GOVERNMENT OF ANDHRA PRADESH
ABSTRACT
HM & FW Dept., - Government Hospitals/Institutions – Formation and functioning of Health Institutions/ Hospitals Development Societies for effective functioning – Orders – Issued..

HEALTH, MEDICAL & FAMILY WELFARE (D1) DEPARTMENT


Read the following :-

4. DO Lr. No.9(1) 2006– NRHM–1 dated 29.8.2006 from the Additional Secretary to Government of India, MOH&FW, New Delhi.

ORDER:

In the circumstances explained by the Commissioner of Family Welfare & Ex-Officio Principal Secretary to Government, HM&FW in the reference third read above and, in supercession of the orders issued in the Government Orders first to third read above, the Government after careful examination hereby issue the following comprehensive guidelines for constitution and organisation of Hospital/PHC Development Societies, in all Teaching Hospitals, District Headquarters Hospitals, Area Hospitals, Community Health Centres, other Government Hospitals, and Primary Health Centres in the State :-

1. REGISTRATION:-

(i) Hospital/ Primary Health Centre Development Societies shall be constituted with members as described in this Government Order and registered under the A.P. Societies Registration Act, 2001.

(ii) The said Hospital/PHC Development Societies shall be registered under sub section (1) section (3) of A.P. Societies Registration Act 2001 as non profit bodies with the bye-laws as stipulated herein or as may be amended or instructions issued by the Government, from time to time.

2) CONSTITUTION OF THE DEVELOPMENT SOCIETIES

i) The Composition of Chairpersons and members of Hospital/PHC development societies under this order shall be as described in the Annexure to this order.

ii) In respect of ex-officio members (both Government Officers and non-Government Organisations like IMA, Rotary, etc.) as and when there is a change in the membership, the new members by designation will automatically become the office bearers / members of the society.

iii) Whenever the Chairperson of a Hospital Development Society is unable to attend a meeting of the Society, the Co-Chairperson will chair the scheduled meeting of the Hospital Development Society. Where a Hospital Development Society does not have an additional Chair-person, or, where available, s/he are also unable to attend, the Chair-person may authorise in writing the Superintendent or incharge Medical officer of the Hospital/PHC to act as Chairperson for that meeting, and conduct the meeting. The minutes shall however be approved by the Chair Person within one week of conduct of meeting / receipt of minutes as case may be. In case of dissent / material modification of minutes, that item shall be placed before the next meeting or modification or the change got approved in circulation by atleast
80% of the members.

iv) Any non official chairperson / member who abstains from the development society meeting continuously for 3 times shall automatically cease to be member / chairperson. The society shall report the matter to the Government, who will appoint a substitute.

3. Term of the Hospital / Health Institutions Development Society Members:

The term of the Hospital Development Society Members shall be for a period of three years or such period as each ex-officio member holds the office.

4. Convening of Meeting of Development Societies:

(i) The Hospital / PHC Development Societies shall conduct a meeting atleast once in a quarter, or more frequently when required.
(ii) A minimum of 7 days notice shall be given for every meeting.
(iii) The Quorum for the meeting shall be atleast one-third of the members.

5. ISSUES OF BUSINESS:

(i) Review the day-to-day functioning of the PHC/Hospital, its cleanliness, the regular attendance of the staff, and delivery of quality healthcare services by the staff to the general public;
(ii) All the proposals received from Heads of Department (in respect of Teaching and District Headquarters Hospitals, and individual Medical Officers in other Hospitals shall be placed in the Hospital Development Society meetings for discussion and decision. All the concerned Heads of the Department and other officers shall also be present as special invitees and be given an opportunity to present their proposals to the meeting.
(iii) Compliance to Standards and treatment and other protocols issued by the Government/ other professional bodies in the treatment of patients.
(iv) Review of the OPD and IPD service performance of the hospital in the last month; difficulties experienced in the process; and resolving these difficulties;
(v) In respect of PHC-Hospital Development Societies, review of the outreach work performed during the last month and outreach work schedule for the next month.
(vi) Review of efforts in mobilizing resources from the community, trade / industry and local branches of professional associations like IMA and FOGSI etc, for undertaking improvements to the Hospital/PHC.
(vii) Review of implementation of various health schemes under the State and Central Governments, including NRHM, RCH-II, Disease Control Programmes, Immunization, Family Welfare Programmes, etc.,
(viii) Review the status of utilization of funds, equipment and drugs received under different programmes of the Government.
(ix) Review compliance to Citizens’ Charter displayed in the Hospital and the effectiveness of the Grievances Redressal Mechanism.
(x) In addition to the above regular items, the Annual Report of the Society relating to last financial year shall also be taken up for discussion in the quarterly meeting falling due after the close of every financial year.

6. RESOURCE MOBILIZATION:

The Development Society may raise resources as follows:
1. Budgetary grants and scheme-grants received from the State Government, and the Government of India under NRHM, RCH-II, etc., schemes shall constitute. No NRHM grants will come for rural dispensaries unless they are converted into PHCs.

2. Registration fees generated within the Hospital/PHC shall constitute the next important source of funds for every Hospital Development Society.

3. Resources generated through lease or Auction of facilities such as Tea stalls, Canteens, Cycle Stands, Retail Medical Shops, Telephone Booths, Scooter/Car stands etc as ordered in the G.O.Ms.No.604, Health, Medical & Family Welfare (M1) Department, Dated: 15-12-1998. Preference shall however be given to Physically challenged persons / Individuals below poverty line, by organizing / taking margin money / subsidy or loan from concerned welfare Corporations or Nationalized Banks etc.

4. Donations in cash or kind from individuals, and philanthropic organizations or central sector undertakings or companies etc., shall be another important source of funds from the Hospital Development Society.

5. Fees for use of hospital’s miscellaneous infrastructure for various purposes / services including for conferences, training and research facilities etc., to other health sector Institutions / Individuals.

6. Charges collected from paying rooms.

7. Condemnation and Auction of condemned / obsolete / unserviceable material, equipment, furniture etc. Disposal of condemned equipments costing more than Rs.2 lakhs must however be certified by the Bio-Medical Engineer of APHMHIDC before the disposal and approved by the development society by not less than 60% of members.

8. Any other source as may be identified by the Development Society.

7. LAND & BUILDINGS:

No Hospital/PHC Development Society will have any authority to sell/dispose/ mortgage/ Leave-out/ rent-out or alienate in any manner any part of the hospital buildings, or land belonging to the hospital, under any circumstances without specific prior written orders of the Government.

8. EMPLOYMENT OF STAFF: No Hospital Development Society shall hire any staff in any category on behalf of the Hospital Development Society without the prior written orders of the Head of the Department at the State level supervising that hospital/PHC.

9. REGISTRATION FEES AT HOSPITALS / PHCS:

   I. A registration fee of Rs.10.00 in District Headquarters Hospitals and Teaching Hospitals Rs.2/- at Area Hospitals and Re.1/- at Community Health Centers, PHCs, and other Government Civil Hospitals, Govt. Dispensaries and AYUSH Hospitals, dispensaries shall be collected from the general public-patients; with the condition that no registration fee shall be collected from individuals who belong to Below-Poverty-Line families; subject to the condition that no Registration Fees shall be charged at Rural Health Sub-Centres in villages.

   II. The amounts collected as “Registration Fees” shall be credited to the Hospital Development Society account, and the Hospitals/ PHCs are authorised to utilise the amounts generated through registration fees at the hospital/PHC level, after discussion and approval by the respective Hospital Development Society.

10. IDENTIFYING BPL FAMILIES:

For the purpose of identifying Below Poverty Line (BPL) families, the following criteria shall be adopted:
(i) All individuals who show their white ration cards shall be treated as BPL;

(ii) All Pregnant women, and women for 3 months after delivery (together with her children) who show their “Janani Suraksha Yojana” Eligibility Card shall also be treated as BPL;

(iii) any other individual who does not have a white ration card, either brings an income certificate from the Mandal Revenue Officer of the Mandal showing his/her family income bearing Rs.22,000/- for rural family and Rs.24,000/- for urban families shall be exempted from payment of the Registration Fee.

(iv) Also, in any other case, where the Medical Officer of PHC/RMHO is satisfied that the individual belongs to a BPL family;

(v) However, not withstanding all the above, any infant below the age of one year, and any emergency case brought to the hospital / PHC shall be given the healthcare required without collecting any registration charges.

11. PATIENT RECORD CARD

(i) A full fledged “Patient-Record Card” shall be provided to all patients as OP Medical Card which will be valid upto 3 months, without need to pay any registration fee;

(ii) All Below Poverty Line (BPL) families shall be provided with “Patient-Record-Cards” without any fees.

12. PROCEDURE FOR COLLECTION:

(i) When the patient comes to the Hospital/PHC for OP/IP care, and is found not eligible for BPL exemption, the staff-member responsible for issue of “Patient Registration Cards” shall collect the Registration fees and enter the details of the amount in the “Registration-Card Issue Register”. For this purpose all the Patient Registration Cards will be “machine numbered” and should be used in that order in each institution.

(ii) The Hospital / Institution will maintain a joint savings bank account in a nationalized bank in the name of the “Hospital Development Society” for the Institution and it will be jointly operated by the Medical Superintendent and Lay Secretary in Teaching Hospitals; District Hospitals, Area Hospitals, Community Health Centres, other Government Hospitals, and Primary Health Centres.

(iii) All drawals of funds including such delegations as specified by the development societies shall be duly authorized / ratified as case may be, by the development society in its meetings, and recorded in the Minutes.

(iv) Stoppages and miscellaneous revenues, such as rents from commercial complexes, lease amount on cycle stands, scooter, car stands, lease amount on canteen shed, sale of scrap, license fees etc., and damaged items, equipment articles, consumables, furniture etc generated by the Hospital / institution shall be deposited in the Bank account of the Hospital Development Society.

(v) Revenues on account of stoppages miscellaneous, other revenues are required to be collected by cash or demand draft and for each transaction, a printed pre-numbered receipt containing Serial Number and Book Number duly printed shall be issued. The duplicate copy should be made and maintained with a carbon sheet. Each receipt must be accounted for in the cashbook on daily basis. Collections by cash shall be avoided except where small amounts are involved. Development Society may specify such items.

(vi) All the collections (including “Patient-Registration Fees”) shall be remitted in the bank account latest by the next working day failing which the concerned will be liable for action for temporary misappropriation and will be dealt with accordingly.
The Officers/staff responsible for collection of stoppages and other revenues shall make good, losses incurred by the institution-concerned in case of failure on their part to collect amounts. Collections shall not be used for any purpose, without depositing in bank, i.e., there shall be no direct appropriation of the receipts.

13. FINANCIAL POWERS AND UTILISATION OF FUNDS:

a) All expenditure by the society shall be discussed and approved in the Society’s meeting before it is made.

b) The Hospital / Institution Development Society is empowered to utilize the funds which includes accruals from Registration charges, collections, donations etc as follows:

(i) Undertake maintenance and uninterrupted provision of basic amenities and essential services in the institutions including sanitation, bio-medical waste disposal etc., through private contracting agencies on tender basis and Civil works, Electrical works, Water facilities by entrusting to APHMHIDC or any other Engineering Dept. which offers superior quality at competitive costs, duly depositing the funds to that effect.

(ii) Approve the proposals for minor Civil works and repairs, purchase of medical equipment, repairs and maintenance of equipment, purchase of minor equipment including cots, mattresses, linen, etc., upto Rs.5.00 lakhs duly following prescribed tender procedure may be done by the Development Society itself; or by entrusting to A.P. Health Medical and Housing Infrastructure Development Corporation.

(iii) Pay for entering into Annual Maintenance Contracts for X-Ray Machines, Ultrasonographs, and other costly equipment in the hospital;

(iv) Purchase of essential drugs, consumables and medicines as may be required in emergency (which are not readily supplied by APHMHIDC – through rate contract firm) may be done - through local shopping procedures, the total value not exceeding 25% of the funds collected by the Society annually.

(v) Undertake such works as will promote cleanliness of premises, beautification, including provisioning of playpen for children recuperating in the pediatric ward, greenery with pathways for recuperating patients in geriatric wards etc., through annual maintenance contracts.

(vi) Under take such measures as computerization etc., as will improve the efficiency and facilitate better accountability of staff in the provisioning of health care services or facilities and ultimately provide for improved clientele / stakeholder satisfaction.

(vii) Under take such measures to ensure maximum, efficient and proper use of infrastructure, equipments, drugs and other resources / amenities.

(viii) Under take such measures as will contribute to a congenial, comfortable and a infection free secure work situation and requisite facilities as library etc for all staff, students and trainees in the hospital and attached teaching Institutions.

(ix) Charges collected by the Blood Banks or Blood Storage Centres (where they are managed by the Hospital directly, and not by NGOs such as IRCS, etc) shall be utilized for consumables and maintenance and proper upkeep of the Blood Banks.

(x) The funds so generated may be utilized for strengthening the infrastructure and outreach (camps) etc in the other institutions in the primary, secondary or tertiary sectors which are located in the same district and the medical colleges concerned.

(xi) All non-official members whose ordinary place of residence i.e, within the district, may be reimbursed their expenses towards bus and train fares for attending the meeting of the
Hospital Development Society, limited to 2\textsuperscript{nd} Class train, or express-bus fares.

c) The following however shall be ensured while exercising the above mentioned financial powers:-

i) The preparation of estimates and entrustment of works or procurement as case shall be resorted to as per the Govt. prescribed procedures.

ii) In case of emergency, i.e., break down of essential services, the Superintendent/ In-charge Medical Officer may get the restoration of services done through APHMHIDC or through tender process directly ; and the Superintendent/ In-charge Medical Officer shall obtain ratification of development society in the next meeting.

iii) In all other important matters the Development Society shall give an opportunity to the Andhra Pradesh Health & Medical Housing & Infrastructure Development Corporation to participate in the tenders / nominations / quotations and take a decision based on merits including reputation, maintenance of quality etc.

iv) The Development Societies shall ensure that there is absolute transparency in mobilization of resources, in contracting / entrusting works and ensure proper judicious use of resources so generated in the best interest of improved health care / facilities and development of infrastructure in the institution. Any negligence or improper decisions / actions in this regard shall be viewed seriously and warrant stringent action against all concerned.

v) The Superintendent of the hospital / Principal of Medical College shall however have the authority to utilize the “impressed amounts” for purposes specified following prescribed procedure, without prior permission of Hospital Development Society; but subject to ratification by the Hospital Development Society.

vi) Statement of accounts giving income and expenditure including of imprest amount shall be placed for approval of Development Society once in a year

14. OTHER POWERS:

i) The Development Societies may conduct periodical skill-improvement sessions for doctors, nurses and other staff in the Hospital/PHC; and engage guest lecturers, specialist Doctors for that purpose, they may also engage Specialist doctors, , paramedical staff, anesthetist, grief counselor etc., on hourly /daily basis on contract / honorarium for conduct of special camps, surgeries etc. The specialist doctors may be motivated to render honorary service failing which only they may be paid honorarium. The services of such persons who have an established reputation and experience shall be engaged with due care and in a consultative manner duly consulting the Heads of Department concerned and other professionals / experts etc. The Grief counselors could motivate the terminally ill patients and their families, to pledge corneas, and other organs suitable for transplantations.

ii) The PHC Development Society shall review within its respective jurisdiction, the village specific PHC action Plan, and the implementation of national health programmes such as NMEP, RNTCP, NPCB, NLEP, NRHM, Family Welfare Prgrammes, programmes for maternal and child health activities etc to ensure that the health institutions concerned take all possible measures for effective implementation of those programmes / action plans.

iii) The Development Societies shall ensure correct and proper recording of case sheets / data / facts and also review the performance indicators and take such measures as analysis of data etc as are necessary to rectify deficiencies and promote improved delivery of services or health status of the people concerned

iv) Larger issues requiring Government Orders / Instruction by other Departments etc., for example assured protected water supply, measures to prevent contamination of drinking water sources, other problems arising due to factors beyond their control, etc., must be referred to Heads of Department and Government.
v) Hospital / Institutions Development Society is also empowered to select contractor for supply of good diet in the institution by calling for tenders or as prescribed by the Government. Development Society / concerned staff should monitor and ensure the supply of good quality diet to patients as per norms and procedure prescribed by the Government from time to time.

vi) The AYUSH Department may form similar development Societies for AYUSH Colleges even though they are not eligible for assistance under NRHM and not able to collect registration fee. They may able to raise some resources locally and help in filling the gaps in the available infrastructure and services.

15. MAINTENANCE OF ACCOUNTS AND CONDUCTING ANNUAL AUDIT :-

i) The Society shall maintain proper books of accounts, which shall be audited by Chartered Accountant, or a firm of Chartered Accountants to be appointed with by the Society once in a year.

ii) The audited accounts of the Society for every year shall be placed before the Society for approval and a copy of the accounts with auditor’s report shall be furnished to the concerned Head of the Department in the HM&FW Dept.

16. RESPONSIBILITIES :

i) The Superintendent and Heads of Department and each of staff shall be individually responsible for the discharge of duties as per the specific job chart as assigned to them and such duties as may be entrusted by the Hospital Development Societies or Heads of the Institution or Head of the Department or the Government from time to time.

ii) The entire staff shall work with a team spirit, maintain effective co-ordination and build a reputation for the Institution in providing a caring and quality health care services to the people or in maintaining highest standards and quality of medical education as case may be. Each patient / student / trainee should leave the institution with the highest possible patient satisfaction.

iii) Head of institution along with Head of Department may constitute sub committees for overseeing various issues like sanitation, drugs supplies etc.

17. HIRING OF STAFF :

(i) The Development Societies may engage guest lecturers, specialist Doctors, paramedical staff, anesthetist, grief counselor, technical staff, security, etc., on hourly/daily basis on contract/honorarium for conduct of special camps, surgeries etc. The specialist doctors may be motivated to render honorary service failing which only they may be paid honorarium. The services of such persons who have an established reputation and experience shall be engaged with due care and in consultative manner duly consulting the Heads of Department concerned and other professionals/experts etc. The Grief counselors could motivate the terminally ill patients and their families, to pledge corneas, and other organs suitable for transplantation.

(ii) No Hospital/PHC Development Society will have any authority to hire any staff on any basis (temporary, contractual, etc.) and incur expenditure for the same from funds released to the Hospital Development Societies under the NRHM, without prior approval of Government

18. OTHER IMPORTANT MATTERS

i) No member of the Hospital / Institution development society shall attempt to bring any undue influence on member - convener or other members to extend undue benefit to any individual or party in the entrustment / award of works / contracts etc.

ii) All decisions shall be taken on merit and in a transparent manner in the interest of providing best possible services and facilities to the patients / staff / trainees as case may be. In case of failure to
provide services or to adhere to conditions of contract or quality specifications, the member – convener / head of the department / staff concerned shall record and communicate shortcomings to Development society for suitable action including recovery of costs or cancellation of contract or such action as required. The recommendation of the member – convener in all such cases shall be followed by the development societies. Dispute or disagreements if any, shall be communicated to Head of the Department at District Level for appropriate decisions, who shall dispose the matters on merit or refer to the head of department / Government depending on issue involved.

iii) The Development Society shall oversee and ensure regular attendance and proper discharge of duties by all staff.

19. Reports to Government :

1. The Hospital / PHC Development Societies shall send (1) Copies of minutes of every meeting; (2) Abstract of Progress reports as prescribed; (3) Annual Audit Reports; and (4) any other reports as prescribed, to the concerned Head of Department through the District Controlling Officer (where applicable) on any matter concerning the functioning of the hospital, for suitable action by the Government, within one month of the last date of the Quarter.

2. The Commissioner of Family Welfare, AP, Hyderabad & Mission Director, National Rural Health Mission (NRHM) shall monitor the constitution and organisation of the Hospital/PHC Development Societies for the purpose of ensuring that they fulfill the NRHM norms and become eligible to receive grants under the National Rural Health Mission (NRHM).


(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)

P.K.AGARWAL
PRINCIPAL SECRETARY TO GOVERNMENT

To
The Commissioner of Family Welfare, AP, Hyderabad.
All Heads of Departments under the control of HM&FW Dept.
All Hospitals/Institutions under the control of HM&FW Dept. through concerned HODs.
The Principal Secretary to Government, Panchayat Raj & RWS.
The Principal Secretary to Government, Municipal Admn.& Urban Dev.Dept.
The Commissioner, Panchayat Raj Department, Hyderabad
with a request to communicate to all the local bodies under their control.
The Commissioner & Director, Municipal Administration Dept., AP, Hyderabad
with a request to communicate to all the local bodies under their control.
All District Collectors in the State.
All District Medical & Health Officers in the State.

Copy to :
P.S. to Spl.Secy. to C.M.
P.S. to Minister (Fin.& Health).
P.S. to Minister (Panchayat Raj)
P.S. to Minister (Municipal Admn.)
P.S. to Chief Secretary to Govt.
P.S. to Prl.Secy., HM&FW.
P.S. to E.O.Prl.Secy., HM&FW.
P.S. to Secretary, HM&FW.
All Sections of HM&FW Dept.
SF/SC.

//FORWARDED::BY ORDER//
ANNEXURE to G.O.Ms.No.874, HM&FW (D1) Department,
Dated. 27th December, 2006.

Composition of Hospital / Institutions Development Societies

1. Teaching Hospital Development Society :-

   (i) Zilla Parishad Chairperson           ..  Chairman
   (ii) District Collector                 ..  Co - Chairperson
   (iii) Director of Medical Education/ Addl.D.M.E.                     ..  Vice-Chairman
   (iv) All Members of Parliament whose constituency lies wholly or partly in the District ..  Member
   (v) 2 or 3 Members of Legislative Assembly as nominated by the incharge District Minister. .. Members.
   (vi) Mayor / Municipal Chairman Concerned                                  .. Member
   (vii) One Senior Doctor within the Hospital by rotation nominated by the Chairman .. Member
   (viii) RMO concerned.                                                        .. Member.
   (ix) 3 (three) Senior Professors                                              .. Members
   (x) Municipal Commissioner`                                                  .. Member
   (xi) Executive Engineer APHMHIDC.                                           .. Member
   (xii) One representative of Alumni Association of the Medical College.      .. Member.
   (xiii) A representative of House-surgeons/ PG students.                     .. Spl. Invitee
   (xiv) President, District Indian Medical Association                        .. Member
   (xv) Secretary, Indian Red Cross Society of the District                    .. Member
   (xvi) One nominee from Rotary/ Lions Club of District                       .. Member
   (xvii) President, Zilla Mahila Samakhya                                       .. Member
   (xviii) Three representatives selected from Janani group / Self-help groups / NGOs/Social Workers / Prominent Citizens of which at least one shall be a woman. (Members of Janani groups should be given preference wherever the groups exist for the purpose of giving representation from self-help groups / social workers /NGOs to be selected by the District Collector)
   : Members.
   (xix) District Medical & Health Officer                                      Member
   (xx) District Coordinator of Hospital Services (DCHS), APVVP of that District Member
   (xxi) Principal of Medical College concerned                                 Member
2. **District Headquarters Hospital Development Societies** shall be constituted with:

- **a)** Chairman/Chairperson of the Zilla Parishad
- **b)** District Collector
- **c)** Members of Parliament whose constituencies fall wholly or partly in that District
- **d)** 2 or 3 Members of Legislative Assembly of that district nominated by District In-charge Minister
- **e)** Municipal Chair-person of the Municipality of the District Headquarters
- **f)** 2 or 3 Mandal Presidents and ZPTC representatives (in each category at least one SC/ST member and 1 woman) selected by the District Collector in consultation with In-charge District Minister.
- **g)** District Coordinator of Hospital Services
- **h)** President of the Zilla Samakhya under the Indira Kranthi Patham scheme,
- **i)** President of the District IMA branch,
- **j)** Secretary of the District branch of the Indian Red Cross Society
- **k)** District Medical & Health Officer of the District
- **l)** President of the Rotary and Lions Clubs at the District headquarters
- **m)** Superintendent of the District Headquarters Hospital

**Chairperson**

**Co-Chairperson**

**Members**

**Member**

**Member**

**Chairperson**

**Member**

**Member**

**Member**

**Member-Convenor**

3. **Area Hospital Development Societies** shall be constituted with:

- **a)** The Member of Legislative Assembly of the Constituency in which the Hospital/CHC is located
- **b)** Municipal Chairman
- **c)** 2 or 3 Mandal Presidents of that area. (at least one SC/ST member and 1 woman) selected by the District Collector in consultation with In-charge District Minister
- **d)** 2 or 3 ZPTC representatives (at least one SC/ST member and 1 woman) selected by the District Collector in consultation with

**Chairperson**

**Member**

**Members**

**Members**
4. Community Health Centre/ other Government Hospitals Development Societies shall be constituted with:

   a) The Member of Legislative Assembly of the Constituency in which the Hospital/CHC is located Chairperson
   b) Municipal Chairman Member
   c) 2 or 3 Mandal Presidents representatives (atleast one SC/ST member and 1 woman) selected by the District Collector in consultation with In-charge District Minister Members
   d) 2 or 3 ZPTC representatives (atleast one SC/ST member and 1 woman) selected by the District Collector in consultation with In-charge District Minister Members
   e) District Coordinator of Hospital Services / DM&HO / DyDM&HO Member
   f) Municipal Commissioner Member
   g) Revenue Divisional Officer if it is a Sub-Divisional headquarters, otherwise Mandal Revenue Officer Member
   h) One senior Medical officer of the Hospital Member
   i) Gram Sarpanch of Headquarter Gram Panchayat Member
   j) President of the local Mandal Mahila Samakhya under the Indira Kranthi Patham scheme identified by the District Collector. Member
   k) Presidents of the local Rotary and Lions Members

4. Community Health Centre/ other Government Hospitals Development Societies shall be constituted with:

   e) District Coordinator of Hospital Services / DM&HO / DyDM&HO Member
   f) Municipal Commissioner Member
   g) Revenue Divisional Officer if it is a Sub-Divisional headquarters; otherwise Mandal Revenue Officer Member
   h) Resident Medical officer of the Area Hospital Member
   i) Gram Sarpanch of Headquarter Gram Panchayat Member
   j) President of the local Mandal Mahila Samakhya under the Indira Kranthi Patham scheme selected by the District Collector. Member
   k) Municipal Commissioner Member
   l) Revenue Divisional Officer if it is a Sub-Divisional headquarters; otherwise Mandal Revenue Officer Member
   m) Members
   n) Members
   o) Members
   p) Members
   q) Members
   r) Members
   s) Members
   t) Members
   u) Members
   v) Members
   w) Members
   x) Members
   y) Members
   z) Members
5. **Primary Health Center Development Societies** shall be constituted with:

- (a) The President of the Mandal Praja Parishad of the mandal in which the PHC is situated, Chairperson
- (b) All the Women Sarpanches and the SC/ST Sarpanches of the Gram Panchayats in that mandal, Members
- (c) Local Gram Panchayat Sarpanch, Member
- (d) President of the local Mandal Mahila Samakhya under the Indira Kranthi Patham, Member
- (e) 2 or 3 MPTC Members (atleast one SC/ST member and 1 woman) selected by the District Collector in consultation with In-charge District Minister, Member
- (f) Mandal Revenue Officer, Member
- (g) Mandal Development Officer, Member
- (h) 2nd senior most Officer or staff member in PHC (MO/CHO/PHN/Staff Nurse, etc.), Member
- (i) Medical officer of the PHC, Member-Secretary

6. **AYUSH Hospital Development Society:**

- (1) District Collector, .. Chairman.
- (2) Member of Parliament concerned, .. Member
- (3) Three Members of Legislative Assembly (MLAs) (to be nominated by the Chairman), .. Members
- (4) Mayor / Municipal Chairman, .. Member
- (5) One AYUSH Doctor by Rotation nominated by the Chairman, .. Member
- (6) Three representatives selected from Self-help groups/ NGOs / Social Workers / Prominent Citizens (of which at least one shall be a woman) to be selected by the District Collector. Members of Janani groups should be given preference wherever the groups exists for the purpose of giving representation from self-help groups/ Social Workers / NGOs., .. Members.
- (7) Executive Engineer, APHMHIDC, .. Member
- (8) Superintendent of Hospital, .. Member/Convener.
7. Nature Cure Hospital Development Society :-

(1) Commissioner of Indian Medicine .. Chairman.
(2) Member of Parliament of the Local Area .. Member
(3) Local MLA and other 2 MLAs (to be nominated by the Government) .. Members
(4) Secretary, Vemana Yoga Research Center. .. Member.
(5) Secretary, Yogadhyayana Parishad. .. Member
(6) Representative of P.G. Students. .. Spl. Invitee
(7) Representative of Alumni Association. .. Member.
(8) C.E.O / MAP .. Member
(9) Three Representatives Social Workers/Philanthropists/NGOs. who have contributed substantially in this field, to be nominated by the Government. ..Members.
(10) Superintendent of Nature Cure Hospital. ..Member/Convener.

8. Public Health Development Societies under the control of IPM institutions:

A. State Level (central Labs at Narayanaguda, Hyderabad)
   1. Director, IPM Chairman
   2. Additional Director, IPM Member/ Convener
   3. Chief water analyst Member
   4. Chief Public Analyst Member
   5. Local Member of Legislative Assembly Member
   6. Additional Director (C.D) Office of DH Member
   7. Mayor or his nominee Member
   8. Nominee of Project Director of PD, APSACS Member
   9. Three representatives selected from self-help group / NGOs / Social workers Prominent Citizen of which at least one shall be a woman, to be nominated by the Government. Members

B. Regional / District Public Health Development Societies:
   1. Dist. Collector / Sr. Officer to be nominated by the collector Chairman
   2. Civil Surgeon, Bacteriologist Member / Convener
   3. JSO / Sr.Analyst Member
   4. Local Member of Legislative Assembly Member
   5. Mayor / Chairman concerned Municipal Corporation / Municipality Member
   6. Three representative selected from self-help groups / NGOs / Social workers / Prominent Citizens (of which at least one shall be a woman) to be nominated by the District Collector Members

Note:- In respect of the health institutions / Hospitals situated in Tribal Areas, the Project Officer, ITDA concerned shall be the Chairman of Hospital Development Society.

P.K.Agarwal
PRINCIPAL SECRETARY TO GOVERNMENT

//FORWARDED::BY ORDER//

SECTION
OFFICER