

Government of West Bengal
Directorate of Health Services
(Audit, Accounts & Verification Branch)
Swasthya Bhavan, Ground Floor
No. 29, Block – GN, Sector – V,
Bidhan Nagar, Salt Lake City
Kolkata – 700 091.

Memo No. HAY / 7M - 02 - 08 / 78 / 4

Date:- 29.4.08

C I R C U L A R

i) To
The Principal

..... Medical College
.....
.....

ii) To
The Medical Superintendent –cum- Vice-Principal
..... Medical College & Hospital
.....

iii) To
The Superintendent,
.....
..... Kolkata.

iv) To
The Chief Medical Officer of Health
..... District
.....

Sub:- Information regarding existing bank accounts opened with funds placed at the disposal of the concerned authority.

Consequent upon issuance of memo No. 675-F dtd 22.1.2008 of the Finance Department, Audit Branch, Government of West Bengal, all the operators of the bank accounts opened with funds in any form placed at the disposal of the concerned authorities, are hereby requested to furnish comprehensive list of such bank accounts showing (i) Name/Designation & Address of the account-holder, (ii) Name of the Bank & Branch, (iii) Account number of the bank accounts and (iv) the Scheme/purpose for which the bank accounts were opened, in the prescribed format as per Annexure – I (copy enclosed) within 7 days from the date of issue of this letter.

In this context, it will be not out of the place to mention here that proposal of opening new bank accounts (savings/current) needs to be placed in the prescribed format as per Annexure-II (Copy enclosed).

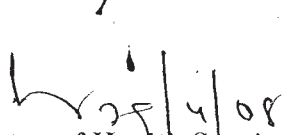
Further bank accountwise consolidated plus minus report, quarterly showing the opening balance, receipt during the period, payment & closing balance, in the prescribed format as per Annexure - III(copy enclosed) shall have to be furnished by the operators of the bank accounts of aforesaid nature.

So far as districts other than Kolkata are concerned, concerned CMOH shall collect all the said information in respect his district including District Hospital, State General Hospital, Sub-Divisional Hospitals and other health establishments within the jurisdiction of his district, in the prescribed format (s) as described hereinabove, for onward transmission of the same to the undersigned in order to enable this department to furnish consolidated report to Finance Department.

It will be worth mentioning here that Finance Department, after examination of the proposal, shall send the proposal to Directorate of Treasuries & Accounts for allotting bank code which will be an 'Alpha-Numeric' ten character code.

This may please be treated as extremely urgent.

Enclosure : Annexure-I, Annexure-II and Annexure-III


Additional Director of Health Services
(AA&V), West Bengal.

ANNEXURE - I

STATEMENT SHOWING THE PARTICULARS OF BANK ACCOUNTS ALREADY OPENED

Name of the Department :

Name of the Office :

Sl.No.	Name, designation of the Account Holder & Address of the Office	Name of the Bank & Name of the Branch	Bank Account Number with nature of A/C. (Current/Savings)	Scheme and purpose of opening of the account	Date of opening	Closing balance as on 31.03.08	Remarks
1	2	3	4	5	6	7	8

Signature with seal of the Authorized Officer

ANNEXURE - II

Proposal for opening of Bank Account

Name of the Department :

Name of the Office :

Sl.No.	Name , designation of the Account Holder & Address of the Office	Name of the Bank & Name of the Branch	Bank Account Number with nature of A/C. (Current/Savings)	Scheme and purpose of opening of the account	Date of opening	Remarks
1	2	3	4	5	6	7

Signature with seal of the Authorized Officer

ANNEXURE - III

QUARTERLY STATEMENT SHOWING THE AMOUNT DEPOSITED & WITHDRAWN FROM THE BANK ACCOUNTS

Name of the Department :

Name of the Office :

Sl.No.	Designation of Account Holder	Name of the Bank Branch/Account No.	Opening balance	Amount deposited	Date of withdrawn	Closing Balance	Bank Branch Code given by the DTA
1	2	3	4	5	6	7	8

Signature with seal of the Authorized Officer