# GUJARAT MEDICAL EDUCATION AND RESEARCH SOCIETY

(GOVERNMENT OF GUJARAT UNDERTAKING)

### **TENDER NO-1 OF F.Y.2020-21**

#### **FOR**

Invitation of E-Tender for Appointment of Chartered Accountant firms for Internal Audit work of GMERS HEAD OFFFICE & AFFILIATED MEDICAL COLLEGES AND HOSPITALS FOR F.Y.2017-18, 2018-19 and 2019-20

Gujarat Medical Education and Research society,
(Health & Family Welfare Department, Government Of Gujarat.)
N.H.M. Building, 6<sup>th</sup> Floor, Civil Hospital Campus, Opp. Pathikashram Hotel,
Gandhinagar-382016-Gujarat
Telephone No-079-23220220

# **CONTENTS**

| Sr.<br>No. | Particulars   | Page No. |
|------------|---|----------|
| 1          | Terms Of Reference  | 2        |
| 2          | Background  | 3        |
| 3          | Objective   | 3        |
| 4          | Scope of Work   | 4        |
| 5          | Eligibility Criteria  | 5        |
| 6          | Evaluation criteria   | 6        |
| 7          | Terms & conditions - Time limit of submission Report  | 7        |
| 8          | Payment of the Audit fee - Penalties  | 8        |
| 9          | List Of Documents to be attached with Technical Bid   | 9-10     |
| 10         | Annexure-1- Technical Offer   | 11-12    |
| 11         | Annexure-2- Format for internal audit report.   | 13       |
| 12         | Annexure- 3 to 11 – Internal Audit Report   | 14-28    |
| 13         | Annexure-12-13 The statement showing number of vouchers and yearly expenditure for the F.Y. 2017-18, 2018-19 and 2019-20 of GMERS Head office & affiliated Medical Colleges & Hospitals | 29-30    |

Notice inviting the proposal from firms of Chartered Accountants for providing the services of internal Audit.

Gujarat Medical Education and Research Society here an after referred as GMERS is incorporated by Government Of Gujarat for the execution and operation of the Gujarat Medical Education and Research Society. It is an Organization of Govt. of Gujarat and it is a parastatal Body.

GMERS intends to avail the services of Chartered Accountants from the firms of Chartered Accountants for the internal audit. Firm will be qualified on the Basis of two bids system and will be responsible for providing duties and other Terms and Conditions as mentioned in Annexures

There will be two bids system. Each firm complying with the minimum criteria should send technical bid (Annexure-1) and financial bid in separate sealed cover as mentioned Professional fees and other financial terms and conditions are to be mentioned in financial bid only and not in technical bid. Minimum eligibility criteria are mentioned in enclosures. Only the firms meeting with the minimum criteria should send their proposals. Further each firm meeting with the criteria and submitting the proposal to GMERS for this assignment has to attach the proofs mentioned.

Firms of Chartered Accountants meeting with the minimum eligibility criteria are Requested to submit their—technical proposals with tender process fee Rs.1, 500/- by D.D. in favor of Gujarat Medical Education& Research—Society in Physical separate sealed cover. Financial bid is to be submit only online. The sealed Cover super scribing as "Proposal for providing the services of Chartered Accountants for internal audit" to the Chief Executive Officer G.M.E.R.S at N.H.M. Building 6th Floor, Civil Hospital Campus, Opp. Pathikashram Hotel, Gandhinagar – 382016 Gujarat." on or before O8/12/2020 for list of work, other terms and Conditions, Format of Financial bid, technical bid, reports/ out puts please go Through the Annexures available on gmers.gujarat.gov.in OR

### www.nprocure.com

site Date:-

Place:-Gandhinagar

**Chief Executive Officer** 

**Gujarat Medical Education and Research society** 

**Gandhinagar** 

#### **Background:**

Gujarat Medical Education and Research Society was incorporated by Government of Gujarat for the execution and operation of the Gujarat Medical Education and Research Society. It has been registered under Public Trust Act -1950 as well as Society registration Act.-1860 and it is a parastatal Body

In order to meet the National need for more doctors and to improve Human Development Index in the state by increasing the availability of qualified doctors, State Government of Gujarat has planned to establish new medical colleges under Gujarat Medical Education and Research Society which has commenced setting up institutions of excellence in medical education and research in various parts of the State, thus ensuring spread of health care services and medical knowledge.

#### **GMERS** is a novel concept which incorporates:

Advantage of an establishment where management decision making and staff recruitment are speeded up with decentralization of authority. Cost recovery through student fees will reduce dependence on Government support without commercial profit making motives.

#### **Objectives:**

- To fill the gap in Human resources in the Health Care Sector
- To improve the Quality of Healthcare Services by providing skilled, sufficient and competent manpower in the entire state
  of Gujarat & beyond.
- To make Gujarat state a Medical Education hub

#### GUJARAT MEDICAL EDUCATION & RESEARCH SOCIETY, GANDHINAGAR.

| Request for Proposal Download             | 09/11/2020   |
|---|--|
| Pre proposal meeting (Pre-bid) date and   | 23/11/2020 15.00 PM                                    |
| Place                                     | Gujarat Medical Education and Research society,        |
|   | N.H.M. Building, 6 <sup>th</sup> Floor, Civil Hospital |
|   | Campus, Opp. Pathikashram Hotel, Gandhinagar-          |
|   | 382016   |
| Last date of Submission Of Price Bid      | 08/12/2020   |
| (Financial Proposal) Only Online          |  |
| Last date of Submission Of Technical      | 10/12/2020   |
| Bid in Physical Mode (Technical Proposal) |  |
| Opening of Technical proposal             | 15/12/2020   |
| Mode of tender document submission        | SPEED POST / RPAD                                      |
| Tender Process Fee                        | 1500-00  |
| EMD amount in form of DD / Pay Order      | 59850-00   |

#### **Brief Scope of work to be performed:**

Internal auditor will gain understanding of nature of work and transactions carried out by the Audit office. This will give the Audit team a holistic idea about the complexities involved in the process and it may schedule program accordingly. Illustrative instructions regarding important area/aspects of audit is mentioned below.

GMERS is a group of Hospitals & Education Institute located in different district of Gujarat and functioning as a registered society. The accounts are being maintain in decentralized method at its individual location and consolidated at H/O in Gandhinagar. For the financial years 2017-18, 2018-19 and 2019-20 the interested firm is required to conduct the audit of total 9 Hospitals and 8 Education Institute and consolidated accounts of and at Head Office.Gandhinagar (Annexure-12 & 13 attached)

Detailed Internal Audit for Government of India and Government of Gujarat supported Programmers /Schemes implemented at colleges & hospitals with Audit report & general /specific observation to GMERS by detail audit of financial and other relevant Orders/Practices/Guideline and Banking transaction with receipt of fund, payment/expenditure etc.

- 1. Indicate brief note about the procedure adopted at colleges & hospitals and Suggestion if any & to check & report about the procedure being followed by them as per the prescribed guidelines.
- 2. Checking of all the financial transaction regarding payment to schematic, administrative and staff expenditure etc. as per norms.
- 3. Check whether the release of fund & expenditure for the object by colleges & hospitals is as per the guidelines.
- 4. To check whether the financial transactions / procedures especially tendering & e-Tendering followed are as per the Government's rules and regulations.
- 5. Reconciliation of TDS (i.e. collected from parties and deposited in the government with Challan).
- 6. Check that deduction of Internal Dues is timely deposited in government.
- 7. Accounts have been prepared as per auditing standard.
- 8. Verify "Receipt & Payment Account" with all Annexure as prescribed by Finance Department vide Circular No.MIS-10-2013-471874-GOC dated 22nd August, 2013.
- 9. Verify "Income & Expenditure Account" with all Schedules as prescribed by Finance Department vide Circular No.MIS-10-2013-471874-GOC dated 22<sup>nd</sup> August, 2013.
- 10. Verify "Balance sheet" with all Schedules as prescribed by Finance Department vide Circular No.MIS-10-2013-471874-GOC dated 22nd August, 2013.
- 11. Completion of all type of revenue recognition, Fees, Rental etc.
- 12. In case of any serious irregularities noticed or non-production of books of the accounts or any matter relevant to Audit then the same to be brought to the notice of the Chief Executive Officer, GMERS as well as to the Deputy Director (Accounts) at GMERS immediately by Confidential letter addressed to them With supportive..
- 13. Ensure all institutes has completed all applicable laws.

<u>Note: -</u> This is the brief scope. Detailed scope is provided along with Tender document. Internal auditor may design the audit considering the circumstances of each case and conduct the audit in such way so as to achieve the objectives of the audit in best possible manner (Annexure-2 to 11)

# Eligibility Criteria – Internal Audit- As per Finance Department Circular -10-2018-1143A date 08.06.2020 (Category II and I Only)

| Sr.<br>No. | Eligibility Criteria  | Documents to be submitted  |
|------------|---|--|
| 1          | Firm of Chartered Accountants should be registered with the Institute of Chartered Accountants of India, New Delhi for a minimum period of 10 years.  The Chartered Accountant firm must have its registered office in Gujarat and if registered office is not located in | Firm Registration Certificate issued by ICAI requires to be attached.  Address Proof of Registered     |
|            | Gujarat then at least two full time branches should be functional in state of Gujarat for a minimum period of 3 years.  | Office/Branch Office is required to attached   |
| 2          | The Chartered Accountant firm must have Minimum 3 Chartered Accountants out of which 2 must be full time partners in firm.  | Certificate Issued by The Institute of Chartered Accountants of India (ICAI) for Constitution of Firm. |
| 3          | The firm / Company shall have average minimum net audit & attestation turnover of Rs.30 lakhs per year for last 3 financial years.  | Audited Financial Statements of<br>Last 3 Financial Years  |
| 4          | CA Firm Should have at least 15 employees qualified staff working in audit works (Minimum qualification B.Com and Article clerk who have completed 2 years with firm).  | Appointment letter or list of employees tabulated with details of qualifications & experience.         |
| 5          | The firm shall have carried out at least FIVE assignments of Internal Audit of Government Companies / Corporations / Boards / Public Limited Companies during last three years.2017-18, 2018-19, 2019-20  | Appointment/Engagement letter issued by the Organization.  |
| 6          | Participating firm should be firm with a valid Permanent Account Number (PAN) and GST Registration  | Copy of PAN and GST<br>Registration Certificate  |
| 7          | Firm should be empanelled with C & AG for the financial year 2020-21  | Copy of acknowledgement of registration with C&AG.   |
| 8          | The bidder should not have been debarred / blacklisted by any State Government / Central Government / PSU / Reputed Organizations for any reason in the last three financial years as on bid calling date.  | Self-Declaration   |

Detailed Technical information and documents shall be submitted in sealed cover in the prescribed format to reach the Head Office Regd. AD/Speed post latest by ................, 2020 in separate sealed envelopes duly marked "E-tender "for appointment of Internal auditor of GMERS for FY 2017-18, 2018-19 and 2019-20 addressed to,

#### The Chief Executive Officer,

Gujarat Medical & Education Research Society, N.H.M. Building 6<sup>th</sup> Floor, Civil Hospital Campus, Opp. Pathikashram Hotel, Gandhinagar – 382016 - GUJARAT.

#### EVALUATION CRITERIA AND OTHER DETAILS OF THE TENDER PROCESS.

Eligibility criterion of the firms shall be based on the various criterions as given in the table below. The technical EOI

evaluation shall be based on the following parameters.

| Sl. | Particulars  | Minimum   | Max   | Evaluation Criterion   |
|-----|--|---|-------|--|
| No. |  | Criteria  | Marks |  |
| 1.  | Chartered Accountants  | 3 CA – Out<br>of which<br>minimum 2<br>CA must be<br>partner) | 10    | Firm with Minimum 3 CAs = 5 Marks 4 CAs but up to 7 = 8 Marks More than 7 CAs = 10 Marks     |
|     | Turnover of the firm (Average annual in last three financial yrs.) (Net with GST)  | Rs.30<br>Lakhs  | 10    | Turnover Up to Rs. 30 Lacks = 5 marks Rs. 31 to 50 Lakhs = 8 marks Above 50 Lakhs = 10 marks |
| 3   | No. of audit assignments of Corporate /PSUs entities:  | 5assignments  | 10    | 5 assignments = 5 Marks<br>6 to 8 assignments= 8 Marks<br>9 & Above = 10 marks               |
|     | Experience of Internal & Concurrent (Pre) Audit of Corporate /PSUs entities (except NGOs &Bank Branch Audit) which are within the jurisdiction of Gujarat State during last 3 years. |   |       |  |
|     | CA Firm Should have at least 15 employees qualified staff working in audit works   | 15<br>Employees   | 10    | 15 Employees = 5 Marks<br>16 to 25 Employees = 8 Marks<br>Above 25 Employees= 10 Marks       |
|     | Firm of Chartered Accountants should be registered with the Institute of Chartered Accountants of India, New Delhi   | 10 Years  | 10    | 10 Years = 5 Marks<br>11 to 15 Years = 8 Marks<br>More than 15 Years = 10 Marks              |

The firm must achieve at least 50% (Minimum 25 marks) of the marks to qualify on each technical parameters. Moreover bidding firm must satisfy minimum all the criteria mentioned at Sr. No. 1 to 5 above.

If more than one Bidder has quoted the same lowest amount then the position of L1 bid decision on the basis of highest Technical Score out of 50. Final selection of the firm will be decided by Management authority GMERS.

#### **TERMS AND CONDITIONS**

- (1) If the C.A. appointed for the assignment, firm or the partner there of is found guilty of gross negligence or any other fault regarding the assignment, GMERS will have all the remedies such as deduction or withholding of fees, removal of C.A. or the firm from the existing assignment and/or other assignment given by the GMERS or any other action it may deem appropriate in the circumstances.
- (2) If the chartered Accountant is an employer of the CA Firm, then he must be associated with the firm as an employer for at least one year.
- (3) The firm appointed as an Internal Auditor of the GMERS shall not sub-assign the works of audit to any other firm/agency
- (4) While visiting the audit place, the representatives of the audit team shall carry the letter of introduction duly signed by the senior most partner affirm
- (5) The Internal Auditor shall remain present during the review meetings and make presentations as and when called and no additional fees/expenditure shall be paid for that..
- (6) The Internal Auditors their partners or either of them shall not disclose any proprietary
  Or confidential information relating project, the services, this contract or the GMERS's Business or operations without prior written consent of the CEO GMERS
- (7) All reports and other documents prepared by the Internal Auditor shall be submitted to GMERS not later than termination or expiration of this contract;. The Internal Auditor May retain a copy of such report and documents but shall not use these reports and Documents for purpose unrelated to this contract without prior written consent of the CEO GMERS
- (8) The Internal Auditor has to undertake that all knowledge and information not within

The public domain which may be acquired during the execution of the assignment shall Be for all time and for all purpose, regarded as strictly confidential and held in

Confidence and shall not be directly disclosed to any person whatsoever, except with

The prior written permission of the CEO GMERS

- (9) The management reserves the right to change / cancelled the evaluation / marking Criteria without assigning any reason and to change in evaluation criteria as per
- (10) GMERS may add any other scope not mentioned above but requires Internal Audit, as May deemed fit
- (11) The above conditions are not exhaustive. GMERS will have absolute right to revise/abrogate/include any conditions as per its requirement and in the interest of the organization
- (12) Time limit of submission of report is 9 month of 18 institutes from date of work order issued.
- (13) **Security Deposit:-**Firm appointment for the assignment has to submit the bank Guarantee to the extent of 5% of total assignment value for the whole term of Assignment and six months after the completion of assignment.
- (14) I have read all the terms and conditions mention above and same are acceptable to me and agreed

| Date:                       | Signature          |
|-----------------------------|--------------------|
| Seal of Office/Firm Partner | Name & Designation |

#### PAYMENT OF THE AUDIT FEE

- (1) Firm will be paid audit fees as per the financial proposal submitted and accepted by GMERS. No other claims will be entertained
- (2) The Internal Auditor will not be eligible for payment of audit fee if the stipulations regarding conditions submission of reports are not fulfilled. If work will not completed 100% in stipulated time mention in work order, 10% penalty at approved audit fee will be recovered for each month delay.
- (3) Firm will be paid 80% of audit fee accepted by GMERS after submission of internal audit report and remaining 20% will be paid after 6 to 8 weeks of 80% paid fee date.
- (4) Before submission of internal audit report, firm has to discuss major point at report with concern Dean of Medical College and Medical superintendent of Hospitals for certificate of discussion for the same should be attached with report. After that payment process will be start.

# Following supporting document must be attached against each technical criterion.

| Sr. No.  | Particulars                             | Supporting documents required to be submitted along with this form |
|----------|---|--|
| 1        | Name of the Firm                        | Attach copy of Certificate of ICAI                                 |
| 1        | Name of the Pilli                       | generated on or after 01.07.2020.                                  |
| 2        | Addresses of the Firm:                  | Attach copy of Certificate of ICAI                                 |
| <i>L</i> | Addresses of the Fifth.                 | generated on or after 01.07.2020.                                  |
|          | Head Office                             | Attach copy of Certificate of ICAI                                 |
|          | Ticad Office                            | generated on or after 01.07.2020.                                  |
|          | Date since when is H.O.at the existing  | Attach copy of Certificate of ICAI                                 |
|          | station                                 | generated on or after 01.07.2020.                                  |
|          | Branch Office 1, 2, 3 (Particulars      | Attach copy of Certificate of ICAI                                 |
|          | of each branch to be given)             | generated on or after 01.07.2020.                                  |
| 3        | Firm Income Tax PAN No.                 | Attach copy of PAN card  |
| 4        | Firm GST Registration No.               | Attach copy of Registration  |
| _        |   | Attach copy of Certificate of ICAI                                 |
| 5        | Registration No. with ICAI              | generated on or after 01.07.2020.                                  |
|          |   | Attach proof of latest empanelment                                 |
| 6        | Empanelment No. with C & A G            | with   |
|          |   | C&AG. 2020-21  |
|          | No. of Years of Firm Existence & Date   | Au 1 CO CC COAT  |
| 7        | of establishment of Firm as on          | Attach copy of Certificate of ICAI                                 |
|          | 01.01.2020                              | generated on or after 01.07.2020.                                  |
| 0        | Annual Average Turnover of 2016-17,     | Attach Turn Over Certificate of the                                |
| 8        | 2017-18, 2018-19                        | Firm.  |
|          | Audit Assignments experience details-   | Copy of appointment order, Receipt and                             |
|          | Internal/Internal & Concurrent (Pre)    | payment or income/expenditure or                                   |
| 9        | audit experience of Government Entities | profit & loss account statement along                              |
|          | like Boards, Corporations, PSUs etc.    | with balance sheet of concern                                      |
|          | (Except bank branch audit).             | organization for concern financial year.                           |
|          | Details of Firm: Provide following      | 7  |
|          | details:                                |  |
|          | Number of Full Time Fellow              |  |
|          | Proprietor/ Partners /Employee          |  |
|          | associated with the firm.               | Appointment order of employees or                                  |
|          | Name of Proprietor/each partner/        | tabulated information of employees                                 |
|          | each employee.                          | along with details such as   |
|          | Date of becoming ACA and                | qualifications, date of joining,                                   |
| 10       | FCA                                     | experience, area of expertise such as                              |
|          | Date of joining the firm,               | audit, tax, GST etc.   |
|          | <ul> <li>Membership No.,</li> </ul>     |  |
|          | Qualification                           | For rest of the details, attach copy of                            |
|          | Experience                              | Certificate of ICAI generated on or                                |
|          | Whether the partners is engaged         | after 01.07.2020.  |
|          | full time or part time with the m.      |  |
|          | Contact No., Email Id and Full Address  |  |
|          | of each partner                         |  |
|          | ICAI Firm Category as per GOG           | Copy of MEF Declaration stating firm                               |
| 11       | circular                                | category must be attached.   |
|          | Demand Draft for Tender                 | Fees of Rs 1,500/- and Earnest Money                               |
| 12       | Domain Diant for Tollaci                | Deposit of Rs. 59850/- in favour of                                |
| 12.      |   | Deposit of Rs. 59850/- in tavour of                                |

|    |                            | Research Society Gandhinagar" drawn on any nationalized bank payable at Gandhinagar         |  |  |
|----|----------------------------|---|--|--|
| 13 | A copy of Partnership Deed | To be Attach  |  |  |
| 14 | ICAI Registration          | A copy of letter from Institute mentioning No. and details of Partners as at August 31,2020 |  |  |
| 15 | GST Returns                | April-20 to till date.  |  |  |
|    |                            |   |  |  |

#### Annexure-1

(To be printed on the letter head of the Firm/LLP)

### **Technical Offer**

- 1. Name of the Firm/Company:-
- 2. Year of Establishment:-
- 3. Firm Registration No. with ICAI, New Delhi:
- 4. Constitution (Partnership/Company):-
- 5. Office Address:-
- 6. Phone Nos.:-Fax:-Email:-
- 7. Details of Partners/Directors:-

| Sr.<br>No | Name | ACA/<br>FCA | Membership<br>No./Year of<br>Reg. with ICAI | Post<br>Qualification<br>Experience |
|-----------|------|-------------|---|-------------------------------------|
| 1         |      |             |   |                                     |
| 2         |      |             |   |                                     |
| 3         |      |             |   |                                     |
| 4         |      |             |   |                                     |
| 5         |      |             |   |                                     |
| 6         |      |             |   |                                     |
| 7         |      |             |   |                                     |
| 8         |      |             |   |                                     |
| 9         |      |             |   |                                     |

#### 8. (A) Details of Staff:

| Sr. | Particulars           | No. of Staff |
|-----|-----------------------|--------------|
| No. |                       |              |
| 1   | Chartered Accountants |              |
| 2   | Audit Staff           |              |
| 3   | Article Staff         |              |
| 4   | Others                |              |
| ,   | Total                 |              |

### (B)Details of Chartered Accountants in Employment (Other than Partners):

| Sr.<br>No. | Name | ACA<br>/FCA | Membership<br>No./Year of<br>Reg.as C.A. | Working<br>with the<br>firm | Post<br>Qualification<br>Experience |
|------------|------|-------------|--|-----------------------------|-------------------------------------|
| 1.         |      |             |  |                             |                                     |
| 2.         |      |             |  |                             |                                     |
| 3.         |      |             |  |                             |                                     |
| 4.         |      |             |  |                             |                                     |
| 5.         |      |             |  |                             |                                     |
| 6          |      |             |  |                             |                                     |
| 7          |      |             |  |                             |                                     |
| 8          |      |             |  |                             |                                     |
| 9          |      |             |  |                             |                                     |

### 9. Experience:-

(A)Internal Audit of Government Corporation/Company/ Board/Public Limited Companies /Semi.GovernmentOrganization:-

| Sr.<br>No. | Name of Org. | Address of Org. | Year of<br>allotment<br>of Audit | Audit Report<br>Submit tedor<br>not? |
|------------|--------------|-----------------|----------------------------------|--------------------------------------|
| 1.         |              |                 |                                  |                                      |
| 2.         |              |                 |                                  |                                      |
| 3.         |              |                 |                                  |                                      |
| 4.         |              |                 |                                  |                                      |
| 5.         |              |                 |                                  |                                      |
| 6          |              |                 |                                  |                                      |
| 7          |              |                 |                                  |                                      |
| 8          |              |                 |                                  |                                      |
| 9          |              |                 |                                  |                                      |

Note1:- Attach copies of Appointment orders for all appointments for Sr.No.9(A)

### **Certificate**

| I/We undersigned | hereby certify | that all the info | ormation mention | oned above is t | true and correct. |
|------------------|----------------|-------------------|------------------|-----------------|-------------------|
|                  |                |                   |                  |                 |                   |
|                  |                |                   |                  |                 |                   |

Date: Sign:

Seal of Office Name & Designation:

### **Undertaking**

- 1. I/We undertake to provide the Bio data of at least 3 (Three) C.A. as and when required by the Society.
- 2. I/We undertake to resign as internal/pre auditors of the Society if we are assigned the said work.

Date: Sign

Seal of Office Name & Designation

### FORMAT FOR INTERNAL AUDIT REPORT

| Introduction  |  |
|---|--|
| Objective   |  |
| Scope, nature and coverage of audit   |  |
| Period covered  |  |
| Locations reviewed  |  |
| Work carried out  |  |
| Staff involved  |  |
| Level of coverage of all listed aspects                                     |  |
| Audit opinion as to the overall adequacy of the systems of internal control |  |
| Key findings  |  |
| Detailed internal audit findings  |  |
| Recommendations   |  |
| Responses to findings and recommendations                                   |  |
| Progress on earlier set of recommendations and constraints faced            |  |
| An executive summary highlighting the critical issues preferably            |  |
| classified as per thematic area   |  |
|   |  |

| e of | (     | ۲ <b>.</b> E | 4.        |
|------|-------|--------------|-----------|
| r    | re of | re of (      | re of C.A |

### Copy to:-

- 1. Dy. Director of Accounts, GMERS
- 2. Deputy Executive Officer, GMERS
- 3. Dy. Director of Administration.

## **Certificate**

I/We undersigned hereby certify that all the information mentioned above is true and correct.

| Date:        | Sign:               |
|--------------|---------------------|
| SealofOffice | Name & Designation: |

### **ANNEXURE-3**

#### **INTERNAL AUDIT REPORT**

| <b>A</b> ) | Scope of Audit   |                                       |
|------------|--|---------------------------------------|
| Sr. No.    | Audit Item   | Scope /Audit Method                   |
| 1.0        | CASH BOOK  |                                       |
| 1.1        | Is opening balance in each month carried forward correctly?  | Yes/No                                |
| 1.2        | Vouch of all receipt and payments with receipt books/ vouchers.  | Yes/No                                |
| 1.3        | Whether amount of all receipts/vouchers tally with cashbook?   | 100%                                  |
| 1.4        | Whether receipt tally with D.R. Book/per contra entry?   | 100%                                  |
| 1.5        | Whether correct heads of accounts have been shown for all entries made in the cashbook.  | 100%                                  |
| 1.6        | Checking of cash book totals   | 100%                                  |
| 1.7        | Whether cashbook is closed day to day?   | 100%                                  |
| 1.8        | Whether cashbook is checked and signed by Cashier and Accountant/manager A/c?  | 100%                                  |
| 1.9        | Whether all entries made in cash Book are attested by the Disbursing officer as well as controlling officer.                                       | 100%                                  |
| 1.10       | Whether surprise checking of cash has been made by the Manager Accounts at least once in a month and recorded result of checking in the cash book? | 100%                                  |
| 1.11       | Whether cash has been verified by the Manager Accountants at the end of month and recorded result of checking in cashbook?                         | Yes/No                                |
| 1.12       | Cash on hand on a day of verification by the Auditor. (Give details in <i>Annexures (concern annexures attached herewith</i> )                     | At least 4 times in a year.           |
| 1.13       | Whether required security is taken from the person handling the cash.  | Yes/No<br>·                           |
| 1.14       | Whether required arrangement for safe custody of cash is made?   | Yes/No                                |
| 1.15       | Whether all payments of contractor/ supplier have been directly credited into their bank account?  | Yes/No                                |
| 1.16       | Whether all staff payments have been directly credited into their bank account?  | Yes/No                                |
| 2.0        | BANK RECONCILIATION  |                                       |
| 2.1        | List out the bank accounts of office with number and name of bank.   | Specify                               |
| 2.2        | Whether reconciliation of all bank accounts have been made at the end of each month.   | Yes/No                                |
| 2.3        | Whether any discrepancies found in reconciliation made?  | Yes/No<br>(If Yes, Give full details) |
| 2.4        | Whether all awaiting adjustment has been accounted for in the next month?  | Yes/No                                |
| 3.0        | IMPREST & TEMPORARY ADVANCE  |                                       |
| 3.1        | Whether amounts of Advance given to subordinate officers have adjusted correctly? <i>Annexure-"3"</i> attached herewith)                           | Yes/No<br>(If Yes, Give full details) |

| 3.2  | Whether any Advanced amount is given in cash to subordinate officer? If so, give details with amount.   | Yes/No<br>(If Yes, Give full details) |
|------|---|---------------------------------------|
| 3.3  | Whether any temporary / permanent advance is given to staff/officer adjusted correctly.(Give details in <i>Annexure-"3"</i> attached herewith)  | Yes/No                                |
| 3.4  | Whether advance given is immediately utilized by subordinate officers? If not, how he keeps balance amount of advance?  | Yes/No                                |
| 3.5  | Is there any misuse of cash by any subordinate officer found in advance?  | Yes/No                                |
| 3.6  | Test check advance account of subordinate officers and state whether the same are kept according to accounting requirements?  | Yes/No                                |
| 3.7  | Is there any expenditure incurred from advance found abnormally high? If so give details.   | Yes/No                                |
| 4.0  | MONTHLY ACCOUNTS  |                                       |
| 4.1  | Whether all entries of payment and receipt have been correctly posted into general ledger? Check from Hard copy of General Ledger or on software programmed.  | 100%                                  |
| 4.2  | Whether all JE/TEO are posted in the General ledger.  | 100%                                  |
| 4.3  | Whether Service charges on scheme/project expenditure are correctly calculated and accounted for.   | 100%                                  |
| 4.4  | Whether all expenses is correctly posted and tally with Trial balance.  | 100%                                  |
| 4.5  | Whether monthly account is prepared as per the accounting practice and need?  | 100%                                  |
| 5.0  | ACCOUNTING REGISTERS  |                                       |
| 5.1  | List out register maintained for the details of outstanding balances under assets and liabilities heads of balance sheet. (Registers for all accounting heads under Assets & liabilities are to be maintained). | 100%                                  |
| 5.2  | Whether all register has been prepared correctly and tally with the accounts?   | 100%                                  |
| 5.3  | Whether all register has been signed by the disbursing officer?   | 100%                                  |
| 5.4  | Whether Manager Accounts has reviewed the deposits lying with him for period more than 3 years?   | 100%                                  |
| 5.5  | Whether register of FDR/BG/ Govt. Securities is maintained properly?  | 100%                                  |
| 5.6  | Whether such securities are kept in safe custody?   | 100%                                  |
| 5.7  | Whether timely action is taken for renewal of such securities?  | 100%                                  |
| 5.8  | List out cases where timely action for renewal has not been taken.  | 100%                                  |
| 5.9  | List out cases where the securities are lapsed due to non renewal of securities timely.   | 100%                                  |
| 5.10 | Whether fixed assets register (Dead Stock) is maintained as per requirement?  | 100%                                  |
|      | V71   | 100%                                  |
| 5.11 | Whether all receipt and issue are correctly posted?   | 10070                                 |

| 5.13 | Whether register of advances to the contractor/ suppliers is correctly   | 100% |
|------|--|------|
| 5.14 | maintained and tally with form Trial Balance   | 100% |
| 5.14 | Whether proper attention is given for clearance of such advance?   | 100% |
| 6.0  | DEDUCTION/ REMITTANCE  |      |
| 6.1  | Whether due deductions have been made against advance given to employees?  | 100% |
| 6.2  | Whether interest has been correctly calculated and deducted for interest bearing advances to the employees?  | 100% |
| 6.3  | Details of TDS deducted from the head salary/Rent/Payment to Contractor(s), Sub-Contractor(s), payment to Advertisement(s)/Commission/Brokerage/Interest/ or under any other head. (Give details in attached herewith) | 100% |
| 6.4  | Details of GPF/ CPF (Deduction and Contribution), E.S.I. (Deduction and Contribution) and payment of Professional Tax, Service Tax (Give details in <i>Annexure-"5"</i> attached herewith)                             | 100% |
| 6.6  | Whether disbursing officer is having proper TAN Number for deduction of income tax at source?  | 100% |
| 6.7  | Date of filing TDS return by Office. Give details in <b>Annexure-''6''</b> attached herewith   |      |
| 6.8  | Whether disbursing officer has issued TDS certificate in time?   | 100% |
| 7.0  | FUND/ GRANT INVESTED IN TERM DEPOSIT   |      |
| 7.1  | Whether fund demand of each month/period is utilized against the demand made? Give details in "annexure 2" attached herewith.  | 100% |
| 7.2  | Whether any grant/ fund is invested in term deposit/liquid deposit? Give details   | 100% |
| 7.3  | Check justification for investment made?   | 100% |
| 7.4  | Give details of deduction made from interest paid/ payable on investment made by disbursing officer.   | 100% |
| 7.5  | Whether TDS certificate is received for deduction made from interest paid?   | 100% |
| 8.0  | TENDER FOR ALL DIVISION/BRANCH   |      |
| 8.1  | Nos. of tender invited by division/Branch of the office  | 100% |
| 8.2  | Works for which tenders invited are administratively approved & Technically sanctioned.  | 100% |
| 8.3  | Whether financial allocation is available for such works?  | 100% |
| 8.4  | Whether the competent authority has approved Estimate before inviting tender?  | 100% |
| 8.5  | Whether public tender notice has been published in daily newspapers as required under rules?   | 100% |
| 8.6  | Whether approval is taken from competent authority for publishing tender notices?  | 100% |
| 8.7  | Whether the competent officer has approved excess over estimate?   | 100% |
| 8.8  | Is there any case of tender not finalized within the validity period?  | 100% |

| 9.0  | STOCK/ MATERIALS SITE ACCOUNTS   |      |
|------|--|------|
| 9.1  | Whether payment is made for material purchased as per condition of rate contract fixed by GMERS  | 100% |
| 9.2  | Whether the said material is purchased by observing prescribed procedure?  | 100% |
| 9.3  | Whether all material purchased during the month have been entered into respective account register? (i.e. stock account, Material at site account).    | 100% |
| 9.4  | Whether issue of material made during the month has been correctly posted in the respective register?  | 100% |
| 9.5  | Whether accounts of adjustment have been prepared at Head Office level?  | 100% |
| 9.6  | Whether all J.E. of adjustment have been correctly prepared and accounted for?   | 100% |
| 9.7  | Whether periodical physical verification has been carried out by authorized officer? (Details given in <i>Annexure-"8"</i> has been attached herewith) | 100% |
| 9.8  | Whether any short/surplus material found during the physical verification by auditor?  | 100% |
| 10.0 | VEHICLES   |      |
| 10.1 | No. of Vehicles of owned by Hospital or College under GMERS?   | 100% |
| 10.2 | Whether fuel purchased has been entered in the log book of departmental vehicles.  | 100% |
| 10.3 | Whether log book has been maintained with all required details like, total fuel purchase during the month, total km. traveled, average of vehicle?     | 100% |
| 10.4 | No. of vehicles hired by the GMERS?  | 100% |
| 10.5 | For hired vehicles required approval from HO has been obtained?  | 100% |
| 10.6 | Whether hired vehicle is utilized fully & properly?  | 100% |
| 11.0 |  |      |
| 11.1 | Checking of depreciation statement.  |      |
| 11.2 | Checking of all accounting Performa/ information prepared by the disbursing officer.   | 100% |
| 12.0 | LEGAL/ ARBITRATION CASES   | 100% |
| 12.1 | Whether division has initiated legal action against defaulting contractor/ suppliers?  | 100% |
| 12.2 | Review ongoing legal/ arbitration cases and report, if any special attention is required to give by H.O.   | 100% |
| 13.0 | PENDING OF AG INSPECTION PARAS   |      |
| 13.1 | Upto what period Inspection has been carried out by the A.G.   | 100% |
| 13.2 | Nos. of paras outstanding  | 100% |

| 13.3       | Whether disbursing officer has properly complied the paras? 100%           |      |  |  |
|------------|--|------|--|--|
| <b>B</b> ) | AUDIT INFORMATION  |      |  |  |
| 1.         | Date of written intimation to the disbursing officer for starting audit.   | 100% |  |  |
| 2          | All types of scholarships to be disbursed to the student properly          | 100% |  |  |
| 3          | All type of deposits received by organization to be registered Separately. | 100% |  |  |
|            |  |      |  |  |

| 2. | Period of audit.   | Name of person of Audit team | Designation | Name of office visited | DAY OF AUDIT |  |
|----|--|------------------------------|-------------|------------------------|--------------|--|
| 1  |  |                              |             |                        |              |  |
| 2  |  |                              |             |                        |              |  |
| 3  |  |                              |             |                        |              |  |
| 4  |  |                              |             |                        |              |  |
| 5. | 5. Whether attention of officer in charge was drawn in case of non production of record? If so enclose a copy of letter. |                              |             |                        |              |  |
| 6. | Whether disbursing officer has taken corrective action in view of auditor's query in earlier report.                     |                              |             |                        |              |  |

| Date:  | For, Name of CA Firm  |
|--------|-----------------------|
| Place: | Chartered Accountants |

Name of Partner

### **AUDIT PERIOD:**

### **Cash on Hand**

| Sr. No. | Name of Office | Date of verification | Cash<br>balance as<br>per cash<br>book | Actual cash<br>found on the<br>day of<br>verification | Short fall/<br>surplus if<br>any. | Reasons for<br>short or surplus<br>in cash |
|---------|----------------|----------------------|--|---|-----------------------------------|--|
| 1       | 2              | 3                    | 4                                      | 5   | 6                                 | 7  |
|         |                |                      |  |   |                                   |  |

Signature of Internal Auditor Signature of Dean/Head Signature of Accounts In Charge

-

### **AUDIT PERIOD:**

#### **Fund Utilization**

| Months | Funds                  | Received                   | Funds Utilized         |                            | Balance                |                            | Reason         |
|--------|------------------------|----------------------------|------------------------|----------------------------|------------------------|----------------------------|----------------|
|        | For works & activities | For Salary & Contingencies | For works & activities | For Salary & Contingencies | For works & activities | For Salary & Contingencies | for<br>Balance |
|        |                        |                            |                        |                            |                        |                            |                |
|        |                        |                            |                        |                            |                        |                            |                |
|        |                        |                            |                        |                            |                        |                            |                |

### **AUDIT PERIOD:**

### **Temporary/Permanent Advance given to Subordinate Officers**

| Sr.<br>No. | Name of officer | Month | Opening<br>Balance | Advance<br>given<br>during the<br>month | Advance<br>adjusted<br>during the<br>month | Balance |
|------------|-----------------|-------|--------------------|---|--|---------|
| 1          | 2               | 3     | 4                  | 5                                       | 6  | 7       |
|            |                 |       |                    |   |  |         |
|            |                 |       |                    |   |  |         |
|            |                 |       |                    |   |  |         |
|            |                 |       |                    |   |  |         |

### **AUDIT PERIOD:**

### STATEMENT OF PAYMENTS OF TAX DEDUCTED AT SOURCE.

### Salary

| Sr.<br>No. | Particulars Of Head on<br>which Tax is Deducted<br>at source | Amt. on<br>Which Tax<br>is Deducted<br>At Source | Date of<br>Payment<br>/Credit | Rate of<br>Tax (%) | Amount. of<br>TDS | Due Date For<br>Remittance In<br>Govt.<br>Treasury. | Actual Date<br>Of Payment | Actual Amount Of TDS deposited |
|------------|--|--|-------------------------------|--------------------|-------------------|---|---------------------------|--------------------------------|
| 1          | 2  | 3  | 4                             | 5                  | 6                 | 7   | 8                         | 9                              |
|            |  |  |                               |                    |                   |   |                           |                                |
|            |  |  |                               |                    |                   |   |                           |                                |
|            |  |  |                               |                    |                   |   |                           |                                |
|            |  |  |                               |                    |                   |   |                           |                                |

### Annexure – "8"

### **AUDIT PERIOD:**

(A) DETAILS OF EMPLOYEES' CONTRIBUTION TO P.F. OR CONTRIBUTORY P.F. AND E.S.I.C. AND / OR ANY OTHER FUND PAID DURING THE YEAR

DETAILS FOR ACCOUNTING YEAR

| SR.<br>NO. | MONTHS | EMPLOYEE'S<br>CONTRIBUTI<br>ON<br>Rs. | EMPLOYER 'S CONTRIBU TION Rs. | ADMIN.<br>CHARGES | ACTUAL<br>AMOUNT OF<br>PAYMENT | DUE DATE OF<br>PAYMENT | ACTUAL<br>DATE OF<br>PAYMENT | REASONS<br>FOR<br>DELAY |
|------------|--------|---------------------------------------|-------------------------------|-------------------|--------------------------------|------------------------|------------------------------|-------------------------|
| 1          |        |                                       |                               |                   |                                |                        |                              |                         |
| 2          |        |                                       |                               |                   |                                |                        |                              |                         |
| 3          |        |                                       |                               |                   |                                |                        |                              |                         |

## Annexure – "8"

# (B) PROFESSIONAL TAX

| SR.<br>NO. | MONTHS | EMPLOYEE' S CONTRIBUTI ON R s. | DUE DATE<br>OF<br>PAYMENT | ACTUAL<br>AMOUNT<br>OF<br>PAYMENT | ACTUAL<br>DATE OF<br>PAYMENT | REASONS<br>FOR<br>DELAY |
|------------|--------|--------------------------------|---------------------------|-----------------------------------|------------------------------|-------------------------|
| 1          |        |                                |                           |                                   |                              |                         |
| 2          |        |                                |                           |                                   |                              |                         |
| 3          |        |                                |                           |                                   |                              |                         |

# (c)-**G.I.S**

| SR.<br>NO. | MONTHS | EMPLOYEE'S<br>CONTRIBUTI<br>ON<br>Rs. | DUE DATE<br>OF<br>PAYMENT | ACTUAL<br>AMOUNT<br>OF<br>PAYMENT | ACTUAL<br>DATE OF<br>PAYMENT | REASONS<br>FOR<br>DELAY |
|------------|--------|---------------------------------------|---------------------------|-----------------------------------|------------------------------|-------------------------|
| 1          |        |                                       |                           |                                   |                              |                         |
| 2          |        |                                       |                           |                                   |                              |                         |
| 3          |        |                                       |                           |                                   |                              |                         |

# (D) **G.P.F**

| SR.<br>NO. | MONTHS | EMPLOYEE'S<br>CONTRIBUTI<br>ON<br>Rs. | DUE DATE<br>OF<br>PAYMENT | ACTUAL<br>AMOUNT<br>OF<br>PAYMENT | ACTUAL<br>DATE OF<br>PAYMENT | REASON<br>S FOR<br>DELAY |
|------------|--------|---------------------------------------|---------------------------|-----------------------------------|------------------------------|--------------------------|
|            |        |                                       |                           |                                   |                              |                          |
|            |        |                                       |                           |                                   |                              |                          |
|            |        |                                       |                           |                                   |                              |                          |
|            |        |                                       |                           |                                   |                              |                          |

## Annexure – "9"

## AUDIT PERIOD:

# TDS return filed by disbursing officer

| Quarter | Name of return | Due date of return | Date of filling return | Delay if any in filling return. |
|---------|----------------|--------------------|------------------------|---------------------------------|
| 1       | 2              | 3                  | 4                      | 5                               |
|         |                |                    |                        |                                 |
|         |                |                    |                        |                                 |
|         |                |                    |                        |                                 |

### Annexure – "10"

### **AUDIT PERIOD:**

### Particulars of GST return filed.

| Sr.<br>No | Month | <b>Due Date</b> | Actual Date | Delay in filing return |
|-----------|-------|-----------------|-------------|------------------------|
|           |       |                 |             |                        |
|           |       |                 |             |                        |
|           |       |                 |             |                        |
|           |       |                 |             |                        |
|           |       |                 |             |                        |

# Annexure – "11"

### **AUDIT PERIOD:**

### Periodical physical verification of Material lying on stock/ Material at site account

| Sr. No. | Name of Division | Name of store | Date of physical verification carried out by |   | arried out by |
|---------|------------------|---------------|--|---|---------------|
|         |                  |               |  |   |               |
| 1       | 2                | 3             | 4  | 5 | 6             |
|         |                  |               |  |   |               |
|         |                  |               |  |   |               |
|         |                  |               |  |   |               |
|         |                  |               |  |   |               |

# એનેક્ષર-૧૨

|      | જી.એમ.ઇ.આર.એસ. ગાંધીનગર સંયાલિત તાબાની સંસ્થાઓના<br>સને ૨૦૧૭-૧૮ થી ૨૦૧૯-૨૦ ના વાઉયરોની વિગત |              |             |                     |       |  |  |  |
|------|---|--------------|-------------|---------------------|-------|--|--|--|
| ક્રમ | . સંસ્થાનું નામ વર્ષ ૨૦૧૭-૧૮ વર્ષ ૨૦૧૮-૧૯ વર્ષ ૨૦૧૯-20 કૂલ વાઉચર                            |              |             |                     |       |  |  |  |
|      |   |              |             |                     |       |  |  |  |
| ٩    | મેડીકલ કોલેજ સોલા   | પ૧૮          | ४७०         | ૬૭૨                 | १६८०  |  |  |  |
| ર    | જનરલ હો. સોલા   | ૭૦૬          | <b>८</b> 33 | ६४८                 | ર૧૮૭  |  |  |  |
| 3    | મેડીકલ કોલેજ ગોત્રી   | ६७८          | ૫૬૮         | 363                 | ૧૬૪૯  |  |  |  |
| 8    | જનરલ હો. ગોત્રી   | ८८२          | <b>૯८</b> ٩ | ૧૦૭૨                | ર૯૩૫  |  |  |  |
| ч    | મેડીકલ કોલેજ ગાંધીનગર   | ६७०          | ६८५         | પર૧                 | १८७६  |  |  |  |
| ξ    | જનરલ હો. ગાંધીનગર   | ૪૫૩          | <b>¥33</b>  | ५०८                 | ૧૩૯૪  |  |  |  |
| 9    | મેડીકલ કોલેજ ધારપુર-<br>પાટણ  | <b>\$</b> CC | ૫૩૬         | ૬૨૫                 | १८४७  |  |  |  |
| 6    | જનરલ હો. પાટણ   | ૧૪૯૨         | 9603        | 131                 | ૩૫૨૬  |  |  |  |
| ૯    | મેડીકલ કોલેજ વલસાડ  | ૫૮૮          | ४५०         | <b>3</b> ८ <b>५</b> | ૧૪૨૩  |  |  |  |
| ૧૦   | જનરલ હો. વલસાડ  | 390          | 360         | <b>૩૯૫</b>          | าานน  |  |  |  |
| 99   | મેડીકલ કોલેજ જુનાગઢ   | <b>૩૫૩</b>   | 363         | <b>૩</b> ૬૫         | 9909  |  |  |  |
| ૧૨   | જનરલ હો. જુનાગઢ   | ૫૦૨          | ४७२         | ૫૪૯                 | ૧૫૪૩  |  |  |  |
| 93   | મેડીકલ કોલેજ હિમતનગર  | <b>६८</b> 3  | ૬૨૮         | ૭૦૧                 | ૨૦૧૨  |  |  |  |
| ૧૪   | જનરલ હો. હિમતનગર  | પ૭૪          | ४७४         | ૧૧૭૫                | રરર૩  |  |  |  |
| ใน   | મેડીકલ કોલેજ વડનગર  | ८४६          | ૧૦૫૩        | 9८9                 | २६८६  |  |  |  |
| ૧૬   | જનરલ હો. વડનગર  | ૧૯૩૨         | २८४७        | ૭૭૯                 | ૫૫૫૮  |  |  |  |
| ૧૭   | C.D.M.O. પાટણ   | ર૩૫          | ર૬૪         | นใน                 | १०१४  |  |  |  |
| 9८   | વડી કયેરી   | પરર          | ૫૧૩         | ર૮૨                 | 1319  |  |  |  |
|      | કુલ વાઉયરની સંખ્યા  | ૧૨૭૩૨        | ૧૩૯૨૩       | ૧૦૪૯૩               | 391४८ |  |  |  |

એનેક્ષર-૧૩

# જી.એમ.ઇ.આર.એસ. ગાંધીનગર સંયાલિત તાબાની સંસ્થાઓમાંસને ૨૦૧૭-૧૮ થી ૨૦૧૯- ૨૦ માં થયેલ ખર્ચની વિગત

|      |                              | ુલાખમાં                  | ુલાખમાં         | ુલાખમાં          | લાખમાં          |
|------|------------------------------|--------------------------|-----------------|------------------|-----------------|
| ક્રમ | સંસ્થાનું નામ                | વર્ષ ૨૦૧૭-૧૮             | વર્ષ ૨૦૧૮-૧૯    | વર્ષ ૨૦૧૯-૨૦     | કૂલ ખર્ચ        |
| ٩    | મેડીકલ કોલેજ સોલા            | ४०६७.७२                  | ૩૫૨૦.૯૧         | ૪૨૫૧.૮૭          | <b>૧૧૮૪૦.૬૯</b> |
| ર    | જનરલ હો. સોલા                | ૩૩૫૫.૨૯                  | ४६००.७१         | ४२०३.३६          | ૧૨૧૫૯.૩૬        |
| 3    | મેડીકલ કોલેજ ગોત્રી          | ૪૨૩૫.૯૫                  | ૩૫૪૬.૨૪         | 393८.११          | ૧૧૫૨૦.૨૯        |
| 8    | જનરલ હો. ગોત્રી              | ર૮૫૪.૯૧                  | ૩૩૩૧.૪૫         | ૩૬૫૬.૧૬          | ૯૮૪૨.૫૨         |
| ч    | મેડીકલ કોલેજ ગાંધીનગર        | ૩૫૮૯.૭૬                  | ૩૧૩૪.૪૫         | ૩૫૯૦.૧૪          | ૧૦૩૧૪.૩૫        |
| ξ    | જનરલ હો. ગાંધીનગર            | <b>3८</b> ૯૭.૬૬          | <b>४७८४.८</b> ७ | ૪૭૫૨.૪૨          | <b>93838.69</b> |
| 9    | મેડીકલ કોલેજ ધારપુર-<br>પાટણ | 30 <b>5</b> 9.2 <b>5</b> | ર૬૫૧.૮૧         | ૨૭૪૪.૫૩          | ८४६३.६०         |
| 6    | જનરલ હો. પાટણ                | <b>૧૬૧૮.૪૭</b>           | રર૬૫.૪૭         | ૧૯૫૨.૩૪          | ૫૮૩૬.૨૮         |
| ૯    | મેડીકલ કોલેજ વલસાડ           | ૨૮૨૦.૪૯                  | ર૬૯૧.૯૬         | ર૯૫૪.૭૦          | ८४६७.१६         |
| ૧૦   | જનરલ હો. વલસાડ               | ૧૬૩૩.૭૫                  | ૨૫૪૮.૦૩         | ૨૭૦૮.૫૫          | <b>६८</b> ७.33  |
| 99   | મેડીકલ કોલેજ જુનાગઢ          | રર૧૬.૬૪                  | ર૬૭૭.૮૨         | ર૯૪૩.૩૩          | 9८39.96         |
| ૧૨   | જનરલ હો. જુનાગઢ              | २४७३.००                  | ર૮૮૧.૮૧         | ર૯૮૩.૪૫          | 65.3663         |
| 93   | મેડીકલ કોલેજ હિમતનગર         | ૩૨૬૮.૧૨                  | ર૮૯૯.૬૨         | ૩૫૧૪.૬૧          | ૯૬૮૨.૩૫         |
| ૧૪   | જનરલ હો. હિમતનગર             | २०४७.८७                  | ૨૭૯૪.૭૮         | 30 <b>5</b> 5.80 | ૭૯૦૯.૦૫         |
| ૧૫   | મેડીકલ કોલેજ વડનગર           | ૧૮૨૮.૩૬                  | ર૩૨૭.૭૯         | ૩૧૦૨.૭૭          | ૭૨૫૮.૯૧         |
| ૧૬   | જનરલ હો. વડનગર               | ૮૯૫.૬૩                   | ૧૧૫૯.૭૮         | ૧૩૨૪.૯૩          | 33८०.3४         |
| ૧૭   | C.D.M.O. પાટણ                | ५००.८६                   | પ૩૧.૫૯          | ૬૨૫.૯૫           | १६५८.५०         |
| ٩८   | વડી કયેરી                    | ૧૫૬.૮૯                   | ૧૧૫.૭૩          | १६०३.५०          | १८७६.११         |
|      | કૂલ ખર્ય (લાખમાં)            | ૪૪૫૨૮.૯૩                 | ४८४६४.८२        | પ૩૭૧૭.૧૩         | ૧૪૬૭૧૦.૮૯       |