



**RURAL DEVELOPMENT DEPARTMENT  
GOVERNMENT OF SIKKIM  
GANGTOK**

**Memo No: 99/PCE/RDD**

**Dated: 01.05.2024**

To,

Shri Nitesh Kaushik,  
Deputy Director/ Nodal Officer-JJM,  
Himalayan Institute Hospital Trust,  
Dehradun-248016, Uttarakhand.

**Sub:- Proposal for Level-3 training programme under Jal Jeevan Mission.**

Sir,

This Department is proposing to conduct 2 batches of Level-3 residential training programme under JJM and for this purpose your institute has been shortlisted. The topics shortlisted for this purpose is as under:

1. Operation & Maintenance of rural water supply schemes.
2. Source sustainability and recharge of spring water sources.

If your institute is interested in conducting this training then the same may be intimated immediately to the undersigned along with your terms and condition and the tentative training schedule, please.

Thanking You,

Yours faithfully,

Pr.Chief Engineer-cum-PDD (JJM)

**Principal Chief Engineer**

Rural Development Department  
Government of Sikkim, Gangtok



# Himalayan Institute Hospital Trust

Swami Ram Nagar, Jolly Grant, Dehradun 248016, Uttarakhand, India

Tel.: 91-135-2471133, 2471144

www.hihtindia.org email: pb@hihtindia.org

**Founder :**

**HH Dr. Swami Rama**

**Invoice**

No-: HIHT/ KRC/ SIKKIM/ 2024-25/ 1147

Date: 15.06.2024.

Pr. Chief Engineer-cum-PDD (JJM),  
Rural Development Department,  
Government of Sikkim.

**Task: Level-3 training programme under Jal Jeevan Mission**

With reference to RDD, Government of Sikkim's memo no. 99/PCE/RDD, dated 01.05.2024, KRC-HIHT has conducted 2 training programme of Level-3 during May 2024 as per following detail:-

S.N.	Programme & Dates	No. of Participants	Duration	Rate	Amount (Rs.)
1	Batche-1 (22-24 May 2024)	53	3 days	Rs. 6000/- per participant per day	9,54,000.00
2	Batche-2 (27-29 May 2024)	49	3 days	Rs. 6000/- per participant per day	8,82,000.00
Resource Person fee @ 1500/hour session ( 6 session/day x 3 days x 2 batches)					54,000.00
TA as per actual (Air ticket +Taxi)					1,11,265.00
<b>Total cost of the 2 training programme</b>					<b>20,01,265.00</b>
GST					Exempted*

**(Rupees Twenty Lac One Thousand Two Hundred Sixty Five Only)**

\* As per GOI notification No. 9/2017-Integrated Tax (Rate) dated 28.06.17, Sr. No. 75, Heading 9992, No GST is applicable where Services provided to the Central Government, State Government, Union Territory Administration under any training program for which total expenditure is borne by the Central Government, State Government, Union Territory Administration.

\* Training Report with participants attendance & feedback attached.

**Detail of bank account is as follows:-**

Name of Account: Himalayan Institute Hospital Trust

Account No.: 10548876117

IFSC Code: SBIN0001180

Bank Name & Address: State Bank of India (01180), HIHT, Railway Road, Rishikesh, Dehradun

  
(Nitesh Kaushik)

Nodal Officer- KRC &

Dy. Director

**NITESH KAUSHIK**

**Nodal Officer & Dy. Director**

**Himalayan Institute Hospital Trust**

**Swami Rama Himalayan University**

Advance Received from Jharkhand State

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**ANNEXURE-I**

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Payment Advice No.: C052411992388

Name of Beneficiary	PFMS Txn ID	Account Number:	IFSC/IIN/MICR	Aadhaar	Amount(In Rs.)
HIMALAYAN INSTITUTE HOSPITAL TRUST	C052411992307	XXXXXXXXXXXX6117	SBIN0001180		927000.00
<b>Total Amount(Rs)</b>					<b>927000.00</b>

Please acknowledge and do the needful as prescribed by bank to complete transactions.

PFMS

**CONTINGENT BILL OF THE RURAL DEVELOPMENT DEPARTMENT**

BP-2024-2S-24  
25/7/24  
1072440791586  
26/7/24

Bill No:  
Date:  
Sanction Order No. & Date: /Acctt./RDD  
Dt:  
Major Head/ Minor Head & Unit of Appropriation: JJM – Support Fund – 01.03.02.04.05 Residential training programmes

Voucher No:  
Date:  
Cheque No. & Date:

No of S. Vr.	Description of Charges	Amount Rs.	Remarks
110 22	Balance payment of the expenditure incurred for conducting 2 batches of level 3 training programme under JJM.	Net TDS on IT @ 2% P.Tax	Payable to, Himalayan Institute Hospital Trusty.  <i>[Signature]</i> Divisional Engineer-cum-Project Manager (JJM) Rural Development Department Government of Sikkim, Gangtok
	Gross	Rs. 10,35,965/-	
	Adv.	Rs. 37,800/-	
	Balance	Rs. 500/-	
	M.B No : 25162/RDD	GROSS	Rs. 10,74,265/-

1. Certified that the expenditure included in this bill could not be avoided with due regard to the interest of the public service and then to the best of my knowledge and belief the payments entered in this bill have been/ are duly made payable to the party/ parties entitles to receive them.
2. Certified that all the vouchers are attached.
3. Certified that all the articles detailed in the Vouchers attached to the bill have been accounted for in the Stock Register.
4. Certified that all the purchases billed for have been received in good order and their quantities are correct and their quality good and according to specification and that the rates paid are not in excess of the accepted and the market rates.

Allotment of the current year                      Rs. \_\_\_\_\_  
Expenditure including this bill                      Rs. \_\_\_\_\_  
Balance available    Rs. \_\_\_\_\_

*[Signature]*  
Signature & Designation of the  
**Sr. Accounts Officer II**  
Drawing Officer  
Rural Development Deptt.  
Govt. of Sikkim

Passed for payment of Rs. 10,74,265/-  
(Rupees ten lakh seventy four thousand two hundred sixty five) only.

*[Signature]*  
Signature & Designation of the  
**Divisional Engineer-cum-Project Manager (JJM)**  
Drawing Officer  
Rural Development Department  
Government of Sikkim, Gangtok

For the use in the Officer where payment is made.  
B. R. No. .... Date.....  
Allotment Check Register vide page No. ....  
Pay Rs. 10,74,265/- (Rupees ten lakh seventy four thousand two hundred sixty five) only.

*[Signature]*  
Signature & Designation of the  
**Sr. Accounts Officer II**  
Drawing Officer  
Rural Development Deptt.  
Govt. of Sikkim

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**ANNEXURE -1**

(All page to be stamped and initial and last page to be signed in FULL with stamp)

**Payment Advice No.: C072440791586**

No.	Name of Beneficiary	PFMS Txn ID	Account Number:	IFSC/IIN/MICR	Aadhaar	Amount(In Rs.)
1	HIMALAYAN INSTITUTE HOSPITAL TRUST	C072440791489	xxxxxxxxxxxx6117	SBIN0001180		1035965.00
<b>Total Amount(Rs)</b>						<b>1035965.00</b>

Please acknowledge and do the needful as prescribed by bank to complete transactions.

PFMS



**PFMS Generated Print Payment Advice**

Approval date in PFMS: 26 Jul 2024		Payment Advice No.: C072440791586
Expiry date of PPA PFMS: 05 Aug 2024		Advice Print Date : 26 Jul 2024
PAN No. :		TAN No. :
Note For Branch:		
Contact Details	BANK	PFMS
Name:	GITC, State Bank of India, Navi Mumbai & Govt Business Dept, SBI, New Delhi	
Email :	Figs.pfms@sbi.co.in, agm.dbt@sbi.co.in	Helpdesk-pfms@gov.in
Phone No.:	022-27578957	011-23343860
Note:		

To,  
The Branch Head

STATE BANK OF INDIA  
GANGTOK

We authorise the bank to debit our undernoted account maintained with the bank with batch amount and credit the beneficiary(ies) [#1] as per ANNEXURE-I uploaded to bank's central system through PFMS O/o CGA.

Bank Account No.  
30981031063

Total Amount of Debit : Rs1035965.00

(Amount in words : Ten Lakhs Thirty-Five Thousand Nine Hundred Sixty-Five )

No. Of Beneficiaries as per  
Annexure-I.

Batch No. C072440791586

Agency Seal

.....  
(Sign by Authorized Signatory)  
Name Rural Development Department  
Government of Sikkim

.....  
(Sign by Authorized Signatory)  
Name Sr. Accounts Officer - II  
Rural Development Deptt.  
Govt. of Sikkim

Designation - \_\_\_\_\_

Designation - \_\_\_\_\_

Mobile No - \_\_\_\_\_

Mobile No - \_\_\_\_\_

To, JAL JEEVAN MISSION SIKKIM  
ESCROW ACCOUNT

Ref: Account No.30981031063/ Payment Advice Number  
C072440791586

We confirm having received the captioned advice of credits for payment today for further processing as per arrangement of bank on integrated PFMS-Bank payment system.

No. Of Beneficiaries : 1

Amount (in Rs.):1035965.00

Date & Time :

STATE BANK OF INDIA

Branch Authorized Official

Agency to enter date of delivery in PFMS using option | E-Payment => PPA Submission Status

**SBI GANGETK** (00232)  
**CHEWANG DOMA LEPOHA**  
79 JUL 2024  
PF ID: 7476485  
**DEPUTY MANAGER**  
Branch Seal