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**CIRCULAR**

Sub:- Guidelines for the preparation of Annual Indent of Drugs and Supplies for the year 2018-2019-Reg.

**INSTITUTIONAL LEVEL COMMITTEE**

1. Head of the Institution - Chairman/Chairperson
2. Resident Medical Officer (Depends upon the Institutional structure)
3. Sub-indenting officers of various departments/section/unit/wing/ward/operation theatre/Pharmacy etc.
4. Officer in charge of the Store - Convener.

**Officer in charge of the store**

- a) Store Superintendent
- b) Pharmacist Store Keeper (In institution where the post of Store Superintendent does not exist)
- c) Senior Pharmacist (In institution where the post of Store Superintendent and Pharmacist Store Keeper do not exist)
- d) Pharmacist (In institution where there is only one post of Pharmacist)

**Preparation of Annual Indent of Drugs & Supplies**

All the officers who are dealing in the preparation of ANNUAL INDENT should thoroughly scrutinize the **Essential list** of Drugs and Supplies for 2018-2019.

1. They should know the strength, unit, specification of each item.
2. Specification and **unit** of sutures, surgical disposables, lab items, x-ray items etc. should be given due importance.
3. **Various** drugs having same therapeutic effect, **same** drug having different strength, unit are also to be identified before indenting.

There should not be any ambiguity on indenting.

If the Annual indent is not submitted in time, Head of the institution will be personally responsible for the shortage/stock out of Drugs. Entire quantity required by the institution shall be projected in the Annual Indent, Additional Indent/deduction in the indented quantity will not be entertained.

Sub-indenting officers shall prepare the sub-indent in **triplicate** by taking into facts as stated above, balance in stock, buffer stock required for the first quarter(Three months) of the next financial year, various factors for an increase or decrease in quantity etc.

Sub-indenting officers should furnish a certificate in the **last** page of the indent in the following format. They/He/She should also sign in all the pages of the indent.

I/We sub-indenting Officers of .....  
(Department/Section/Unit/Wing/Ward/Operation Theatre/Pharmacy etc) have thoroughly scrutinized the strength, unit, specification of each item, balance in stock, buffer stock, various factors for an increase or decrease in quantity etc and certify that there is no over estimation or under estimation in the indent prepared by me/us.

-Sd-with Date-  
Name  
Designation

-Sd-with Date  
Name  
Designation

**Original copy** of the sub-indent will be submitted to the **head of the institution, duplicate** to the officer in charge of the **store** and **triplicate** will be with the **sub-indenting officer**.

In the case of over writing or correction, that shall be got authenticated by the sub-indenting officer/s with their/his/her name/s, Designation/s and dated full signature. Sub-indenting Officers shall keep supporting Indent, if any, from the concerned officer/s, under their/his/her control. Year wise Annual indent file shall be handed over to the relieving officer with proper documentation.

All the anomalies like over estimation, under estimation, variation in strength, unit, specification, quantity in figure, words etc. shall be documented and placed before the institution level committee for further verification and approval by the Officer in charge of the **store**.

All the decision of the meeting shall be minuted, including the dissenting note, if any, with regards to inclusion or exclusion of any item or quantity etc. Decision of the Head of the Institution shall be final in all aspects.

**Six sets** (2 sets to be kept in the institution & 4 sets to be submitted to DMO(H)) of the consolidated indent (Hard Copy) of the institution will be prepared. Average number of OP, Average number of IP shall be specified in the consolidated indent.

In the **two sets** of the consolidated indent (one should be in the office file and another to be kept in the store), Chairman/Chairperson and Convener will sign in all the pages of the indent and in the last page, **all the members of the institutional level committee** should affix their name, designation and full signature with date.

**One set** of consolidated indent(as stated above) sub-indent and minutes of the meeting will be in the concerned **section of the office.**

**One set** of consolidated indent(as stated above) sub-indent and **copy** of the minutes of the meeting will be with the officer in charge of the **store.** Year wise ANNUAL INDENT FILE shall be handed over to the relieving officer with proper documentation.

#### **Submission of Institutional indent to DMO(H)**

In the another **Four sets** of consolidated indent of the institution, which are to be submitted to DMO(H), **Chairman/Chairperson and Convener shall sign in all the pages of the indent** and in the last page, Head of the Institution should furnish a certificate in the following format.

#### **Format of Certificate to be furnished by the Head of the Institution.**

I, Indenting Officer of .....(name of the institution) have thoroughly scrutinized the strength, unit specification of each item and prepared the institutional indent/Sabarimala Pilgrim project\* indent based on the sub-indent, balance in stock, buffer stock, various factors for an increase or decrease in quantity etc. and certify that the indent is within the allotted financial cap of Rs.....(figures)

-Sd-with Date

Name

Superintendent/Medical Officer

N.B: If the allotted fund is not fully required, balance fund available shall be noted in the certificate and the same shall be modified accordingly.

\*Score off, if not indented

### **Transferring of stagnant/surplus Drugs & Supplies**

Concerned Institutions have to transfer the stagnant/surplus Drugs & Supplies to the needy Institutions **before** finalizing the Indent of needy Institution.

**Four sets** of the consolidated indent of the institution, **soft copy in Excel format** shall be submitted to the DMO(H) by the Officer in charge of the store. Preliminary verification shall be done in the presence of the Officer in charge of the store at DMO(H). Name of the Officer in charge of the store and his/her mobile number shall also be noted in the indent. (**Four sets**- one to the office section at DMO(H), one to SVO, one to District Ware house of KMSCL, one will be returned to the institution after the approval of DMO)

### **DISTRICT LEVEL COMMITTEE**

Constitution and power of the District level committee shall be as per letter number KMSCL/DRG/ED/757/dated 27.9.2017.

DMO may post required number of pharmacists for the consolidation work.

Register of receipt of Annual Indent shall be maintained. Name of the institution and date of receipt shall be noted in the Register.

All the decision of the District level committee shall be minuted, including the dissenting note, if any, with regards to inclusion or exclusion of any item or quantity etc. Decision of the DMO(H) shall be final in all aspects.

As this work is to be completed in a time bound manner, District Medical Officer should also provide a Data Entry Operator.

**Four sets** of consolidated indent of the district will be prepared. (**Four sets** –one to DHS, One to District Ware house of KMSCL, One to SVO and one in the office section at DMO(H). Total average number of OP in the District, Total average number of IP in the District shall be specified in the consolidated indent. **The District Medical Officer (Health) and district Store Verification Officer shall sign in all the pages of the indent and in the last page, District Medical Officer (Health) should furnish a certificate in the following format.**

**Format of the Certificate to be furnished by DMO(H)**

I, Indenting Officer of .....(name of the District) have thoroughly scrutinized the strength, unit specification of each item and prepared the District indent/Sabarimala Pilgrim project\* indent based on the Institutional indents and certify that the indent is within the allotted financial cap of Rs.....(figures)

-Sd-with Date  
Name  
District Medical Officer(H)

\*Score off, if not indented

**One set** of approved consolidated indent of the District, one set of institutional indent approved by DMO and minutes of the meeting shall be in the concerned **section** at DMO(H).

**One set** of approved consolidated indent of the District, one set of institutional indent approved by DMO and **copy** of the minutes of the meeting will be with the **District Store Verification Officer**. Year wise ANNUAL INDENT FILE shall be handed over to the relieving officer with proper documentation.

**Submission of District Indent to DHS**

**One sets** of consolidated annual indent of the **District, indent of the Sabarimala Pilgrim project, indent of Mental Health Programme, Indent of Anti Haemophilic drugs with soft copy(as per the letter of the DHS dated 28.09.2017) in Excel Format** will be submitted to **Director of Health Services with the certificate on the above lines.**

**Submission of District & Institutional Indent to District Ware House of KMSCL**

One set of consolidated indent of the District, soft copy of the Institution wise Indent of the District. one set of all Institutional indents approved by DMO will be submitted to District Ware House of KMSCL

## **Returning of the institutional indent**

As noted in pre paras, institutions have to submit Four sets of consolidated indent to DMO(H). After scrutinization, one set of Institutional indent approved by DMO will be returned to the concerned institution.

### **STATE LEVEL COMMITTEE**

1. Director of Health Services - Chairman/Chairperson
2. Additional, Director of Health Services (Medical) - Convener
3. Assistant Director (Pharmacy Services)
4. Stores Officer (Government Medical Store)
5. State Store Verification Officer.

### **Sub Committee at State Level**

1. State Store Verification Officer - Chairman/Chairperson
2. Pharmacist Store Keeper of State Store Verification Team – Convener
3. Required number of Store Superintendent/PSK/Pharmacist
4. Pharmacist of State Store Verification Team.
5. Pharmacist of Government Medical Store.

Sub committee will scrutinize the indent by taking into consideration of Total Average No.of OP, Total Average number of IP, etc and confirm district indent is within the allotted financial cap.

All the anomalies like over estimation, under estimation, variation in strength, unit, specification, quantity etc. shall be verified by the subcommittee members. Sub Committee member should affix his/her Name, Designation and Full Signature with date in the District Indent scrutinized by him/her. State Store Verification Officer should ensure it.

Defects noticed are documented and placed before the State Level committee by the **State Store Verification Officer**.

All the decision of the meeting shall be minuted, including the dissenting note, if any, with regards to quantity etc. **Three sets** of consolidated indent will be prepared by the **State Store Verification Officer** after making all correction found during the verification/reported by DMOs etc.

Chairman/Chairperson, Convener and Members of the State Level Committee will sign in all the pages of the consolidated indent.

**One set** of approved consolidated indent of the State, Indent of the Sabarimala Pilgrim Project, Indent of Mental Health Programme, Indent of Anti Hameophilic drugs, Annual indent of the districts, Minutes of the meeting will be in the concerned Section at DHS Office. One set of approved consolidated indent will be for day-today reference.

**One set** of approved consolidated indent of the State, Indent of the Sabarimala Pilgrim Project, Indent of Mental Health Programme, Indent of Anti Hameophilic drugs, with soft copy in Excel Format will be submitted to KMSCL for further process.

Sd/-  
Dr. Bindu Mohan  
Additional Director of Health Services(Medical)

To

1. All District Medical Officers
2. All Head of the Institutions
3. CA to DHS
4. CA to Addl. Director of Health Services, Medical/FW/PH/ Planning/ Vigilance.
5. Assistant Director (Pharmacy Services), Stores Officer(GMS), State Store Verification Officer.
6. All District Store Verification Officers.
7. All Store Superintendent, Pharmacist Store Keeper, Pharmacist.
8. Website of Directorate of Health Services.

Copy to:-

1. The Additional Chief Secretary, Health & Family Welfare Department(With C/L)
2. The Principal Accountant General(Audit), Kerala, Thiruvananthapuram.
3. The Accountant General(A&E) Kerala, Thiruvananthapuram.
4. The Managing Director, KMSCL (With C/L)

s.v.