

**GOVERNMENT OF MEGHALAYA  
HEALTH & FAMILY WELFARE DEPARTMENT**

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**NOTIFICATION**

Dated Shillong, the 13<sup>th</sup> May, 2022.

**No. Health.309/2021/Pt/26:** - The Governor of Meghalaya is pleased to notify the Operational Guidelines of the Chief Minister's Safe Motherhood scheme (CM-SMS) which aims to supplement the ongoing initiatives for bringing down the maternal mortality in an accelerated manner. The project has the following four components.

- 1) Provide **mobility support to the ANMs** to ensure that quality ANC checkups and full immunisation services are provided at the VHNDs are organized as per the required frequency, i.e. atleast One VHND per village per month.
- 2) Provide a **dedicated vehicle atPHCs / CHCs** to:
  - a. bring pregnant women from home to health facility for delivery;
  - b. bring the pregnant women belonging to identified priority groups (high risk pregnant women, pregnant women belonging to hard to reach and inaccessible villages) from their homes to the 'transit home';
  - c. transfer pregnant women from 'transit home' to health facility;
  - d. transfer the cases to a higher level health facility, if required; and
  - e. drop the woman and child back home after delivery / discharge from the health facility.
- 3) **Organize "transit homes"** in and around the PHCs/CHCs, for keeping the pregnant women belonging to above mentioned priority groups, for up to 10 days prior to expected date of delivery (EDD).
- 4) **Award scheme for the Village Councils / VHCs**, linked to achievement of the following milestones:
  - a) More than 90% institutional deliveries during the last year
  - b) No teenage marriage during the last year
  - c) No teenage pregnancy during the last year
  - d) Gap between the last birth and the previous one is 3 years (1000 days) or more in at least 80% cases of births during the last year.

**2 Guidelines for organizing mobility support to ANMs**

2.1 This component is meant to provide mobility support to the ANMs so that the VHNDs are held in every village, every month to ensure quality ANC checkups and routine immunization services to all the targeted group of mothers and children respectively. For this, MO in-charge of every PHC, CHC and State Dispensary has to hire taxis / private cars which are locally available.

2.2 To implement this component, Medical officer in-charge will need to organize a meeting of all ANMs/ASHA Facilitators and relevant others to develop/prepare a monthly micro-plan for arranging VHNDs in every village under Medical officer in-charger jurisdiction. The micro-plan will define a number of "Routes", each route defining the route map with pick up and drop points for the ANMs assigned for that route.

2.3 While developing the 'routes', keep in mind the following:

- "Routes" are to be defined separately for each Sub-Centre (SC) / notional Sub-Centre (NSC) in Medical officer in-charger jurisdiction.
- The number of "routes" in a SC/NSC area will be determined by (a) the number of ANMs and (b) the number of villages. For example, a Sub-Centre with 2 ANMs and 12 villages will have 6 routes, each route having only 2 drop-off / pick-up points.
- It would be useful to have a fixed VHND for each route and, therefore, for the villages on that route. For example, in case of the above mentioned Sub-Centre, the VHNDs for the first 4 routes could be first, second, third and fourth Tuesdays and first and second Thursday for the other two routes. A key operational advantage for having fixed days is that the taxi /vehicle owner would know about these in advance and will plan accordingly. In the example SC mentioned above, we will need only one normal vehicle for 6 days in a month, if all villages are normal villages.
- A given 'route' can have villages of only one kind or more. For example, a route can have 2 normal villages and one hard to reach village. Similarly, another 'route' may have 1 hard to reach village and an inaccessible village.
- The objective of the micro-planning should be to arrive at an optimum number of "routes" so that (a) maximum routes are served by a normal (Alto type) vehicle and the farthest village is not more than, say, 2 hours of travel.
- For the inaccessible villages, determine the nearest drop-off / pick up point for the ANM assigned to that village and include the same in one of the routes. [Note: The ANM who conducts VHND in an inaccessible village will be entitled to receive an incentive amount of Rs 1000/- per inaccessible village per VHND conducted.]

2.4 After the routes have been developed / finalized, the next step is to invite quotations for hiring vehicles on a full time basis. For this, Medical officer in-charge need to use the format given at **Annex-1**. Delete the portions not applicable, fill-in the gaps and put the 'Request for Quotation (RoQ)' on Medical officer in-charger notice board. In addition, ask Medical officer in-charger staff to spread the word about the need for vehicles.

2.5 After Medical officer in-charge have concluded the bidding process and declared the lowest rates (L-1) for each route, ask the next two higher bidders (L-2 and L-3) for that route, whether they are willing to match the L-1. In case they agree, record their details as the back up option for that route. This will give Medical officer in-charge a panel of up to three vehicles for each route. Please share this panel with all concerned ANMs so that they can contact the vehicle owners one day before the scheduled VHND.

2.6 Other things to note:



- Payments to vehicle owners are to be made on a monthly basis through e-mode ( NEFT or Cheque or UPI etc.,) to the account specified in the Agreement executed by Medical Officer and the vehicle owner. The payments will be made against invoice to be submitted as per the format prescribed in the Agreement.
- Funds for meeting the expenses will be provided as advances to the RKS account of the respective health facility. First advance will be made against submission of estimates worked out on the basis of rates finalized. This will be topped up based on quarterly utilisation.

### **3 Guidelines for organizing Chief Minister Safe Motherhood fleet**

3.1 This component is aimed to provide a dedicated vehicle to every PHC/CHC. This vehicle will be used exclusively for managing pregnancies which would include the following purposes:

- a. bring pregnant women from home to health facility for delivery;
- b. bring the pregnant women belonging to identified priority groups (high risk pregnant women, pregnant women belonging to hard to reach and inaccessible villages) from their homes to the 'transit home';
- c. transfer pregnant women from 'transit home' to health facility;
- d. transfer the cases to a higher level health facility, if required; and
- e. drop the woman and child back home after delivery / discharge from the health facility or even from the higher facility where she was referred to.

3.2 To implement this component, Medical Officer will need to issue a tender notice as per the format given at **Annex-2**.

### **4 Guidelines for organizing CM Safe Motherhood Transit Homes**

4.1 Suitable lodging facilities, which should be in the vicinity of the PHC/CHC, will need to be provided to pregnant women belonging to priority groups, namely, high risk pregnancy cases and pregnant women belonging to hard-to-reach and inaccessible villages under Medical officer in-charger jurisdiction.

4.2 To implement this component, Medical officer in-charge need to identify Women's Self Help Groups (SHGs) or local entrepreneurs of hospitality who are active in the area under Medical officer in-charger jurisdiction. For this, Medical officer in-charge may seek from the Block Development Officer and Block Program Manager of National Rural Livelihood Mission.

4.3 Once Medical officer in-charge has identified the potential SHG/ local entrepreneurs arrange exploratory meetings with each of them and check which of the SHG members/ local entrepreneurs are willing to take up the task. During these meetings, explain the following modalities which will be part of the Agreement between Medical officer in-charge and the SHG, for operating the Transit Home:

- a) The services to be provided to a 'client' will consist of two parts : (i) furnished accommodation and (ii) food. A 'client' will mean (a) a pregnant woman, (b) an escort who may be husband or children or another family member or friend (c) pregnant woman's dependent(s) and (d) the traditional birth attendant from the village who has referred /advised the woman for institutional delivery.
- b) The accommodation can be
  - (a) in a lodge or
  - (b) it may be a couple of spare rooms in the house of a member of the SHG/ local entrepreneurs (bed and breakfast model)
  - (c) any un-utilised quarters or space with toilet in the health facility.

The lodge / house / rooms identified by the SHG may be branded as "Safe Motherhood Transit Home" or equivalent in the local language. Any such facility should have an accessible toilet.

- c) The SHG shall arrange three meals per day for the 'client'.
- d) The SHG shall maintain a log book for recording the arrival and departure dates of the 'clients' served by the transit home.
- e) An advance of Rs 10,000 may be made to the SHGs as an initial start up funding to prepare the rooms with essential items like beds / mattresses and other basic supplies and to cover other anticipated cost during first month (e.g. ration). Subsequently, the SHG/ local entrepreneurs will submit a monthly bill to the MO which will be paid through their bank accounts within 15 days of submission of bill. In other words, the SHG shall have a permanent advance so as not to burden it with the cost of providing the services.
- f) Payment for services will be made to the SHG; it is for the SHG to decide the modalities for organizing the services.
- g) The contract / agreement will be for one year, extendable annually subject to mutual agreement, with a built-in price revision clause.

4.4 Template for the Agreement between Medical officer in-charge and the SHG is given at Annex-3.

4.5 Cash incentive for TBA

4.5.1 The Scheme allows for payment of a cash incentive of Rs 1000/- for the TBA if she accompanies the pregnant woman and stays with her in the transit home. This payment may be made at the time of discharge of the pregnant woman from the health facility. This can be done through the bank account of the Traditional Birth Attendant or by cash only in very needy instances whereby the TBA is very old or lives more than 1-2 hours from a nearby bank or ATM etc., Such cash payments should be invoiced and she needs to cross sign the invoice along with the beneficiary.



4.5.2 The TBA should be allowed to accompany the woman during the delivery so that she may witness and learn about the safe practices during the delivery and the importance of institutional delivery in high risk cases.

## 5 Guidelines for Safe Motherhood Award

5.1 The award scheme for the Village Councils / VHCs will be linked to achievement of the following milestones:

- a) More than 90% institutional deliveries during the last year
- b) No teenage marriage during the last year
- c) No teenage pregnancy during the last year
- d) Gap between the last birth and the previous one is 3 years (1000 days) or more in at least 80% cases of births during the last year. This is to acknowledge the community participation in providing the undivided required time for promoting good care and health of mother and child.

5.2 This component is aimed at generating awareness among the people, particularly the men, about the above issues. There are two parts of this component – awareness generation and assessment of eligibility for award.

5.3 Awareness generation: For awareness generation about the issues and the award scheme, Medical officer in-charge will need to do the following:

- a) Form a "Safe Motherhood Award Facilitation Team" for the villages under Medical officer in-charge jurisdiction. The Team may have 4-5 persons, consisting of volunteers drawn from women's self help groups, Village Councils, local NGOs.
- b) Arrange an orientation session for the team to discuss about the importance of these issues. Note: It may be useful to discuss this in one of the Sector meetings and form the team after the discussions therein.
- c) The team will then travel to all villages as per a roster and discuss the three issues with the members of the village council and inform them about the scheme, namely that they can claim a cash prize if they meet the following three criteria:
  - o More than 90% deliveries in the village during the last year were conducted in a health facility;
  - o There was no teenage marriage in the village during the last year;
  - o There was no teenage pregnancy in the village during the last year;
  - o The gap between the last birth and the previous one was 3 years or more in case of at least 80% deliveries which took place in the village during the last year.

Note: It may be useful if the Team visited the villages on a VHND day.

- d) The team may make a special visit to villages where there has been a maternal death in the last 2-3 months. This meeting will discuss what went wrong and what must be done to prevent a repeat of the same thing in future.

5.4 Assessment of eligibility: The assessment will need to be done on a calendar year basis and will be undertaken after one or more village council(s) claim to have achieved the criteria. Please note that the first round of assessments will be due only after December, 2022 as we need the time until then to build up the awareness about the issues. Therefore, detailed guidelines for assessment are not included here for the time being and will be developed at a later stage.

This scheme shall be implemented by National Health Mission at State level. District Health Services at District level shall monitor the implementation at Health Facility level through Rogi Kalyan Samiti.

Sd/-

(Shri. Sampath Kumar, IAS)

Principal Secretary to the Government of Meghalaya.  
Health & Family Welfare Department.

Template for RoQ for Vehicles to be hired for ANM Mobility

Office of MO in-Charge

.....PHC / CHC / State Dispensary

Chief Minister's Safe Motherhood Scheme

## Request for Quotation

Quotations are invited from the taxi owners / private vehicle owners for hiring vehicles for transporting ANMs for the Village Health and Nutrition Days in the villages under the jurisdiction of .....PHC / CHC / State Dispensary. The vehicles will be required as per the schedule given at **Appendix-A**.

Owners of taxis / private vehicles interested in hiring out their vehicles may submit their quotations in a sealed envelope, addressed to the undersigned. The quotations are to be submitted in the format given at **Appendix-B**.

The last date / time for submission of the quotations is 5 pm, .....2022.

The quotations received until the closing time mentioned above shall be opened at 11 am on ..... 2022.

Successful bidders will be required to sign an Agreement as per the format given at **Appendix-C**.

Signature .....

Name of MO in-charge .....

PHC / CHC / State Dispensary .....

### Appendix-A

Schedule of vehicle requirement for VHNDs under PHC / CHC / State Dispensary .....

Sub-Centre name	Route Number	Villages to be covered	Day when vehicle will be required [1 <sup>st</sup> / 2 <sup>nd</sup> / 3 <sup>rd</sup> / 4 <sup>th</sup> Tuesday / Thursday / Friday]	Type of vehicle required [Type-1 (Alto or equivalent) or Type-2 (4WD)]
	1			
	2			
	3			
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	5			
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## Appendix-B

To:  
Medical Officer in-charge

.....

Subject: Quotation for hiring out vehicle for VHNDs

Ref: Medical officer in-charger Request for Quotation (RoQ) letter No.....Dated

.....

Sir / Madam,

With reference to the above, I / We hereby offer our rates as per the details below.

Route Number	Day when vehicle will be required [1 <sup>st</sup> / 2 <sup>nd</sup> / 3 <sup>rd</sup> / 4 <sup>th</sup> Tuesday / Thursday / Friday]	Type of vehicle required [Type-1 (Alto or equivalent) or Type-2 (4WD)]	Vehicle Number	All inclusive per day rate

I / We undertake to abide by the terms and conditions set out in the sample Agreement given at Appendix-C to the above referred RoQ.

Medical officer in-chargers sincerely,

Signature.....

Name .....

Address .....

.....

Mobile Number .....

## Appendix-C

**Agreement between**  
**Medical Officer in-charge, PHC / CHC / States Dispensary .....**  
**And**  
**Owner of vehicle number .....**  
**For providing vehicle on rental basis**

Whereas the Medical Officer in-charge of PHC / CHC / State Dispensary ....., hereinafter referred to as the First Party, had issued a Request for Quotation (RoQ) on ..... inviting owner(s) of taxis / private vehicles, hereinafter referred to as the Second Party, for renting out their vehicle(s) on a rental basis for transporting ANMs for carrying out VHNDs in the villages under the jurisdiction of the said First Party;

Whereas the offer of the said Second Party has been accepted for the routes specified herein below:

Route Number	Day when vehicle will be required [1 <sup>st</sup> / 2 <sup>nd</sup> / 3 <sup>rd</sup> / 4 <sup>th</sup> Tuesday / Thursday / Friday]	Type of vehicle required [Type-1 (Alto or equivalent) or Type-2 (4WD)]	Vehicle Number	All inclusive per day rate (Rs)

Now, therefore, the parties hereto agree to abide the terms and conditions governing this Agreement, as set out hereinbelow.

1. The Second Party will be responsible for maintaining the vehicle(s) in good working condition and have all necessary permits and licenses and the First Party's liability is limited to paying for the usage of the vehicle(s) during the tenure of this Agreement.
2. The vehicle driver will maintain a log-book and each ANM using the vehicle will sign each time she is picked up or dropped.
3. The Second Party may apply in writing to the First Party to replace the original vehicle (offered in the RoQ response) provided that the replacement vehicle is of the same

type; provided also that not more than two such replacements may be allowed during the tenure of this Agreement.

4. Payment will be made by the First Party through e-mode to the bank account of the Second Party on the basis of voucher, format for which is given in the attachment to this agreement.
5. The Second Party will be entitled to a "fuel inflation compensation (FIC)" on account of fuel price increase, to be calculated as per the formula given below  

$$FIC = \{ \{ \text{Actual km done during the month} \} / 10 \times \{ \text{actual rate at the end of the month} - \text{rate as on 1}^{\text{st}} \text{ April, 2022} \} \}$$
6. The FIC will be permissible only when the vehicle has done more than 3000 Km in a month and is payable only when claimed.
7. The initial tenure of this Agreement shall be one year from the date of signing and may be extended by another year, allowing a 10% increase in the rate, rounded to the nearest multiple of ten.
8. This Agreement may be terminated automatically in the event of the vehicle offered by the Second Party not turning up for duty twice in a row; in such an event, the extension of the agreement beyond one year will become null and void.

Signed this .....day of .....2022.

<b>Signatories</b>	
<p>For the First Party</p>       <p>Signature .....</p> <p>Name .....</p> <p>Designation .....</p>	<p>For the Second Party</p>       <p>Signature .....</p> <p>Name .....</p> <p>Address .....</p> <p>.....</p> <p>Mobile number .....</p>
<b>Witnesses</b>	
<p>For the First Party</p>       <p>Signature .....</p> <p>Name .....</p> <p>Designation .....</p>	<p>For the Second Party</p>       <p>Signature .....</p> <p>Name .....</p> <p>Address .....</p> <p>.....</p> <p>Mobile number .....</p>



Attachment to Agreement between PHC /CHC / State Dispensary .....

And

Owner of vehicle number .....

Voucher for transportation services

Bill for the Month .....

Part-A: Amount due as per agreed rates:

Sl No	Route No	Day (of the week)	Date	Vehicle number	Approved rate (Rs)	Amount due (Rs)

Part-B: Fuel Inflation Compensation

- Actual Km during the month (all vehicles/routes) .....
- Fuel price as on 1<sup>st</sup> April, 2022 .....
- Fuel price at the end of the month .....
- FIC amount, if claimed .....

Total claimed amount =

Certified that the transport services were actually provided as per the above details and can be verified from the log-books maintained by the drivers of the concerned vehicles.

Account details for payments

Account name .....

Bank name .....

Branch name / code .....

Account number .....

NEFT / IFSC code .....

UPI address (if available) .....

Signature.....

Name .....

Address .....

Mobile Number .....

Template for RoQ for Vehicles to be hired for transporting pregnant women

Office of MO in-Charge  
 .....PHC / CHC

**Chief Minister's Safe Motherhood Scheme****Request for Quotation**

Quotations are invited from the taxi owners / private vehicle owners for hiring a 4 wheel driven Jeep type vehicle for transporting pregnant women from the villages under the jurisdiction of this PHC / CHC to the PHC/CHC or the transit homes that the PHC/CHC is arranging for accommodating the pregnant women until the expected date of delivery and for taking them back home after delivery. The vehicle will need to be stationed at the PHC/CHC on a full time basis [ 24 x 7 basis]. The vehicle offered must fulfil the following conditions:

- must not be more than two years old on 1<sup>st</sup> April, 2022
- must not have done more than 50,000 km.

Owners of taxis / private vehicles interested in hiring out their vehicles may submit their quotations in a sealed envelope, addressed to the undersigned. The quotations are to be submitted in the format given at **Appendix-A**.

The last date / time for submission of the quotations is 5 pm, .....2022.

The quotations received until the closing time mentioned above shall be opened at 11 am on ..... 2022.

Successful bidders will be required to sign an Agreement as per the format given at **Appendix-B**.

Signature .....

Name of MO in-charge .....

PHC / CHC / State Dispensary .....

## Appendix-A

To:  
Medical Officer in-charge

.....

Subject: Quotation for hiring out 4 wheel driven vehicle

Ref: Medical officer in-charger Request for Quotation (RoQ) letter No.....Dated

.....

Sir / Madam,

With reference to the above, I / We hereby make the following offer:

- Vehicle number
- Vehicle type and make
- Date of registration
- Mileage as on 1<sup>st</sup> April, 2022

I /we offer to provide the above vehicle on an all inclusive monthly rate of Rs .....

I / We undertake to abide by the terms and conditions set out in the sample Agreement given at Appendix-B to the above referred RoQ.

Medical officer in-chargers sincerely,

Signature.....

Name .....

Address .....

.....

Mobile Number .....



## Appendix-B

### Agreement between

Medical Officer in-charge, PHC / CHC .....

And

Owner of vehicle number .....

### For providing vehicle on rental basis

Whereas the Medical Officer in-charge of PHC / CHC ....., hereinafter referred to as the First Party, had issued a Request for Quotation (RoQ) on ..... inviting owner(s) of taxis / private vehicles, hereinafter referred to as the Second Party, for renting out their vehicle(s) on a rental basis for transporting pregnant women from/to the villages under the jurisdiction of the said First Party;

Whereas the offer of the said Second Party has been accepted as an all-inclusive rate of Rs ..... per month.

Now, therefore, the parties hereto agree to abide the terms and conditions governing this Agreement, as set out hereinbelow.

1. The vehicle will be assigned to the facility on 24 x 7 basis.
2. The Second Party will be responsible for maintaining the vehicle(s) in good working condition and have all necessary permits and licenses and the First Party's liability is limited to paying for the usage of the vehicle(s) during the tenure of this Agreement.
3. The vehicle driver will maintain a log-book for maintaining record of the trips made as per the format, which may be provided by the First Party.
4. The vehicle may be painted and branded as per Government guidelines.
5. The contract will be for a period of 1 year and may be automatically extended by another year, along with a rate increase of 10%, subject to the vehicle being in good working condition.
6. The Second Party will be entitled to a "fuel inflation compensation (FIC)" on account of fuel price increase, to be calculated as per the formula given below  
$$FIC = \{ \text{Actual km done during the month} \} / 10 \times \{ \text{actual rate at the end of the month} - \text{rate as on 1}^{\text{st}} \text{ April, 2022} \}$$
7. Payment will be made by the First Party through e-mode to the bank account of the Second Party on the basis of voucher, format for which is given in the attachment to this agreement.
8. The initial tenure of this Agreement shall be one year from the date of signing and may be extended by another year, allowing a 10% increase in the rate, rounded to the nearest multiple of ten.

Signed this .....day of .....2022.

Signatories	
For the First Party	For the Second Party
Signature .....	Signature .....
Name .....	Name .....
Designation .....	Address .....
	.....
	Mobile number .....

Witnesses	
For the First Party	For the Second Party
Signature .....	Signature .....
Name .....	Name .....
Designation .....	Address .....
	.....
	Mobile number .....

Attachment to Agreement between PHC /CHC .....

And

Owner of vehicle number .....

Voucher for transportation services

Bill for the month .....

Part-A : Monthly rental as per the Agreement Rs .....

Part-B : Fuel Inflation Compensation

- Actual Km during the month .....
- Fuel price as on 1<sup>st</sup> April, 2022 .....
- Fuel price at the end of the month .....
- FIC amount claimed .....

Total claimed amount =

Certified that the transport services were actually provided as per the above details.

Account details for payments

Account name .....

Bank name .....

Branch name / code .....

Account number .....

NEFT / IFSC code .....

UPI address (if available) .....

Signature.....

Name .....

Address .....

Mobile Number .....



## Agreement between

Medical Officer in-charge, PHC / CHC .....

And

Self Help Group .....

## For providing Transit Home Services to Pregnant Women

Whereas the Medical Officer in-charge of PHC / CHC ....., hereinafter referred to as the First Party, requires transit home services for the pregnant women;

Whereas ....., a Women's Self Help Group, based ....., hereinafter referred to as the Second Party, has agreed to provide the said transit home services to the pregnant women who may be referred to by the First Party;

Now, therefore, the parties hereto agree to abide the terms and conditions governing this Agreement, as set out hereinbelow.

- a) The Second Party will organize the Transit Home at ..... (address of the transit home). It will consist of ..... (provide details such as number of rooms) and will be furnished with essential lodging facilities.
- b) The First Party will refer such pregnant women to avail the transit home services as may be identified by its field staff.
- c) The Second Party shall arrange and provide transit home services for each pregnant woman referred by the First Party.
- d) The transit home services shall consist of the following:
  - o furnished accommodation for the pregnant woman and an escort who may be her husband or another relative or the ASHA from her village or a traditional birth attendant from her village.
  - o 3 meals per day for 2 persons.
- e) The Second Party agrees that the transit home may be branded by the First Party as "Safe Motherhood Transit Home" or equivalent in the local language.
- f) The Second Party shall maintain a log book for recording the arrival and departure dates of each pregnant woman referred by the First Party.
- g) The First Party shall pay an all-inclusive amount of Rs ..... per pregnant woman per day to the Second Party in consideration of the services provided by the Second Party.
- h) The First Party will provide an advance payment of Rs ..... to the Second Party to cover the anticipated cost during first month. Subsequently, the Second Party will submit a monthly bill to the First Party as per the attached format, which will be paid through e-mode within 15 days of submission of bill. In other words, the Second

Party shall have a permanent advance at its disposal to ensure that the transit home services are provide on uninterrupted basis.

- i) This Agreement will be valid for one year from the date of signing and may be extendable for another year subject to mutual agreement, including price revision.

Signed this .....day of .....2022.

Signatories	
For the First Party	For the Second Party
Signature .....	Signature .....
Name .....	Name .....
Designation .....	Address .....
	.....
	Mobile number .....
Witnesses	
For the First Party	For the Second Party
Signature .....	Signature .....
Name .....	Name .....
Designation .....	Address .....
	.....
	Mobile number .....

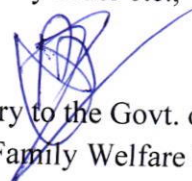
**Memo No. Health. 309/2021/Pt/26 -A**

Copy to:-

**Dated Shillong, the 13<sup>th</sup> May,**

1. The P.S. to the Hon'ble Minister i/c Health & Family Welfare, Meghalaya, Shillong for kind information of the Minister.
2. The P.S. to the Principal Secretary to the Government of Meghalaya, Health & Family Welfare Department for information of the Principal Secretary.
3. The P.A. to the Commissioner & Secretary to the Government of Meghalaya, Health & Family Welfare Department for information of Commissioner & Secretary.
4. The Mission Director, National Health Mission, Meghalaya, Shillong & Joint Secretary, Health & Family Welfare Department.
5. The Deputy Commissioner in the East Khasi Hills Districts, **Shillong/** West Khasi Hills District , **Nongstoin/** South-West Khasi Hills District, **Mawkyrwat/** Eastern West Khasi Hills District, **Mairang/** East Jaintia Hills District, **Khliehriat/** West Jaintia Hills District , **Jowai,** Ri-Bhoi District, **Nongpoh/** West Garo Hills District, **Tura/** South-West Garo Hills District, **Ampati/** East Garo Hills District , **Williamnagar/** South Garo Hills District , **Baghmara/** North Garo Hills District, **Resubelpara** for kind information and necessary action.
6. The Director of Health Services (MI)/(MCH&FW)/(Research), Meghalaya, Shillong for kind information and necessary action.
7. District Medical & Health Officer,  
East Khasi Hills District, **Shillong/** West Khasi Hills District, **Nongstoin/** Ri-Bhoi District, **Nongpoh/** West Jaintia Hills District, **Jowai/** West Garo Hills District, **Tura/** East Garo Hills District, **Williamnagar/** South Garo Hills District, **Baghmara/** North Garo Hills District, **Resubelpara/** South West Garo Hills District, **Ampati/** East Jaintia Hills District, **Khliehriat/** South West Khasi Hills District, **Mawkyrwat/** Eastern West Khasi Hills District, **Mairang** for kind information and necessary action.

By order etc.,



Under Secretary to the Govt. of Meghalaya,  
Health & Family Welfare Department.