



ಕರ್ನಾಟಕ ಸರ್ಕಾರ

71
19/11/15

ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳ ಆಯುಕ್ತಾಲಯ
ಆನಂದರಾವ್ ವೃತ್ತ, ಬೆಂಗಳೂರು.-560009. ದೂರವಾಣಿ ಸಂಖ್ಯೆ: 22354085

ಸಂಖ್ಯೆ:ಡಿಹೆಚ್‌ಎಸ್/0H(01)/2015-16

ದಿನಾಂಕ:16-08-2015
13

ಇವರಿಗೆ.

ಪ್ರಾಂಶುಪಾಲರು,

ದಯಾನಂದ ನಾಗರ ಶಾಲೆ ಮತ್ತು ಉನ್ನತ ಶಿಕ್ಷಣ ಕೇಂದ್ರ ಸ್ಕಿಂ, ಸಿ.ಆರ್.ಎಸ್. ಮಲ್ಲೇಶ್ವರ ಉಪ್ಪಿ.

ಕುಮಾರಸ್ವಾಮಿ ಲೇಔಟ್,

ಬೆಂಗಳೂರು - 560078.

ಮಾನ್ಯರೇ,

ವಿಷಯ: ದಯಾನಂದ ಶಾಲೆ ಮತ್ತು ಉನ್ನತ ಶಿಕ್ಷಣ ಕೇಂದ್ರ ಸ್ಕಿಂ (MoU) ಸಂಪನ್ಮೂಲ ಮತ್ತು ದಂತ ಭಾಗ್ಯ ಯೋಜನೆ ಅನುಷ್ಠಾನ ಮಾಡುವ ಬಗ್ಗೆ.

ಮೇಲ್ಕಂಡ ವಿಷಯಕ್ಕೆ ಸಂಬಂಧಿಸಿದಂತೆ "ಓರಲ್ ಹೆಲ್ತ್ ಪಾಲಿಸಿ" (ದಂತ ಭಾಗ್ಯ ಯೋಜನೆ)ಗೆ ಸಂಬಂಧಿಸಿದಂತೆ ಸಹಿಯಾಗಿರುವ MoU ನ ಒಂದು ಪ್ರತಿಯನ್ನು ಈ ಪತ್ರದೊಂದಿಗೆ ತಮ್ಮ ದಂತ ವೈದ್ಯಕೀಯ ಮತ್ತು ವಿಜ್ಞಾನ ಅಧಿಕಾರಿಗಳಿಗೆ ಕಳುಹಿಸುತ್ತಿದ್ದೇವೆ. MoU ನಲ್ಲಿ ಸೂಚಿಸಿರುವಂತೆ ಪ್ರತಿ ದಂತ ವೈದ್ಯಕೀಯ ಕಾಲೇಜಿಗೆ ರೂ. 50,000/- ಹಣ ಈಗಾಗಲೇ RTGS/NEFT ಮೂಲಕ ಬಿಡುಗಡೆ ಮಾಡಲಾಗಿದೆ.

ಆದ್ದರಿಂದ ತಾವು ಕಾರ್ಯಕ್ರಮ ಅನುಷ್ಠಾನ ಮಾಡಲು ತಮ್ಮ ಕಾಲೇಜಿನಲ್ಲಿ ಓರ್ವ ದಂತ ವೈದ್ಯರನ್ನು ನೋಡಲ್ ಅಧಿಕಾರಿಯನ್ನಾಗಿ ನೇಮಕ ಮಾಡಿಕೊಂಡು ಅದರಂತೆ ಫಲಾನುಭವಿಗಳ (ಬಿ.ಪಿ.ಎಲ್ ಕಾರ್ಡ್ ಹೊಂದಿರುವ 60 ವರ್ಷ ಮೇಲ್ಪಟ್ಟ ಹಿರಿಯ ನಾಗರಿಕರು) ಬಿ.ಪಿ.ಎಲ್ ಕಾರ್ಡ್‌ನ ಸಹಾಯ ಪ್ರತಿ ಪಡೆದು ಉಚಿತ ದಂತ ಪಂಕ್ತಿಗಳನ್ನು ನೀಡಲು ಜರೂರಾಗಿ ಸೂಕ್ತ ಕ್ರಮ ಕೈಗೊಳ್ಳಲು ಈ ಮೂಲಕ ಕೋರಲಾಗಿದೆ. (ತಾತ್ಕಾಲಿಕ ಓ.ಪಿ.ಡಿ. ಕಾರ್ಡ್ ಮತ್ತು ಮಾಹಿತಿ ಕೈಪಿಡಿಯನ್ನು ಈ ಪತ್ರದೊಂದಿಗೆ ಲಗತ್ತಿಸಿದೆ). ಹಾಗೂ ಪ್ರತಿ ತಿಂಗಳು ವರದಿಯನ್ನು ನೀಡಲು ಸಹ ಸೂಚಿಸಿದೆ.

ತಮ್ಮ ನಂಬುಗೆಯ,

-ಸಹಿ-

ಆಯುಕ್ತರು

ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ
ಬೆಂಗಳೂರು.

ಪ್ರತಿಯನ್ನು ಮಾಹಿತಿಗಾಗಿ ಮತ್ತು ಸೂಕ್ತ ಕ್ರಮಕ್ಕಾಗಿ:-

- 1.ಜಿಲ್ಲಾ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣಾಧಿಕಾರಿಗಳು,
- 2.ಜಿಲ್ಲಾ ತಸ್ತು ಚಿಕಿತ್ಸಕರು/ವೈದ್ಯಕೀಯ ಅಧೀಕ್ಷಕರು


PRINCIPAL
Dayananda Sagar College of Dental Sciences
Kumaraswamy Layout,
Bangalore - 560 078.



ಕಛೇರಿ : +91 80 2287 4039

+91 80 2235 4085

ಫ್ಯಾಕ್ಸ್ : +9180 2228 5591

ಇ-ಮೇಲ್ : com-hfws@karnataka.gov.in

ಆಯುಕ್ತಾಲಯ

ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳು

ಸಂಖ್ಯೆ : DD/ದಂಶ/OFFICE/01/2017-18/No-2020-21/05

ದಿನಾಂಕ: 24.08.2020

ಮಾಹಿತ್ತಾಳೆ

ವಿಷಯ: ದಂಶ ಭಾಗ್ಯ ಯೋಜನೆಯಡಿಯಲ್ಲಿ ಮಾಡಿಕೊಂಡಿರುವ
ಒಡಂಬಡಿಕೆಯನ್ನು ಮುಂದುವರಿಸುವ ಬಗ್ಗೆ.
ಉಲ್ಲೇಖ: ಅಕೌಂಟ್ 114 ಸಿಜಿಎಂ 2014, ದಿನಾಂಕ:30.03.2015.

ರಾಜ್ಯದಲ್ಲಿ ದಂಶ ಮತ್ತು ದಾಯಿಯ ಆರೋಗ್ಯ ರಕ್ಷಣೆಗೆ ರಾಜ್ಯ ಸರ್ಕಾರವು "ಓರಲ್ ಹೆಲ್ತ್ ಪಾಲಿಸಿ"ಯನ್ನು 2014-15ನೇ ಸಾಲಿನಲ್ಲಿ ಜಾರಿಗೆ ತಂದಿದ್ದು, ಈ ಯೋಜನೆಯ ಒಂದು ಭಾಗವಾಗಿ ರಾಜ್ಯದಲ್ಲಿರುವ, ಡಿ.ಪಿ.ಎಲ್ ವರ್ಗಕ್ಕೆ ಸೇರಿದ 45 ವರ್ಷ ವಯಸ್ಸು ಹಾಗೂಕೆಲವು ಸಂಪೂರ್ಣ ದಂಶ ಪಂಕ್ತಿ ಮತ್ತು 3 ಅಥವಾ ಅದಕ್ಕಿಂತ ಹೆಚ್ಚು ಹಲ್ಲುಗಳನ್ನು ಕಳೆದುಕೊಂಡವರಿಗೆ ಉಚಿತವಾಗಿ ಕೃತಕ ದಂಶಪಂಕ್ತಿ ನೀಡಲು ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಆರೋಗ್ಯ ಇಲಾಖೆ ಮತ್ತು ರಾಜ್ಯದಲ್ಲಿರುವ 45 ದಂಶ ವೈದ್ಯ (43 ಖಾಸಗಿ ಮತ್ತು 2 ಸರ್ಕಾರಿ) ಕಾಲೇಜುಗಳ ಸಹ ಭಾಗವೃತ್ತದಲ್ಲಿ ರಾಜ್ಯ ಸರ್ಕಾರವು "ದಂಶ ಭಾಗ್ಯ" ಯೋಜನೆಯನ್ನು ಜಾರಿಗೆ ತಂದಿದೆ.

ಮೇಲ್ಕಂಡ ಉಲ್ಲೇಖದನ್ವಯ ದಂಶ ಭಾಗ್ಯ ಯೋಜನೆಯಡಿಯಲ್ಲಿ, 45 ದಂಶ ಮಹಾ ವಿದ್ಯಾಲಯಗಳೊಂದಿಗೆ (43 ಖಾಸಗಿ ಮತ್ತು 2 ಸರ್ಕಾರಿ) 5 ವರ್ಷಗಳಿಗೆ ಒಡಂಬಡಿಕೆಯನ್ನು ಮಾಡಿಕೊಂಡು ಯೋಜನೆಯನ್ನು ನಡೆಸಲಾಗುತ್ತಿದೆ. ದಂಶ ಭಾಗ್ಯ ಯೋಜನೆಯಲ್ಲಿ ಈಗಾಗಲೇ ಭಾಗಿಯಾಗಿರುವ ದಂಶ ಮಹಾ ವಿದ್ಯಾಲಯಗಳು 5 ವರ್ಷ ಪೂರ್ಣಗೊಂಡಲ್ಲಿ, ಸದರಿ ದಂಶ ಮಹಾ ವಿದ್ಯಾಲಯಗಳು ಮುಂದಿನ ಆದೇಶದವರೆಗೆ ಯೋಜನೆಯಲ್ಲಿ ಮುಂದುವರಿಸಬೇಕಾಗಿ ಈ ಮೂಲಕ ಸೂಚಿಸಿದೆ.

ಆಯುಕ್ತರು,
ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳು.

ಪ್ರತಿಯನ್ನು:

1. ಅಧಿಯಾನ ನಿರ್ದೇಶಕರು, ರಾಜ್ಯೀಯ ಆರೋಗ್ಯ ಅಭಿಯಾನ.
2. ನಿರ್ದೇಶಕರು, ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳು.
3. ಸಂಬಂಧಪಟ್ಟ ದಂಶ ಮಹಾ ವಿದ್ಯಾಲಯಗಳ ಪ್ರಾಂಶುಪಾಲರು/ಡಿನ್.
4. ವಿಭಾಗೀಯ ಜಂಟಿ ನಿರ್ದೇಶಕರು, ಬೆಂಗಳೂರು, ಮೈಸೂರು, ಬೆಳಗಾವಿ ಮತ್ತು ಕಲಬುರಗಿ.
5. ಎಲ್ಲಾ ಜಿಲ್ಲಾ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಅಧಿಕಾರಿಗಳು/ಜಿಲ್ಲಾ ಶಸ್ತ್ರ ಚಿಕಿತ್ಸಕರು.
6. ಎನ್‌ಟಿಪಿಒ ವಿಭಾಗೀಯ ನೋಡಲ್ ಅಧಿಕಾರಿಗಳು ಹಾಗೂ ಜಿಲ್ಲಾ ಎನ್‌ಟಿಪಿಒ ಕಾರ್ಯಕ್ರಮಾಧಿಕಾರಿಗಳು.
7. ಕಛೇರಿ ಪ್ರತಿ.

3ನೇ ಮಹಡಿ, ಐಟಿಪಿ ಕಟ್ಟಡ, ಆನಂದ್ ರಾವ್ ವೃತ್ತ, ಬೆಂಗಳೂರು - 560 009.

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Bangalore - 560 076.



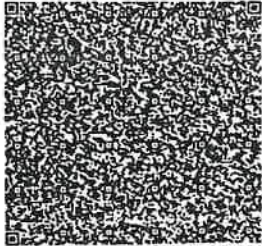
सत्यमेव जयते

INDIA NON JUDICIAL Government of Karnataka

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Certificate No. : IN-KA94931660888037N
 Certificate Issued Date : 17-Jul-2015 10:43 AM
 Account Reference : NONACC (FI)/ kaksfcl08/ HANUMANTH NGR/ KA-BA
 Unique Doc. Reference : SUBIN-KAKAKSFCL0838971210567065N
 Purchased by : DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCE
 Description of Document : Article 37 Note or Memorandum
 Description : M O U
 Consideration Price (Rs.) : 0
 (Zero)
 First Party : COMMISSIONERATE OF HEALTH FAMILY WELFARE AND AYUSH
 Second Party : DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCE
 Stamp Duty Paid By : DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCE
 Stamp Duty Amount(Rs.) : 200
 (Two Hundred only)

Handwritten signatures and dates: 23/07



YUSH

Please write or type below this line
MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding made on the 8th day of July 2015 by and

BETWEEN: Commissionerate, Health, Family Welfare and AYUSH Services, Government of Karnataka, BENGALURU whose headquarters are located at 3rd Floor, IPP Building, Directorate of Health & Family Welfare Services, Anand Rao Circle, Bangalore- 560009 (herein referred to as 'The First Party).

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Statutory Alert:

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2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

AND: - DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES,
(herein referred to as 'The Second Party') whose address is SHAVIGE
MALLESWARA HILLS, KUMARASWAMY LAYOUT, BENGALURU-78

WHEREAS Commissionerate, Health, Family Welfare and AYUSH Services,
Government of Karnataka (GoK), is the Competent Authority at State level to implement
various Programmes and Schemes of the Health & Family Welfare Department and shall
implement the Oral Health Policy to provide complete dentures to the needy senior citizens
(60 years and above) who live below poverty line and this part of the policy shall be herein
called as "Danta Bhagya Yojane".

WHEREAS DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES located at
SHAVIGE MALLESWARA HILLS, KUMARASWAMY LAYOUT, BENGALURU-
78 established in the year 1991 has professional, academic and technical proficiency in
implementing the scheme "Danta Bhagya Yojane" and henceforth has agreed to provide the
technical support and treatment for providing the complete dentures to the needy senior
citizens who live below poverty line.


AND WHEREAS Commissionerate, Health, Family Welfare and AYUSH Services,
Government of Karnataka, and DAYANANDA SAGAR COLLEGE OF DENTAL
SCIENCES recognize the necessity to synergize and mutually co-operate to provide
complete dentures to the needy senior citizens who live below poverty line in Karnataka and
thereby to effectively implement the scheme of "Danta Bhagya Yojane" as part of the Oral
Health Policy.

NOW THEREFORE, this MoU hereby bestows the covenants in terms of certain roles and
responsibilities for the parties for the smooth functioning of the "Danta Bhagya Yojane" and
other schemes of Oral Health Policy as and when announced by the First Party.

**Responsibilities of Commissionerate, Health, Family Welfare and AYUSH Services,
Government of Karnataka:**

1. Health & Family Welfare Department shall implement the scheme of Danta Bhagya
Yojane" in 30 Districts of Karnataka through the Government and Private Dental
Colleges of Karnataka.
2. Eligibility criteria for identifying the beneficiaries, documentation process and records
maintenance of beneficiary shall be made by the Health & Family Welfare
Department.
3. Health & Family Welfare Department shall pay an amount of Rs. 500 (Rupees Five
Hundred Only) per complete denture to the Dental College which includes the cost of
treatment plan, manpower, materials, technical services, and other incidental
expenses.
4. Health & Family Welfare Department shall provide the format for referral slips and
monthly reports to all the concerned Institutions.

2


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5. The Medical Officer/Dental Officer working at any State-run Government Health Centre/Government Hospital shall authorize the beneficiaries to avail the benefits of the scheme after scrutinizing the necessary documents. This does not include the Health Centres/Hospitals run by the Central Government.
6. The payments to the Colleges shall be made online directly into their bank accounts on a monthly basis.
7. Health & Family Welfare Department shall train the ANM's/ASHA's/paramedical personnel within their jurisdictional District to identify, diagnose and refer the beneficiaries to the allotted Dental College.

Responsibilities of the Dental College:

1. Dental College shall conduct some dental outreach camps and refer the beneficiaries to the Dental College or conduct on-site treatment for complete dentures.
2. Dental College shall not charge any kind of additional fees such as OPD card charges or registration fees, etc. The scheme does not include the cost of drugs, medications and other incidental expenses related to the complete dentures. However, any beneficiary having a few remaining teeth indicated for total extraction or any other minor procedures indicated as treatment plan for insertion of complete dentures shall be free of cost including tooth extractions.
3. Complete dentures shall be made using standard treatment procedures and materials.
4. The Dental College shall not deny or delay treatment for the eligible beneficiaries of this scheme. However the beneficiaries can be allotted appointment on first-cum-first serve basis and preferably on fixed days of the month to avoid undue delay of treatment.
5. The Dental College shall treat the beneficiaries of this scheme as its own patient and take all necessary measures such as informed consent.
6. The Dental College shall submit their monthly reports to the District Health & Family Welfare Officer and Deputy Director (Medical) periodically as agreed by both the parties.

The parties agree as follows:

1. **Term:** The Project implementation will commence on 1st of July 2015. The term of this Memorandum of Understanding is for 5 years (five years) and may be extended subject to satisfactory performance and decision of the GoK).
2. **Financial provisions and management of funds:** All the payments for project activities will be paid directly to the Second party on a post-audit basis, by the State level office on submission of reports by the Second Party to the Deputy Director (Medical). An amount of Rs 50,000 will be released in advance to the Second Party for provision of 100 dentures. The second party will be eligible for subsequent advance payments after completion of 100 dentures. Reports should be submitted online every month in the prescribed format including pre & post photographs of the beneficiary.


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3. The Second Party shall not make any changes without prior approval from the Commissioner, Health & Family Welfare Department, Government of Karnataka. Changes in the line item shall not alter the main purpose of the project and shall be done only to ensure smooth implementation of the agreed project goal.
4. Statutory liabilities such as TDS (Tax deduction at Source), Professional Tax, etc will be the responsibility of the Member Secretary, Oral Health Policy, and the deductions will be made accordingly as applicable.
5. Visibility: The second party must take all necessary steps to publicize the fact that the Health and Family Welfare Department, Government of Karnataka, has financed the activities funded under this scheme. The Health and Family Welfare Department, Government of Karnataka, shall acknowledge the second party for its effort and technical support in implementing the project.....
6. Force Majeure: Neither party shall be responsible for any breach of contract due to a Force Majeure which is irresistible, unforeseeable and exterior.
7. Assignment: This Memorandum of Understanding and the ensuing disbursement may not be transferred or assigned to a third party in any manner whatsoever without prior written consent from the Health & Family Welfare Department, Government of Karnataka.
8. Independent second party relationship: Nothing contained herein shall be construed to imply a joint venture, partnership, or employer and employee relationship between parties. Neither party shall have any right, power, or authority to create any obligation, express or implied, on behalf of the other except as defined in this Memorandum of Understanding or as mutually agreed to under the terms of Memorandum of Understanding. The employees or agents of one party shall not be deemed or construed to be the employees or agents of the other party for any purpose whatsoever.
9. Modifications, Amendments or waivers: No modifications or amendments to this Memorandum of Understanding nor the waiver of any provision shall be valid unless presented in writing and signed by duly authorized representatives of both the parties.
10. Applicable laws: Legal disputes: This Memorandum of Understanding shall be interpreted by, and construed in accordance with the laws of the Republic of India. All disputes, differences or questions between the parties with respect to any matter arising out of or relating to, but not limited to, the existence, validity, construction, performance and termination of this agreement which the parties cannot amicably settle shall be finally settled under the Rules of Arbitration, by one or more arbitrators appointed in accordance with said Rules. The arbitration shall take place in Bangalore (India) and the arbitration proceedings shall be conducted in the English language under Indian law.


PRINCIPAL

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The arbitration award shall be final and binding upon the Parties and shall be enforceable in any court of competent jurisdiction, and the parties hereby waive any objections to or claims of immunity from jurisdiction and/or in respect of such enforcement.

11. **Publicity:** Both parties agree to consult each other in case of any requirement of publicity of the said project to the media or any other agency and act diligently in the best interest of the project.
12. **Modification:** Both the parties may modify this MoU based on a mutual understanding. Such understanding shall always be in writing, signed by both the parties.
13. **Relationship:** Nothing in this MoU shall constitute, create or give effect or recognize a joint venture, partnership or principal/agent relationship between the parties or a business entity of any kind. Neither party shall have the express or implied right or authority to assume or create any obligations on behalf of or in the name of the other party or to bind the other party to any other contract, agreement or undertaking with any third party.
14. **Confidentiality:** The second party shall treat as confidential, during as well as after, the performance of any work under this Memorandum of Understanding, any information, including any personal information defined by the Health & Family Welfare Department, Government of Karnataka, to which the Second Party becomes privy as a result of acting under this Memorandum of Understanding. The Second Party shall not disclose any such information to any other person or party which is not participating in this Memorandum of Understanding in a form that could reasonably be expected to identify the person, including individuals, to whom such information relates.
15. **Termination:** This Memorandum of Understanding may be terminated, in whole or in part, by either party at any time upon 90 (ninety) days prior written notice of termination to the other party.
16. Upon termination of work performed before the date of termination, each party shall be fully and forever released and discharged from any legal and all obligations, covenants or liabilities of whatsoever kind or nature in law or equity or otherwise arising out of or in connection with the Memorandum of Understanding by and between the Second Party and the Health & Family Welfare Department, Government of Karnataka.
17. **Complete Memorandum of Understanding:** This Memorandum of Understanding becomes a binding contract only upon signature by both parties and the delivery of fully signed copies to the other party.

5


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Bangalore - 560 078.

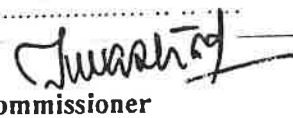
18. Notices: All notices and demands under this Memorandum of Understanding shall be made in writing and shall be communicated by e-mail or conventional mail to the mail address of the receiving party.

19. IN WITNESS WHEREOF, the parties have executed this Memorandum of Understanding.

(Seal & Signature preceded by hand-written "read and approved")

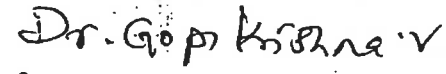

Principal/Dean

PRINCIPAL
Dayananda Sagar College of Dental Sciences
Kumaraswamy Layout,
Bangalore - 560 078.


Commissioner

Health, Family Welfare & AYUSH Services
Government of Karnataka

Witness for:


HO D Dept of Public Health Dentistry
D.S.C.D.S



Witness for:

Dr. SMITHA. B. KULKARNI
READER, DEPT. OF PUBLIC HEALTH
DENTISTRY
D.S.C.D.S




PRINCIPAL
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Kumaraswamy Layout,
Bangalore - 560 078.



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ
4ನೇ 'ಟಿ' ಬ್ಲಾಕ್, ಜಯನಗರ, ಬೆಂಗಳೂರು - 560 041
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA
4th 'T' Block, Jayanagar, Bangalore - 560 041
Phone : 080-2696 1934, 080 - 2696 1935, Fax : 080 - 2696 1929
Website : www.rguhs.ac.in, E-mail : rguhsregistrar@gmail.com

Ref. :RGU/NSS/R.S.G/02/2018-19

Date :25/03/2019

To,

The Principals,
of colleges having NSS Unit Affiliated to RGUHS,

Dear Sir/ Madam,

Sub: Releasing of NSS Regular, Special Camp Grants for the year 2018-19 and
Out of Pocket Allowance

- Ref.: 01. ಸರ್ಕಾರಿ ಆದೇಶ ಸಂಖ್ಯೆ:ಯುಸೇಇಕ್ರೀಇ/ರಾಸೇಯೋ/20/2018-19/20, ದಿನಾಂಕ: 16.02.2019.
2. ಸಂಖ್ಯೆ:ಯುಸೇಇಕ್ರೀಇ/ರಾಸೇಯೋ/20/2018-19/92, ದಿನಾಂಕ: 18.03.2019.
03. Approval of Hon'ble Vice-Chancellor in file RGU/NSS/FSAN/Reg/2018-19,
Para 14, Dated: 22.03.2019.

With reference to above cited subject, I am happy to inform you that NSS
Regular Grants Rs.16,000/-, NSS Special Camp Grants Rs. 22,500/- and NSS
Program Officer's Out of Pocket Allowance Rs.4,800/- has been credited to your
College NSS accounts through PFMS on 25.03.2019.

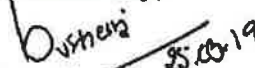
You are hereby informing to conduct the NSS activities both Regular and
Special Camps and submit the report and bills.

For any quairies on PFMS your's NSS programme officer may contact :
Ms.Kavya:9164605809.

Thanking you,

Your's faithfully,


PRINCIPAL
Dayananda Sagar College of Dental Sciences
Kumaraswamy Layout,
Bangalore - 560 078.


Dr. B. Vasantha Shetty
Deputy Registrar,
NSS Programme Co-Ordinator
R G U H S - Bangalore.

Copy to:

01. The NSS Programme officers for necessary action
02. Sri.K.V. Khadri Narasimhiah, Regional Director, Regional Directorate of N.S.S..Bangalore - 560 004.
03. Dr. Gananatha Shetty, State NSS Officer & Ex-officio Joint Secretary, National Service Scheme Cell, Youth Empowerment & Sports Department, Bangalore. for kind information.

Rajiv Gandhi University of Health Sciences, Karnataka
4th 'T' Block, Jayanagar, Bangalore - 41

DU/FO/PAYMENT/2006-07

Dt:16/03/2019

at HEMANTH M

DAYANANDA SAGAR
OF DENTAL SCIENCE

Sub : Payment of your bills
Ref : Voucher No:PS18003962

and enclosed herewith cheque/DD No: 2983, Date : 13/03/2019
0000/= (Rupees Ten thousand only)
payment of your below mentioned bill/bills.

Description	Amt. Claimed Rs.	Amt. Paid Rs.	Remarks
HEALTH SCS RES-SEMINAR (SHOP/CONFERENCE	10,000	10,000	RES METHODOLOGY/ 28-

acknowledge receipt

Your's Faithfully
sd/-
Finance Officer

This is a computer generated docket, this doesn't requires any signature

PRINCIPAL
Dayananda Sagar College of Dental Sciences
Kumaraswamy Layout,
Bangalore - 560 078.

Dr. Hemantli

Cheque Issued to Dr. Nilwin ₹ 10,000/- on 22/3/2019



सिटी यूनियन बँक लिमिटेड
CITY UNION BANK LTD.

Bengaluru Jaya Nagar
126(17), 33rd Cross, 11th Main, 4th Block,
Jaya Nagar, Bangalore - 560 011
IFSC : CIUB0000148

Valid for three months only

13-Mar-2019
D D M M Y Y Y Y

Pay **HEMANTH M**

या धारक को or Bearer

रुपये Rupees **TEN THOUSAND ONLY**

अदा करें ₹ 10000/--

A/c. No. **SB 500101011973059**

For RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES GENERAL PAYMENT

NOT EXCEEDING RS. 10,001

Payable at all branches

[MULTI CITY - CHEQUE]

FINANCE OFFICER

REGISTRAR

Please sign above

⑈002983⑈ 560054006⑈ 100733⑈ 30

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Kumaraswamy Layout,
Bangalore - 560 078.

Rajiv Gandhi University of Health Sciences, Karnataka
4th 'T' Block, Jayanagar, Bangalore - 41

Ref No:RGU/FD/PAYMENT/2006-07

Dt:10/12/2020

Sr/Smt. HEMANTH M

40

DAYANAND SAGAR COLLEGE OF
DENTAL SCIENCE

Kumara Swamy layout
Bangalore - 560078

Sir/Madam,

Sub : Payment of your bills

Ref : Voucher No:PS20002548

Please find enclosed herewith cheque/DD No: 11538, Date : 01/12/2020
for Rs.100000/= (Rupees One lakh only)
in settlement of your below mentioned bill/bills.


Sl.No.	Description	Amt. Claimed Rs.	Amt. Paid Rs.	Remarks
1	HEALTH SCS RES-SEMINAR RKSHP/CONFERENCE	1,00,000	1,00,000	CONDUCT CDE PROG/ PE

Please acknowledge receipt

Your's Faithfully

sd/-
Finance Officer

Note : This is a computer generated docket, this doesn't requires any signatu


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Bangalore - 560 078.



ಕರ್ನಾಟಕ ಸರ್ಕಾರ
ಜಿಲ್ಲಾ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ, ಬೆಂಗಳೂರು ನಗರ ಜಿಲ್ಲೆ
ಜಿಲ್ಲಾ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಸೇವೆಗಳ ನಿರ್ದೇಶನಾಲಯ, ಬೆಂಗಳೂರು, ಇವರ ಪತ್ರ
ಕಂಪ್ಯೂಟರ್ ದಾಖಲಾತಿ ಅಧಿಕಾರಿ, ೫೪, ಪಾಪೇಶ್ ವೆಣ್ಣೆ, ಬೆಂಗಳೂರು - ೫೬

ದಿನಾಂಕ: 03/09/2022

ಕಂಪ್ಯೂಟರ್ ದಾಖಲಾತಿ(07)/2022-23

ಅಧಿಕೃತ ಟ್ರಾನ್ಸಾಕ್ಶನ್ ಪತ್ರ

ವಿಷಯ - 2022-23 ನೇ ಸಾಲಿನ ವಂತ ಜಾಗೃತಿ ಯೋಜನೆಯಡಿ ವಲಸಿದವರಿಗೆ
 ೫೫ ಮಂಜೂರು ಮಾಡಿದ ಟಿ.ಡಿ.
 ಉಲ್ಲೇಖ:- 1. ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಸೇವೆಗಳ ನಿರ್ದೇಶನಾಲಯ, ಬೆಂಗಳೂರು, ಇವರ ಪತ್ರ
 ಕಂಪ್ಯೂಟರ್ ದಾಖಲಾತಿ(07)/2022-23 ದಿನಾಂಕ: 13/06/2022.
 2. ಸರ್ಕಾರಿ ಆದೇಶ ಕಂಪ್ಯೂಟರ್ ಅಡಿಯ 148 ಸಂಖ್ಯೆ 2022, ದಿನಾಂಕ: 06/06/2022.

ಮೇಲ್ಕಂಡ ವಿಷಯಕ್ಕೆ ಸಂಬಂಧಿಸಿದಂತೆ, ಈ ಕೆಳಗೆ ನಮೂದಿಸಿರುವ ಸಂಸ್ಥೆಗಳಿಗೆ ವಂತ ಜಾಗೃತಿ ಯೋಜನೆ
 ಅಡಿಯಲ್ಲಿ ವಂತ ಪತ್ರ ಚೀಟಿ ಪದಕ ಫಲಾನುಭವಿಗಳಿಗೆ ಲೆಕ್ಕ ಖರ್ಚು : 2210-06-112-0-06 (059) ಅಡಿಯಲ್ಲಿ ಒಟ್ಟು
 ರೂ.529550/- (ಒಂದು ಲಕ್ಷ ಅಂಪತ್ತೈನೊಂದತ್ತು ನಾಲ್ಕರನು ನೂರದ ನವತ್ತು ರೂಪಾಯಿ ಮಾತ್ರ) ಮಂಜೂರು ಮಾಡಲಾಗಿದೆ.

ಈ ಮೊತ್ತವನ್ನು ಸದರಿ ಸಂಸ್ಥೆಗಳಿಗೆ ಖಜಾನೆ-2 ಇ-ಶೆಡ್ಯೂಲ್ ಮೂಲಾಂತರ ಮಾಡಿವೆಂದು ತಿಳಿಸಲಾಗಿದೆ.

Aug 2022

Sl NO	NAME OF THE INSTITUTIONS	K2 RECIPIENT ID	Feb-20	Jan-21	Feb-21	Mar-21	Apr-21	Jun-21	Jul-21	Aug-21	Sep-21	TOTAL
1	M H AMBEDKAR DENTAL COLLEGE HOSPITAL	1004999185		0	0	52000	16000	0	0	10000	0	78000
2	DEAN CUM DIRECTOR GOVT DENTAL COLLEGE BANGALORE	1001015061		0	0	44000	16000	4000	0	17000	30000	114000
3	BANGALORE INSTITUTE OF DENTAL SCIENCE	1001015087		0	0	27000	8000	0	0	14000	8000	46000
4	M S RAMAIAH DENTAL SCIENCE	1001015026		0	28000	18000	6000	0	4000	29000	6000	111000
5	PRINCIPAL OXFORD DENTAL COLLEGE	1004999231		0	0	18000	4000	0	0	0	0	20000
6	SRI VENKATESHWARA DENTAL COLLEGE	1004997207		0	6000	9000	0	0	0	0	0	15000
7	RV DENTAL COLLEGE (PANDU MEMORIAL DC)	1004996871		0	7000	16000	0	0	0	4000	4000	41000
8	VS DENTAL COLLEGE & HOSPITAL	1001015048		0	0	16000	0	4000	0	0	0	20000
9	DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES	1004977722	29550	16000	0	20000	0	0	10000	0	0	82550
	TOTAL		29550	28000	41000	114000	51000	8000	11000	71000	48000	129550

ಜಿಲ್ಲಾ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಅಧಿಕಾರಿ,
 ಬೆಂಗಳೂರು ನಗರ ಜಿಲ್ಲೆ

ಪ್ರತಿಯನ್ನು:-

1. ಜಂಟಿ ನಿರ್ದೇಶಕರು, ಜಿಲ್ಲಾ ಖಜಾನೆ, ಬೆಂಗಳೂರು ನಗರ ಜಿಲ್ಲೆ, ಬೆಂಗಳೂರು ಇವರಿಗೆ ಮಾಹಿತಿಗಾಗಿ ಸಲ್ಲಿಸಿದೆ.
2. ನಿರ್ದೇಶಕರು, ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಸೇವೆಗಳು, ಆನಂದರಾವ್ ವೃತ್ತ, ಬೆಂಗಳೂರು ಇವರಿಗೆ ಮಾಹಿತಿಗಾಗಿ ಸಲ್ಲಿಸಿದೆ.
3. ಉಪ ನಿರ್ದೇಶಕರು (ವೈದ್ಯಕೀಯ) ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಸೇವೆಗಳು, ಆನಂದರಾವ್ ವೃತ್ತ, ಬೆಂಗಳೂರು ಇವರಿಗೆ ಮಾಹಿತಿಗಾಗಿ ಸಲ್ಲಿಸಿದೆ.
4. ಜಿಲ್ಲಾ ಯೋಜನಾ ನಿರ್ವಹಣಾಧಿಕಾರಿಗಳು/ ಜಿಲ್ಲಾ ಆರ್.ಎ.ಹೆಚ್ ಅಧಿಕಾರಿಗಳು/ ಜಿಲ್ಲಾ ಕುಟುಂಬ ಅಧಿಕಾರಿಗಳು, ಬೆಂಗಳೂರು ನಗರ ಜಿಲ್ಲೆ
5. ಸಂಬಂಧಿತ ಆರೋಗ್ಯಾಧಿಕಾರಿಗಳು, ಬೆಂಗಳೂರು ನಿರ್ದೇಶನಾಲಯ/ಉಪನಿರ್ದೇಶನಾಲಯ

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Dayananda Sagar DCU	Sept-18	Oct 18	Nov 18	Dec 18	Dec-19	Jan-20	Feb-20	Jan-21	Feb-21	March-21	T
	3000/-	5250/-	2850/-	5100/-	4500/-	4050/-	4800	28000/-	NIL	20,000/-	T
	← 16200/- →				Technical issue due to Acc. exchanged merged with other bank. gave for correction & got it corrected at NMC			Not received corrected beneficiary list, CB Hand Copy by the College.			


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