeons, NHM, Haryana for necessary action.
8. PS to Mission Director, NHM, Haryana.
9. All DPM/DAM, NHM, Haryana for necessary action.

Kamran
Director (Admin)
National Health Mission
Panchkula (Haryana)

Endst. No. NHM/ Admin/HR-A11 /2021/ 9221-43

Dated: 14/10/2021

Copy is forwarded to All Deputy Commissioner-cum-Chairman District Health Family Welfare Society, Haryana for information and necessary action please.

Kamran
Director (Admin)
National Health Mission
Panchkula (Haryana)



NATIONAL HEALTH MISSION

Paryatan Bhawan, Bays No. 55-58, Sector-2, Panchkula, Haryana

Tel No: 0172-2560124, 2573922, 2570458, Fax: 0172-2580466
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Performa - A

Performa for Intra District Deputation against vacant post (To be filled by Dy. CMO (NHM))

I	Basic Information: -		
	District		
	Name of the employee		
	Designation		
	Presently Posted at		
	Date of Joining under NHM		
	Date of joining in present place of posting		
	Already on deputation	Yes (if yes)	No
		Number of times on deputation:	
		Date of last deputation:	
	Currently deputed at:		
	Original place of posting:		

II	If deputed, his/her work shall be looked after by whom (Specify)	
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III	Name of facility to which deputation is sought: -	
	Name of the Health Facility	
	Name of the Vacant post	
	Whether approved in RoP or not?	

IV	Period of Deputation	
V	Reason of Deputation: - (Specify Reason) *(Relevant documents to be attached)	Specify documents attached 1. 2. 3.

NOTE:-

- If deputation is done for 15 days at level of Civil Surgeon, HQ to be intimated.
- Request for deputation shall be entertained only once in service period of an employee. If deputation of 15 days is to be done more than once, concerned Civil Surgeon to take prior approval from Worthy Mission Director, NHM. A maximum of 90 days period of Deputation will be done, thereafter he/she has to go back to original place of posting and no further deputation request will be entertained.
- Intra District Deputations are NOT applicable on manpower working under COVID - 19 Temporary HR.
- Intra District Deputations are NOT applicable on staff hired through outsourcing/under lumpsum budget.

Enclosed:

- Application with Undertaking of the concerned employee (as per format) with passport sized photograph duly self attested.

Recommending Authority:-
(Civil Surgeon)

*In no case, Dy. CMO should sign as officiating CMO.



NATIONAL HEALTH MISSION

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Performa - B

(To be filled by NHM employee)	
Name of the employee:-	
Designation:-	
Employee ID:-	
Presently place of posting:-	
Date of Joining under NHM:-	
Date of joining in present place of posting:-	
Deputation sought for:- (Which Facility)	
Period for deputation:- From:-	To:-
No. of days:-	
Reason:-	

Photo (Passport size)
(To be Self-Attested)

Undertaking

I, _____ S/D/W of Sh. _____ resident of _____ solemnly affirm and undertake:-

- That I wish to apply for deputation from _____ (name of facility) to _____ against the vacant post within the district for period of _____ days.
- That the reason and documents produced/attached by me for the purpose of deputation are valid, true and correct.
- That I understand and I will abide by all the Terms and Conditions of the Deputation Policy and shall be bound to follow the same and I shall not challenge the same in any Court of Law.
- That I am aware that my request for deputation shall be entertained only once in my entire service period.
- That I will join my duty back immediately on the completion of deputation period as applicable. No request for further extension of deputation shall be given by me.
- That I know very well that the department may take any disciplinary action against me on violating the rules of Deputation Policy.

Signature of Employee

Date:

Name _____

Designation _____

Contact No. _____