

No.G.27017/08(5)/2018-NHM-Finance
Government of India
Ministry of Health and Family Welfare
(Department of Health and Family Welfare)

Nirman Bhawan, New Delhi,
Dated 23.04.2019

To

The Principal Accounts Officer (Coordination),
Room No.542-A,
Ministry of Health and Family Welfare,
Nirman Bhavan, New Delhi.

Subject: Placement of Budget at the disposal of Secretary, Health & FW, UT of Lakshadweep in respect of Family Welfare-Infrastructure Maintenance-UTs w/o legislature under Demand No.42, for the F.Y.2019-20-Issuing Letter of Authorization regarding.

Sir,

I am directed to convey the administrative sanction of this Ministry for the placement of funds of **Rs.82,00,000/-** (Rupees Eighty Two lakh only) to the Union Territory of **Lakshadweep** for implementation of Family Welfare Programme during the year 2019-20 as per details given below:

(Amount in Rs.)

2211	Family Welfare (Major Head)	BE 2019-20
00001	Direction & Administration (Minor Head)	
09	Infrastructure Maintenance - UTs w/o legislature	
0901	Maintenance of State/ District FW Bureaux	
090101	Salaries	3377330
090106	Medical Treatment	33330
090111	Domestic Travel Expenses	166670
090113	Office Expenses	5000
	Sub-Total - Maintenance of State/ District FW Bureaux	3582330
0902	Sub-Centres	
090201	Salaries	4214330
090206	Medical Treatment	33330
090211	Domestic Travel Expenses	166680
090213	Office Expenses	3330
090250	Other Charges	200000
	Sub-Total - Sub-Centres	4617670
	Grand Total	8200000

It is requested that letter of authorization may please be issued in favour of Principal Secretary (Health), Secretariat of UT of Lakshadweep to enable the UT Administration to incur the expenditure during 2019-20. This sanction issues with the approval of competent authority accorded vide FTS No. 3195367 dated 30.01.2019.

(शान्ति नेगी)
(SHANTI NEGI)
अवर सचिव
Under Secretary
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Ministry of Health & F.W.
भारत सरकार/Govt. of India
नई दिल्ली/New Delhi

Yours faithfully,



(Shanti Negi)

Under Secretary to the Government of India

P.T.O.

Copy forwarded for information and necessary action to:-

1. The Principal Accounts Officer, Ministry of Health and Family Welfare, New Delhi.
2. The Secretary, Principal PAO, U.T. of Lakshadweep, Kavaratti. Debits may be raised with PAO (Sectt.) Ministry of Health and Family Welfare, New Delhi.
3. Secretary, Health Department, Government of Lakshadweep, Kavaratti.
4. District FW Officer, Lakshadweep Administration, Kavaratti.
5. Ministry of Home Affairs, Planning Cell, New Delhi.
6. The Pay & Accounts Officer (Sectt.), Ministry of Health & Family Welfare, New Delhi, with the request that authorisation of incurring expenditure of the amount mentioned in col. 5 may please be issued.
7. Director of Medical and Health Services, U.T. of Lakshadweep, Kavaratti.
8. Liaison Officer, UT of Lakshadweep, Govt. House, F 306, K.G. Marg Hostel, New Delhi-110001 for necessary action regarding intimating the Budget provision.

Copy also to:- Resident Commissioner for further necessary action.



(शान्ति नेगी)
(SHANTI NEGI)
अवर सचिव
Under Secretary
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Ministry of Health & F.W.
भारत सरकार / Govt. of India
नई दिल्ली / New Delhi