राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान

दरभाष (कार्यालय): 91-11-26165959, 26166441, 26188485, 26107773

बाबा गंगनाथ मार्ग, मनीरका, नई दिल्ली-110 067

फैक्सः 91–11–26101623, ई.मेलः info@nihfw.org

आशेग्यम संस्थरमध्य

The National Institute of Health and Family Welfare

(An Autonomous Institute under Ministry of Health & Family Welfare, Government of India)

Baba Gangnath Marg, Munirka, New Delhi-110 067 Phones: 91-11-26165959, 26166441, 26188485, 26107773 Fax: 91-11-26101623, E.Mail: info@nihfw.org

Web Site: www.nihfw.org

Important & legent

Dated the 15th January 2020

To,

वेब साईटः www.nihfw.org

(As per list attached)

Subject: Mandatory Training / Workshop on Suo-Moto Disclosure and Transparency Audit under Section-4 of RTI Act at the National Institute of Health and Family Welfare on 04.02.2020 (Tuesday) - regarding

Sir/Madam,

This is to inform that as per the guidelines regarding Implementation of suo moto disclosures under section 4 of RTI Act. 2005 were issued by the Government of India, Ministry of Personnel Grievances & Pensions, Department of Personnel & Training vide Office Memorandum No. 1/6/2011-IR dated 15th April, 2013. According to this OM, Section 4(1)(b) of the RTI Act lays down the information which should be disclosed by Public Authorities on a Suo Moto or proactive basis Section 4(2) and Section 4(3) prescribe the method of dissemination of this information. The purpose of suo moto disclosures under Section 4 is to place large amount of information in public domain on a proactive basis to make the functioning of the Public Authorities more transparent and also to reduce the need for filing individual RTI applications.

- 2. Since the promulgation of the Act in 2005, large amount of information relating to functioning of the government is being put in public domain. However, the quality and quantity of proactive disclosure is not up to the desired level. Further there is a need to set up a compliance mechanism to ensure that requirements under section 4 of the RTI Act are met.
- 3. With this backdrop, it is informed that The National Institute of Health and Family Welfare has been assigned the responsibility to conduct the transparency audit of proactive disclosure of all Public authorities under the Department of Health and Family Welfare, registered with the Central Information Commission by the Ministry of Health and Family Welfare, vide their Letter No. A.60011/120/FTS-3166796/2018-RTI Cell dated 15/07/2019
- 4. In line with the above, it has also been decided to conduct a Workshop /Training Programme of all the Public Authorities under the Department of Health and Family Welfare, registered with the Central Information Commission on **04.02.2020 (Tuesday) at the Auditorium** of the National Institute of Health and Family Welfare.
- 5. The fee of **Rs.2000/- for each participant** will be charged from the candidates sponsored by the Public authorities under the Department of Health and Family Welfare. It may please be ensured that they should bring with themselves a Bank Draft of Rs. 2000/- (Two Thousand only) drawn in favour of Director, NIHFW, New Delhi towards fee or transfer the fee through RTGS to Institute as per Bank details annexed at **(Annexure-I)** and the participants may bring a slip of transaction details with them.

- The outstation participants are informed to make their own arrangement of stay. However, it is further informed that The NIHFW provides modest hostel facilities with limited accommodation. Outstation participants, if intended to stay in the Hostel of NIHFW, are requested to inform in advance by email to the Director, NIHFW at the email address "director@nihfw.org" for necessary arrangements of stay. To avail this facility, **Rs. 1000/- per day** will be charged from such participant(s) for boarding and lodging in the Hostel at the NIHFW.
- 7. Further, in order to conduct an Audit of proactive disclosures of the Public authorities in the websites of the Organizations/Institutes under the Department of Health and Family Welfare, it has been decided that an audit fee of Rs.1,00,000/- (Rupees one lakh) per Institute/ Organisation shall be charged from each public authority. You are, therefore, also requested to send a Bank Draft of Rs. 1,00,000/- (One lakh only) drawn in favour of Director, NIHFW, New Delhi. The fee can also be transferred through online mode to the Institute's A/c. as per details annexed.
- 8. The participants may please be advised to report in the Institute at 9.15 AM (Tuesday) on 04.02.2020 at the Reception Counter of Teaching Block, The National Institute of Health and Family Welfare, Baba Gang Nath Marg, New Delhi 110067.
- **9.**The Institute and the hostel are located in South Delhi near JNU Old Campus, Munirka. It is about 8 kms. from IGI Airport,16 Kms. from New Delhi Railway Station and 20 Kms. from the Old Delhi Railway Station. The campus is located on the Outer Ring Road (Olof Palme Marg) between the IIT Hostel and Munirka. Nearest Metro Station is **Munirka** and **R.K. Puram Sector-3**, New Delhi in the **Magenta Line**. The google map location link is as follows: https://goo.gl/maps/FeF54gKYGWbtnRf59.
- 9. You are therefore requested to please depute the concerned Officer(s) in the National Institute of Health and Family Welfare for the above mentioned workshop/ Training Programme on 04.02.2020 (Tuesday). The officers may also be informed that no leave or absence will be allowed during the course and they would be required to strictly observe the timings.

10. The minutes-to-minutes programme of Workshop activity is also enclosed. (Annexure-II).

Thanking you.

Encl.: As above

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Yours faithfully.

(Anil Kumar)
Dy. Director (Admn.)

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Annour-I

THE NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE

MANDATE FORM

A. DETAIL OF ACCOUNT HOLDER:-

NAME OF ACCOUNT HOLDER	NIHFW PROJECT ACCOUNT
COMPLETER CONTACT ADDRESS	THE NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE, BABA GANG NATH MARG, MUNIRKA, NEW DELHI-110067.
TELEPHONE NUMBER/FAX/EMAIL	TEL.NO.: 011-26104882 FAX:011-26101623 EMAIL: director@nihfw.org

B. BANK ACCOUNT DETAILS:

BANK NAME	STATE BANK OF INDIA
BRANCH NAME WITH COMPLETE ADDRESS TELEPHONE NUMBER AND EMAIL	SBI NIHFW BRANCH, BABA GANG NATH MARG, MUNIRKA, NEW DELHI-110067. TELEPHONE:011-26182452
	EMAIL: sbi.10439@sbi.com
WHETHER THE BRANCH IS COMPUTERIESED	YES
BRANCHES IFSC CODE	IFSC CODE: SBIN0010439
TYPE OF BANK ACCOUNT	SAVING ACCOUN T
BANK ACCOUNT NUMBER	ACCOUNT NO. 37871362091
MICR CODE OF BANK	110002429
PAN CARD NO	AAFAT5516J

The Minutes to minutes programme of Workshop activity

- (a) 9:15 to 10:00 A.M.:- Registration of Participants
- (b) 10:00 A.M. to 10:25 A.M.:- Tea with Snacks
- (c) 10:30 A.M. to 11:00 A.M.:- Inauguration of the Training Programme, followed by a Group Photograph (Details being worked out)
- (d) 11:00 a.m. to 01:30 p.m:- Training Session
- (e) 1:30 p.m. to 2:30 pm:-Lunch
- (f) 2:30 p.m.:- Distribution of Participation Certificate and Interaction
- (g) 3:00 p.m.:- Vote of Thanks



Registration Performa for preparing a data base of Public Authorities of various Institutions/Organizations under MoHFW

1. Name & Address	of the	
Institutions/Organiz	ations: All India Institut	e of Speech and Hearin, Manasagangotri, Mysuru, karnataka
2. Website:	www.aiishmysore.ir	1
Postal Address	f Public Authorities (PIO/I Dr. Sreeraj, K., CPIO / A All India Institute of Spe	FAA) ssistant Professor in Audiology, Dept. of Audiology, ech and Hearing, Manasagangotri, Mysuru, Karnataka, 570006
E-mail: <u>sreeraj.</u>	aslp@gmail.com	Fax: 91- 0821 - 2510515
Phone: <u>91-082</u>	1 - 2502579	Mobile No.: <u>9738786283</u>
4. Postal Address A	ll India Institute of Speed	sparency Officer / Library and Information Officer ch and Hearing, Manasagangotri, Mysuru, Karnataka, 570006
		Mobile No.: 8618667835
5. Details of fee		
a) For participatio Director, NIHFW		n/Workshop Rs 2000/- per person drawn in favor of
		Bank:
If sent by RTGS,	RTGS No	Date:
b) For Audit fee o	f Rs. 1.00 lakh (one lakh)-	each Public Authority
DD No. Drawn o	n Bank:	Bank:
If sent by RTGS,	RTGS No	Date:
Note: Participants ar	e requested to bring this	Performa (duly filled) with them.
Date:		Signature: