

GOVIND BALLABH PANT INSTITUTE  
Of  
POST-GRADUATE MEDICAL EDUCATION & RESEARCH (GIPMER)  
Govt. of NCT of Delhi  
1, Jawahar Lal Nehru Marg, New Delhi - 110 002  
(PLANNING BRANCH)

F.No.61-17(15)/PLG/GIPMER/2017-18 1697

आवती सं. 1897

Dated: 07/02/2018

To

The Pr. Secretary (PWD),  
Govt. of NCT of Delhi  
Delhi Secretariat,  
I.P. Estate,  
New Delhi-02.

दिनांक 12/2/2018

मुख्य अधिकारी

निदेशक (कार्य एवं स्था.)

निदेशक (अनुसंधान)

रूप सतर्कता अधिकारी

AD(M)

12/18/3793  
09/02/18

Sub: - Construction of cold room in the Department of Microbiology at GIPMER.

Sir,

I am to convey the administrative approval for expenditure of the Medical Director, GIPMER, New Delhi to incurring of an expenditure not exceeding Rs. 8,09,010/-, (Rupees Eight Lakh Nine thousand Ten only ) for execution of the work mentioned below :-

S. No.	Name of the work/schedule	Reference Number of PWD	Amount (In Rs.)
1	Construction of cold room in the Department of Microbiology at GIPMER.	D.B.-3(3)/HMD (C)/PWD 2017-18/3300 dated 23.09.2017	8,09,010/-

This sanction is issued subject to the condition that the expenditure during the financial year 2017-18 should not exceed the sanctioned budget allotment for all such works under the scheme of "Construction of cold room in the Department of Microbiology at GIPMER" and complete the job within specified time and intimate the exact expenditure incurred on the job. Also, a certificate may be provided on completion of above said work.

The expenditure involved on this account is debitible under the Head 221001110108827 (Civil and Electrical work).

This issues with the prior approval of the Competent Authority.

*[Signature]*  
I/c PWD

F.No.61-17(2)/PLG/GIPMER/2017-18

Dated:

Copy forwarded to the following for information and further necessary action:-

1. Chief Engineer, B-2, PWD, 2<sup>nd</sup> Floor, MSO Building, N. Delhi.
2. The Supdt. Engineer, PWD, LN Hospital, New Delhi.
3. Exec. Engineer (E), H.M.E.D. (C) PWD GNCTD, Gate No. 1 LN Hospital, N. Delhi.
4. A.E. (E), H.C.-III PWD.
5. PAO-XV, LN Hospital, N. Delhi.
6. HOD Microbiology, GIPMER.
7. PS to Medical Director / PA to H.O.O. for information.
8. Guard File.

*[Signature]*  
SS (Prel)

*[Signature]*  
I/c PWD

- Copy to
- 1 Pr CE (M)
  - 2 CE (Health) M