

Compliance Newsletter For the month of May 2024

Minimum Wages Revisions

The Uttar Pradesh Minimum Wages Notification

The Government of Uttar Pradesh Vide Notification No. 1784-90 Enforcement-(MW)/15, has released revision of Minimum wages and VDA for various scheduled employment w.e.f 01st April 2024, to 30th September, 2024. Please refer to the table below and notification appended herewith for more details:

State: Uttar Pradesh

Effective Date: 01/04/2024

Category: Various including Shops & Commercial Establishment

Class of Employment	Basic Per Month	VDA Per Month	Total Per Day	Total Per Month
Unskilled	5750	4898	410	10648
Semi-skilled	6325	5388	451	11713
Skilled	7085	6035	505	13120

The Chhattisgarh Minimum Wages Notification

The Government of Chhattisgarh vide notification no. 2024/3302 has revised minimum wages effective from 1st April 2024 for various scheduled employment. Please refer to the table below and notification appended herewith for more details:

State: Chhattisgarh

Effective Date: 01/04/2024

Category: Various including Shops & Commercial Establishment

Category	Zone	Basic Per Month	VDA Per Month	Total Per Month
Unskilled	A	8320	2580	10900
	B	8060	2580	10640
	C	7800	2580	10380
Semi-Skilled	A	8970	2580	11550
	B	8710	2580	11290
	C	8450	2580	11030
Skilled	A	9750	2580	12330
	B	9490	2580	12070
	C	9230	2580	11810
Highly-Skilled	A	10530	2580	13110
	B	10270	2580	12850
	C	10010	2580	12590

The Madhya Pradesh Minimum Wages Notification

The Government of Madhya Pradesh vide notification no. 6/11/Nov/Five/2024/15817-16066 has amended minimum wages effective from 1st April 2024 for various scheduled employment. Please refer to the table below and notification appended herewith for more details:

State: Madhya Pradesh

Effective Date: 01/04/2024

Category: Shops & Commercial Establishment

Class of Employment	Basic Per Month	VDA Per Month	Total Per Month
Unskilled	6500	3675	10175
Semi-skilled	7057	3975	11032
Skilled	8435	3975	12410
Highly Skilled	9735	3975	13710

Notifications/Circulars/Amendments

Extension of Due Date for Filing Professional Tax Returns in West Bengal

The Government of West Bengal, vide Memo No. 40/CT/PRO has extended the last date of filing the return in Form III under the West Bengal State Tax on Professions, Trades, Callings and Employments Act, 1979, till 31st May 2024 for electronic filing and 15th June 2024 for furnishing the return in paper form. Please refer to the notification appended herewith for more details.

Circular regarding removal of mandatory uploading of the image of cheque leaf/attested bank passbook for certain eligible cases in EPF Claim

The Employees Provident Fund Organization has issued Circular vide Circular No. WSU/E-49885 regarding removal of mandatory uploading of the image of cheque leaf/attested bank passbook for certain eligible cases in EPF Claim. As per the Circular, the claims being eligible for this relaxation would be soon colour coded for ease of identification such claims by the dealing hands to prevent such inadvertent returning of such claims. This step from EPFO will allow faster claim processing and reduced rejection rates. Please refer to the notification appended herewith for more details.

Circular regarding Settlement of Physical claims without UAN in lieu of death cases

The Employees Provident Fund Organization has released Circular vide Circular No. WSU/2020/ClaimsettlementwithoutUAN-clarification(E25432)/1208 regarding Claim Settlement of Physical claims without UAN in lieu of death cases. Please refer to the notification appended herewith for more details.

Notification regarding approval of rate of Interest on EPF accumulations for the Financial Year 2023-24

The Ministry of Labour and Employment vide Notification No. R-11018/01/2023-SS-II has announced interest rate 8.25% of EPF accumulations for the financial year 2023-24 to the account of each member of the Scheme which is as per para 60(1) of the EPF Scheme, 1952. Please refer to the notification appended herewith for more details.

Circular regarding Compliance of the order of Hon'ble Supreme Court of India (Provisions of the HIV Act) in ESI

The Employees State Insurance Corporation vide No. U-12011/ 3/2022-Med-I, has issued Circular regarding Compliance of the order of Hon'ble Supreme Court of India (Provisions of the HIV Act). In view of this circular, all ESIC & ESIS hospitals to ensure provisions of treatment, diagnostic facilities related to HIV or AIDS, Anti-retroviral therapy and Opportunistic infection management to people living with HIV or AIDS. Please refer to the notification appended herewith for more details.

न्यूनतम मजदूरी अधिनियम, 1948 के अन्तर्गत 74 अनुसूचित विधियों में देय परिवर्तनीय महंगाई भत्ता
न्यूनतम मजदूरी अधिनियम, 1948 के अन्तर्गत राजाज्ञा संख्या-194/36-3-2014-07 (न्यूनतम)/4 दिनांक: 28-1-2014
द्वारा 59 तथा अधिसूचना संख्या-850/36-03-2019-931(न्यूनतम)/06 दिनांक: 30 सितम्बर 2019 द्वारा 15 अनुसूचित विधियों में
नियोजित कर्मचारियों हेतु मजदूरी की मूल दरों एवं परिवर्तनीय महंगाई भत्ते का निर्धारण किया गया है। मजदूरी की जो दरें मासिक
आधार पर निर्धारित की गयी हैं उनकी दैनिक दर, मूल मजदूरी और परिवर्तनीय महंगाई भत्ते को 1/26 से कम तथा प्रति घंटे दर
दैनिक दर का 1/6 से कम न होगी।

उक्त के अनुक्रम में विनियमित 74 विधियों में नियोजित कर्मचारियों के लिये अखिल भारतीय उपभोक्ता मूल्य सूचकांक
आधार वर्ष(2001=100) माह जुलाई 2012 से दिसम्बर 2012 के औसत 216 अंको के ऊपर जुलाई 2023 से दिसम्बर 2023 के औसत
अंक 400 पर दिनांक: 1-04-2024 से 30-9-2024 तक की अवधि हेतु परिवर्तनीय महंगाई भत्ता निम्नलिखित वृष्टान्त की भाँति
गणना करके देय होगा:-

वृष्टान्त-रूपये 5750/-प्रतिमाह मजदूरी पाने वाले अकुशल श्रेणी के कर्मचारियों को औसत उपभोक्ता मूल्य सूचकांक-400
पर दिनांक: 1-04-2024 से 30-9-2024 तक की अवधि हेतु परिवर्तनीय महंगाई भत्ता निम्नलिखित होगा।

(400-216)

.....X5750= ₹0-4898/-प्रतिमाह

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विभिन्न श्रेणी के कर्मचारियों को देय प्रतिमाह मूल मजदूरी परिवर्तनीय महंगाई भत्ता की मासिक एवं दैनिक मजदूरी की दरें। दिनांक: 1.04.2024 से 30.9.2024 तक						
क्रमिक	श्रेणी	प्रतिमाह मूल मजदूरी रूपये में	दिनांक: 1.10.2023 से 31.3.2024 तक कुल मजदूरी (रूपये में)	परिवर्तनीय महंगाई भत्ता ₹0 में दिनांक: 1.04.2024 से 30.9.2024 तक	कुल मजदूरी (रूपये में) (3+5)	दैनिक मजदूरी (रूपये में) (1/26)
1	2	3	4	5	6	7
1	अकुशल	5750	10275	4898	10648	410
2	अर्धकुशल	6325	11303	5388	11713	451
3	कुशल	7085	12661	6035	13120	505

2 ईट भट्ठा उद्योग नियोजन में नियोजित श्रमिकों की मजदूरी निम्नवत् है:-

दिनांक: 1.04.2024 से 30.9.2024 तक				
क्रमिक	श्रेणी	उपरोक्त तालिका के क्रमिक 1 व 3 के अनुसार न्यूनतम घेतन देय होगा		
1	अकुशल	मूल मजदूरी	परिवर्तनीय महंगाई भत्ता ₹0 में	कुल मजदूरी(रूपये में)
2	कुशल	रूपया-676/- प्रति हजार		
2	पथेरा	रूपया-365	रूपया-311	रूपया-676/- प्रति हजार
	भराईवाला			
	(1) 500 मीटर की दूरी तक	रूपया-110	रूपया-94	रूपया-204/- प्रति हजार
	(2) 500 मीटर से अधिक	रूपया-132	रूपया-112	रूपया-244/- प्रति हजार
3	निकारसी वाला	रूपया-110	रूपया-94	रूपया-204/- प्रति हजार

- रबर की विनिर्माणशाला और रबर उत्पाद(टायर और ट्यूब सहित) के उद्योग।
- प्लास्टिक उद्योग और प्लास्टिक उत्पाद के उद्योग
- मिष्ठान उद्योग।
- वांशित पेयो(एरोटेड ड्रिंक्स) के विनिर्माण।
- फल की रसों की विनिर्माणशाला।
- परतदार लकड़ी(प्लाईवुड) के उद्योग।
- पेट्रोल और डीजल आयल पम्प।
- डेशी और मिल्क डेशी।
- सिल सिलाये कपड़ों की विनिर्माणशाला।
- बीघ तटबन्ध के निर्माण और अनुसूक्षण, सिंचाई परियोजनाओं कुओं और तालाबों की खुदाई।
- उन समस्त रजिस्ट्रीकृत कारखानों में नियोजन, जिनका उल्लेख पहले नहीं किया गया है।
- प्राइवेट अस्पताल(नर्सिंग होम्स) एवं प्राइवेट क्लीनिकों और प्राइवेट डाक्टरों सामान की दुकानों।
- ढलाई घर।
- धातु उद्योग।
- टिन प्लेट शॉपिंग और टिन प्रिंटिंग।
- ऐसे अभियन्त्र उद्योग जिसमें 50 से कम व्यक्ति नियोजित हों।
- चर्म शोधनशाला और चर्म विनिर्माणशाला।
- चर्म वस्तु विनिर्माण उद्योग।
- होजरी सकर्म।
- निजी पुस्तकालय।
- काष्ठ सकर्म और फर्नीचर उद्योग।
- प्राइवेट कोचिंग कक्षाओं प्राइवेट विद्यालयों, जिनमें नर्सरी स्कूल और निजी प्राविधिक संस्थाएं भी सम्मिलित हैं।
- तम्बाकू विनिर्माण।
- धर्मशाला।

25 पापिणी(फारेस्ट्री) लट्ठा बनाने और काष्ठ कार्य, जिसके अन्तर्गत किसी अन्य वन उपज का संग्रहण और उसे मण्डी में ले जाना भी है।
 26 दुकानों में
 27 वाणिज्य अधिष्ठानों में।
 28 चावल मिल, आटा मिल या दाल मिल।
 29 तेल मिल।
 30 लोक मीटर परिवहन।
 31 धौंसिक परिवहन कर्मशाला।
 32 आटोमोबाइल रिपेयर कर्मशाला।
 33 सड़कों के निर्माण या उन्हें बनाये रखने का निर्माण सक्रियाओं।
 34 पाथर लोडने या पाथर कूटने।
 35 चिकन के कार्य।
 36 दियासलाई उद्योग।
 37 आइसक्रीमी/आईसक्रीम विनिर्माणशाला।
 38 बेकरी और बिस्कुट विनिर्माणशाला।
 39 बर्फ विनिर्माणशाला।
 40 एस्बेस्टस सीमेन्ट कारखानों और अन्य सीमेन्ट उत्पाद विनिर्माणशाला।
 41 लाण्डी और धुलाई अधिष्ठान।
 42 जिल्दसाजी।
 43 कोल्ड स्टोरेज।
 44 पाटरी, सिरेमिक्स या रिफ़ैक्ट्रीज।
 45 निजी मुद्रणालय।
 46 सिनेमा उद्योग।
 47 कपड़ा छपाई।
 48 सिलाई उद्योग।
 49 ऐलोपैथिक, आयुर्वेदिक, यूनानी फार्मसी।
 50 क्लब
 51 हथकरघा(सिल्क की साड़ी बुनाई) जरी के कार्य।
 52 कपड़ा धोने या प्रसाधन के साबुन या सिलिकेट या साबुन का घूर्ण या प्रक्षालक विनिर्माण।
 53 ऊनी कम्बल बनाने के अधिष्ठान
 54 खाण्डसारी।
 55 हथकरघा उद्योग।
 56 शक्ति चालित करघा उद्योग।
 57 छोटा(मिनिएयर) बल्ब एवं कौघ उत्पादों के निर्माण।
 58 कागज, गत्ता और पेपर बोर्ड उद्योग।
 59 ईट भट्ठा उद्योग।
 60 ताला उद्योग के नियोजन में।
 61 पीतल के बर्तनों एवं पीतल उत्पाद के विनिर्माण के नियोजन।
 62 किसी निजी सुरक्षा और सेवा प्रदाता अभिकरण में नियोजित सुरक्षा कर्मी(सुरक्षा कर्मियों) जिनमें हथियार सहित/हथियार रहित आदि कर्मी सम्मिलित हों।
 63 ब्रह्मरने और सफाई में नियोजन, जिसमें सफाई कर्मचारी नियोजन एवं शुष्क सौचालयों का निर्माण(प्रतिरोध) अधिनियम 1993 के अन्तर्गत के निषिद्ध किया-कलाप सम्मिलित नहीं है।
 64 घरेलू कामगारों का नियोजन।
 65 कम्प्यूटर हार्डवेयर उद्योग एवं सेवाओं में नियोजन।
 66 एलपीजीवितरण एवं संबंधित सेवाओं में नियोजन।
 67 टैक्सीज, आटोरिक्सा/टैम्पो एवं ट्रेवलिंग अभिकरण में नियोजन।
 68 केबिल आपरेटर एवं संबंधित सेवाओं में नियोजन।
 69 गैर सरकारी संगठन(एनओजीओ) एवं संबंधित सेवाओं में नियोजन।
 70 विद्युत संतर्पन(विद्युत संकर्मन(सेवा शर्त) अधिनियम 1976 के अधीन सम्मिलित अथा सम्मिलित किये जाने वाले किसी उद्योगों में) में नियोजन।
 71 हेयर कटिंग सैलून एवं व्यूटी पार्लर(पुरुष एवं महिलायें) में नियोजन।
 72 कारपोरेट कार्यालयों में नियोजन।
 73 काल सेन्टर/आईटीओ इण्डस्ट्रीज/टेलीकालिंग सेवाओं आदि में नियोजन।
 74 ऐसे प्रतिष्ठान जो किसी अनुरूपित नियोजन के अधीन आच्छादित न हों, में नियोजन।

(अजय कुमार मिश्रा)
 उप श्रम आयुक्त, उत्तर प्रदेश।
 कृते श्रम आयुक्त, उत्तर प्रदेश।

कार्यालय, श्रम आयुक्त, उत्तर प्रदेश, जी० टी० रोड, कानपुर।
 संख्या 1784-90 प्रवर्तन-(एम०डब्ल्यू०)/15 दिनांक 16/05/2024

- विशेष सचिव, उत्तर प्रदेश शासन, श्रम अनुभाग-3, बापू भवन, लखनऊ को उनके पत्र संख्या-784/36-03-2024-1805057 दिनांक: 14-05-2024 के सन्दर्भ में सूचनाएं प्रेषित।
- समस्त क्षेत्रीय अपर/उप श्रम आयुक्त उ०प्र० को इस आशय से प्रेषित कि अधीनस्थ अधिकारियों को अवगत कराये तथा श्रमिकों, सेवायोजकों व उनके प्रतिनिधियों द्वारा मांगे जाने पर उपलब्ध कराए।
- सहायक निदेशक, श्रम एवं रोजगार मंत्रालय(वेज सेल)भारत सरकार नई दिल्ली ई-मेल wagecell@nic.in के माध्यम से
- अधिसूचना निदेशक उद्योग बन्धु, लखनऊ।
- उप श्रम आयुक्त(आईओआर०), मुख्यालय, कानपुर।
- उप श्रम आयुक्त(कम्प्यूटर), मुख्यालय को समस्त क्षेत्रीय अपर/उप श्रम आयुक्त को ईमेल के माध्यम से प्रेषित कराने तथा विमागीन वेबसाइट www.uplabour.gov.in पर अपलोड कराने हेतु।
- श्री हिमांशु कुमार, पुस्तकालयाध्यक्ष, मुख्यालय को अनिलेखार्थ प्रेषित।

(अजय कुमार मिश्रा)
 उप श्रम आयुक्त, उत्तर प्रदेश।
 कृते श्रम आयुक्त, उत्तर प्रदेश।

16.5.2024

न्यूनतम वेतन अधिनियम, 1948 के अंतर्गत

दिनांक 01.04.2024 से प्रभावशील

न्यूनतम वेतन एवं परिवर्तनशील

महँगाई भत्ते की दरें



कार्यालय श्रमायुक्त छत्तीसगढ़
नवा रायपुर, अटल नगर

कार्यालय श्रमायुक्त छत्तीसगढ़

खण्ड-तीन, द्वितीय तल, इन्द्रावती भवन, नवा रायपुर, अटल नगर, जिला-रायपुर (छ.ग.)

Website-www.cglabour.nic.in, E-Mail ID- cglc2012@gmail.com, ☎ No. 0771-2443513,14,15,16

क्रमांक / आठ / न्यूवे 0 / श्र0आ0 / 2024 / 3302

नवा रायपुर, दिनांक 24.05.2024

अधिसूचना

छत्तीसगढ़ राज्य में प्रभावशील न्यूनतम वेतन अधिनियम, 1948 की धारा 2(घ) में निहित प्रावधान सह पठित श्रम विभाग की अधिसूचना क्रमांक / 3761 / 613 / 16-ए / 82, दिनांक 25.05.1982 के अनुशरण में, मैं अलरमेलमंगई डी., श्रमायुक्त, छत्तीसगढ़, एतद् द्वारा कृषि नियोजन के लिये अखिल भारतीय उपभोक्ता मूल्य सूचकांक, जो कि भारत सरकार के लेबर ब्यूरो, शिमला से ज्ञात किया गया है जिसके अनुसार जुलाई 2023 से दिसंबर 2023 तक के माहों के लिये निम्नानुसार प्रकाशित करती हूँ :-

माह / वर्ष	अखिल भारतीय उपभोक्ता मूल्य सूचकांक (आधार वर्ष 1986-87 = 100)	माह / वर्ष	अखिल भारतीय उपभोक्ता मूल्य सूचकांक (आधार वर्ष 1986-87 = 100)
जनवरी 2023	1170	जुलाई 2023	1215
फरवरी 2023	1171	अगस्त 2023	1224
मार्च 2023	1175	सितम्बर 2023	1226
अप्रैल 2023	1180	अक्टूबर 2023	1241
मई 2023	1186	नवम्बर 2023	1253
जून 2023	1196	दिसम्बर 2023	1257
कुल	$\frac{7078}{6} = 1179.67$ (1180)	कुल	$\frac{7416}{6} = 1236$

इनका औसत 1236 घोषित करती हूँ, जो कि अनुसूची- "क" कृषि नियोजन के श्रमिकों के लिये निर्वाह व्यय सूचकांक (कास्ट ऑफ लिविंग इंडेक्स नंबर) रहेगा। श्रम विभागीय अधिसूचना क्रमांक एफ 10-4 / 2016 / 16, दिनांक 29.03.2017 द्वारा परिवर्तनशील महँगाई भत्ता देय है।

(अलरमेलमंगई डी.)

श्रमायुक्त एवं सक्षम प्राधिकारी
न्यूनतम वेतन अधिनियम, 1948
छत्तीसगढ़, रायपुर

कार्यालय श्रमायुक्त छत्तीसगढ़

खण्ड-तीन, द्वितीय तल, इंद्रावती भवन, नवा रायपुर, अटल नगर, जिला-रायपुर (छ.ग.)
Website-www.cglabour.nic.in, E-Mail ID- cglc2012@gmail.com, ☎ No. 0771-2443513,14,15,16

**कृषि नियोजन (भाग-दो) में नियोजित श्रमिकों के लिये दिनांक
01.04.2024 से 30.09.2024 तक की अवधि हेतु परिवर्तनशील मंहगाई भत्ते
की संगणना एवं पुनरीक्षित दरों के संबंध में विवरणात्मक टीप**

छत्तीसगढ़ शासन श्रम विभाग की अधिसूचना क्रमांक एफ 10-4/2016/16, दिनांक 29.03.2017 द्वारा कृषि नियोजन भाग-दो में नियोजित श्रमिकों के लिये न्यूनतम वेतन की दरें पुनरीक्षित की गई हैं, जो अखिल भारतीय उपभोक्ता मूल्य सूचकांक (1986-87=100) 852 (जनवरी-जून 2016) को आधार मानकर संबद्ध की गई है।

श्रमायुक्त कार्यालय, छत्तीसगढ़, रायपुर की अधिसूचना क्रमांक/आठ/न्यूवे0/श्र0आ0/2023/3302, दिनांक 24.05.2024 के अनुसार **जुलाई 2023 से दिसंबर 2023** तक की अवधि में अखिल भारतीय कृषि श्रमिक उपभोक्ता मूल्य सूचकांक का औसत **1236** रहा है, जिसके परिणामस्वरूप गत छःमाही के अखिल भारतीय कृषि श्रमिक उपभोक्ता मूल्य सूचकांक के औसत **1180** (1986-87=100 **जनवरी 2023 से जून 2023** के आधार आँकड़े) के ऊपर **56** औसत बिन्दुओं की वृद्धि हुई है। तदनुसार अखिल भारतीय कृषि श्रमिक उपभोक्ता मूल्य सूचकांक में हुई औसत वृद्धि **56** बिन्दु पर प्रतिबिन्दु प्रतिमाह 05 रुपये के मान से परिवर्तनशील मंहगाई भत्ता देय होगा। परिणामस्वरूप 05 रुपये प्रतिबिन्दु प्रतिमाह के मान से प्रतिमाह रुपये 280 या प्रतिदिन रुपये 9.33 (30 दिन के मान से) परिवर्तनशील मंहगाई भत्ता दिनांक **01.04.2024 से 30.09.2024** तक देय है। (अनुसूची-“क”)

(अलरमेलमंगई डी.)

श्रमायुक्त एवं सक्षम प्राधिकारी
न्यूनतम वेतन अधिनियम, 1948
छत्तीसगढ़, रायपुर

अनुसूची-“क”

कृषि में नियोजन (भाग- “दो”)

(दिनांक 01.04.2024 से 30.09.2024 तक)

आंकड़े रुपये में

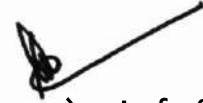
न्यूनतम मूल वेतन		परिवर्तनशील महंगाई भत्ता		कुल वेतन		श्रमिकों का वर्ग	न्यूनतम मूल वेतन		परिवर्तनशील महंगाई भत्ता		कुल वेतन	
प्रतिमाह	प्रतिदिन	प्रतिमाह	प्रतिदिन	प्रतिमाह	प्रतिदिन (पूर्णांक)		प्रतिमाह	प्रतिदिन	प्रतिमाह	प्रतिदिन	प्रतिमाह	प्रतिदिन
दिनांक 01.10.2023 से 31.03.2024							दिनांक 01.04.2024 से 30.09.2024					
1	2	3	4	5	6	7	8	9	10	11	12	13
6900.00	230.00	1640.00	54.67	8540.00	284.67 (285)	अकुशल कृषि श्रमिक	6900.00	230.00	1920.00	64.00	8820.00	294



(अलरमेलमंगई डी.)
श्रमायुक्त एवं सक्षम प्राधिकारी
न्यूनतम वेतन अधिनियम, 1948
छत्तीसगढ़, रायपुर

स्पष्टीकरण

1. मासिक मजदूरी पर नियुक्त किसी कर्मचारी का दैनिक वेतन 30 से भाग देकर संगणित किया जावेगा।
2. अधिसूचित न्यूनतम वेतन दरों का प्रवर्तन किसी भी कर्मचारी पर प्रतिकूल प्रभाव नहीं डालेगा, यदि विद्यमान मजदूरी की दरें न्यूनतम मजदूरी की पुनरीक्षित दर से अधिक है तो वह किसी भी दशा में कम नहीं की जावेगी।
3. इस अधिसूचना के अन्तर्गत वेतन दरें महिला एवं पुरुषों के लिए एक समान नियत है।
4. कृषि नियोजन के अतिरिक्त सभी नियोजनों के लिए लिये निर्धारित की गई न्यूनतम मजदूरी की दरों में न्यूनतम मजदूरी अधिनियम, 1948 (क्रमांक 11 सन् 1948) की धारा 13 की उपधारा (1) के खण्ड (ख) के अधीन परिकल्पित किये अनुसार विश्राम दिवस के संबंध में पारिश्रमिक सम्मिलित है।



(अलरमेलमंगई डी.)

श्रमायुक्त एवं सक्षम प्राधिकारी
न्यूनतम वेतन अधिनियम, 1948
छत्तीसगढ़, रायपुर

कार्यालय श्रमायुक्त छत्तीसगढ़

खण्ड-तीन, द्वितीय तल, इन्द्रावती भवन, नवा रायपुर अटल नगर, जिला-रायपुर (छ.ग.)

Website-www.cglabour.nic.in, E-Mail ID- cglc2012@gmail.com, ☎ No. 0771-2443513,14,15,16

क्रमांक/आठ/न्यूवे0/श्र0आ0/2024/3303 ,

नवा रायपुर, दिनांक 24.05.2024

अधिसूचना

छत्तीसगढ़ राज्य में प्रभावशील न्यूनतम वेतन अधिनियम, 1948 की धारा 2(घ) में निहित प्रावधान सह पठित श्रम विभाग की अधिसूचना क्रमांक/3761/613/16-ए/82, दिनांक 25.05.1982 के अनुशरण में, मैं अलरमेलमंगई डी., श्रमायुक्त छत्तीसगढ़, एतद् द्वारा अखिल भारतीय उपभोक्ता मूल्य सूचकांक, जो कि भारत सरकार के लेबर ब्यूरो, शिमला से ज्ञात किया गया है जिसके अनुसार जुलाई 2023 से दिसंबर 2023 तक के माहों के लिये निम्नानुसार प्रकाशित करती हूँ :-

माह/वर्ष	अखिल भारतीय उपभोक्ता मूल्य सूचकांक (आधार वर्ष 2001 = 100)	माह/वर्ष	अखिल भारतीय उपभोक्ता मूल्य सूचकांक (आधार वर्ष 2001 = 100)
जनवरी 2023	382.46	जुलाई 2023	402.34
फरवरी 2023	382.18	अगस्त 2023	400.90
मार्च 2023	383.90	सितम्बर 2023	396.00
अप्रैल 2023	386.50	अक्टूबर 2023	398.59
मई 2023	387.94	नवम्बर 2023	400.61
जून 2023	392.83	दिसम्बर 2023	399.74
कुल	$\frac{2316}{6} = 386$	कुल	$\frac{2398.18}{6} = 399.70$ (400)

इनका औसत 400 घोषित करती हूँ, जो कि परिशिष्टित अधिसूचित सामान्य नियोजन (भाग-एक) के श्रमिकों के लिये निर्वाह व्यय सूचकांक (कास्ट ऑफ लिविंग इंडेक्स नंबर) रहेगा। श्रम विभागीय अधिसूचना क्रमांक एफ 10-4/2016/16, दिनांक 29.03.2017 एवं अधिसूचना क्रमांक एफ 10-4/2016/16, दिनांक 01.05.2017 में प्रकाशित परिशिष्टित अधिसूचित सामान्य नियोजनों (भाग-एक) परिशिष्ट "अ" के श्रमिकों को दिनांक 01.04.2024 से 30.09.2024 तक परिवर्तनशील महँगाई भत्ता देय है।

(अलरमेलमंगई डी.)

श्रमायुक्त एवं सक्षम प्राधिकारी
न्यूनतम वेतन अधिनियम, 1948
छत्तीसगढ़, रायपुर

कार्यालय श्रमायुक्त छत्तीसगढ़

खण्ड-तीन, द्वितीय तल, इंद्रावती भवन, नवा रायपुर, अटल नगर, जिला-रायपुर (छ.ग.)

Website-www.cglabour.nic.in, E-Mail ID- cglc2012@gmail.com, ☎ No. 0771-2443513,14,15,16

अधिसूचित सामान्य नियोजन भाग-एक में नियोजित कर्मचारियों एवं श्रमिकों के लिए दिनांक 01.04.2024 से 30.09.2024 तक की अवधि हेतु परिवर्तनशील महंगाई भत्ते की संगणना एवं पुनरीक्षित दरों के संबंध में

विवरणात्मक टीप

छत्तीसगढ़ शासन श्रम विभाग की अधिसूचना क्रमांक एफ 10-4/2016/16, दिनांक 29.03.2017 एवं अधिसूचना क्रमांक एफ 10-4/2016/16, दिनांक 01.05.2017 द्वारा अधिसूचित सामान्य नियोजन भाग-एक में नियोजित श्रमिकों के लिये न्यूनतम वेतन की दरें पुनरीक्षित की गई है, जो अखिल भारतीय उपभोक्ता मूल्य सूचकांक 271 (जनवरी-जून 2016) 2001=100 को आधार मानकर संबद्ध की गई है।

कार्यालय श्रमायुक्त छत्तीसगढ़ शासन, रायपुर की अधिसूचना क्रमांक/आठ/न्यू0वे0/श्र0आ0/2023/3303, दिनांक 24.05.2024 के अनुसार जुलाई 2023 से दिसंबर 2023 तक की अवधि में औद्योगिक श्रमिकों को अखिल भारतीय उपभोक्ता मूल्य सूचकांक का औसत 400 रहा है, जिसके कारण गत छःमाही के अखिल भारतीय उपभोक्ता मूल्य सूचकांक 386 (2001=100 जनवरी 2023 से जून 2023 के आधार आँकड़े) के ऊपर (400-386) 14 औसत बिन्दुओं की वृद्धि हुई है। छत्तीसगढ़ शासन श्रम विभाग की अधिसूचना क्रमांक एफ 10-4/2016/16, दिनांक 29.03.2017 एवं अधिसूचना क्रमांक एफ 10-4/2016/16, दिनांक 01.05.2017 के अनुसार अधिसूचित सामान्य नियोजन भाग-एक में नियोजित श्रमिकों को देय परिवर्तनशील महंगाई भत्ते की गणना लेबर ब्यूरो द्वारा निर्मित औद्योगिक श्रमिकों के लिये उपभोक्ता मूल्य सूचकांक 271 (जनवरी-जून 2016) 2001=100 के आँकड़ों के ऊपर प्रति छःमाही में हुई औसत वृद्धि पर प्रतिबिन्दु प्रतिमाह 20 रुपये के मान से देय होगा। परिणामस्वरूप 20 रुपये प्रतिबिन्दु प्रतिमाह के मान से प्रतिमाह रुपये 280 या प्रतिदिन रुपये 10.76 (26 दिन के मान से) परिवर्तनशील महंगाई भत्ता दिनांक 01.04.2024 से 30.09.2024 तक देय है। (अनुसूची - "ख")

वित्त विभाग, के पत्र क्रमांक/303/आर/577/92/नि-5/4 दिनांक 30 जून, 1992 तथा छत्तीसगढ़ राज्य में प्रभावशील न्यूनतम वेतन अधिनियम, 1948 की धारा 2(घ) में निहित प्रावधान सहपठित, श्रम विभाग की अधिसूचना क्रमांक/3761/613/16-ए/82, दिनांक 25.05.1982 के अनुशरण में, मैं अलरमेलमंगई डी., श्रमायुक्त, छत्तीसगढ़ एतद् द्वारा परिशिष्ट-"अ" के 45 अधिसूचित नियोजनों में कार्यरत श्रमिकों एवं कर्मचारियों तथा शासकीय दैनिक वेतन भोगी श्रमिकों एवं कर्मचारियों के लिये दैनिक वेतन की दरें सम्पूर्ण छत्तीसगढ़ के लिये अनुसूची- ख एवं "ग" के अनुसार निर्धारित करती हूँ जो दिनांक 01.04.2024 से 30.09.2024 तक देय है।

(अलरमेलमंगई डी.)

श्रमायुक्त एवं सक्षम प्राधिकारी
न्यूनतम वेतन अधिनियम, 1948
छत्तीसगढ़, रायपुर

परिशिष्ट— “अ”
अनुसूचित सामान्य नियोजन (भाग—“एक”)

क्र०	नियोजन का नाम
01	पावर प्लांट में नियोजन
02	स्टील प्लांट में नियोजन
03	स्पंज आयरन में नियोजन
04	रोलिंग मिल में नियोजन
05	कास्टिंग उद्योग इंडस्ट्रीज में नियोजन
06	सीमेंट फैक्ट्री
07	सुरक्षा गार्ड में नियोजन
08	भवन एवं अन्य सन्निर्माण कार्य में नियोजन
09	स्टोन क्रेशिंग में नियोजन
10	पत्थर पीसने एवं तोड़ने वाले नियोजन
11	ईंट भट्ठा में नियोजन
12	चूना भट्ठा में नियोजन
13	टाईल्स जिसमें मंगलोर टाईल्स, इलाहाबाद टाईल्स तथा अन्य स्थानीय नाम से प्रचलित टाईल्स सम्मिलित हैं, परन्तु सीमेंट से निर्मित टाईल्स सम्मिलित नहीं है, के निर्माण में नियोजन
14	पाटरीज जिसमें रिफ्रेक्ट्रीज सामान, फायरब्रिक्स, सेनेटरी वेअर्स, इन्सूलेटर्स, टाईल्स (सीमेंट से निर्मित टाईल्स का छोड़कर) स्टोन वेअर्स पाईप्स, फरनेस, लाईनिंग, ब्रिक्स तथा अन्य सिरेमिक्स सामान सम्मिलित है, में नियोजन
15	सीमेंट पोल अथवा सीमेंट से निर्मित उत्पादन में नियोजन
16	मार्गों के निर्माण तथा अनुरक्षण या भवन एवं निर्माण कार्यों में नियोजन
17	इंजीनियरिंग उद्योग में नियोजन
18	सिंचाई कार्यों के निर्माण तथा संधारण में नियोजन
19	वन उपज एवं वन लगाने में नियोजन तथा नर्सरी
20	किसी स्थानीय प्राधिकरण में नियोजन
21	किसी दुकान, वाणिज्यिक संस्थान आवासीय होटल, रेस्टोरेंट तथा नाट्यगृह में नियोजन

22	शैक्षणिक संस्थान एवं निजी प्रशिक्षण केन्द्र में नियोजन
23	हॉस्पिटल, नर्सिंग होम, पैथालॉजी में नियोजन
24	विक्रय सवर्धन कर्मकार (सेल्स प्रमोशन कर्मकार)
25	किसी मुद्रणालय में नियोजन
26	पेट्रोल पम्प/डीजल पम्प/गैस वितरण केन्द्र एवं गोडाउन में नियोजन
27	साल्वेट प्लांट तथा रिफाइनरी में नियोजन
28	किसी तेल मिल में नियोजन
29	कैमिकल्स तथा फार्मास्युटिकल्स में नियोजन
30	हमाल, तौलैया, कुली रेजा एवं मण्डी श्रमिक
31	किसी चावल मिल आटा मिल या दाल मिल में नियोजन
32	किसी मुरा, पोहा निर्माणी में नियोजन
33	खाद्य पदार्थ जिसमें केक्स, बिस्किट्स, कन्फेक्शनरी, आईसक्रीम, आईसकेण्डी सम्मिलित है एवं पेयक निर्माण में नियोजन
34	खांडसारी उद्योग/चीनी मिल में नियोजन
35	किसी आरा मिल में नियोजन/बुड वर्क
36	प्लास्टिक उद्योग में नियोजन
37	फ्यूल कोक में नियोजन
38	पावरलूम जिसमें सायजिंग एवं प्रोसेसिंग भी सम्मिलित है, में नियोजन
39	कोसा उद्योग में नियोजन
40	हाथ करघा उद्योग में नियोजन
41	कंबल निर्माण कार्य में नियोजन
42	बोन मिल में नियोजन
43	लोक मोटर परिवहन में नियोजन
44	पोल्ट्री फार्म में नियोजन
45	किसी विनिर्माणी प्रक्रिया जिसमें विनिर्माण प्रक्रिया जो कि कारखाना अधिनियम, 1948 की धारा-2 "के" परिभाषित की गई, चलाई जाती हैं, जो अनुसूची में दी गई किसी अन्य प्रविष्टि के अन्तर्गत नहीं आती हैं, में नियोजन

(भाग-दो)

01.	कृषि में नियोजन
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1. अगरबत्ती उद्योग।
2. किसी तम्बाखू (जिसमें बीड़ी बनाना भी सम्मिलित है) के विनिर्माण में नियोजन

परिशिष्ट “ब” (स्पष्टीकरण)

1. इस अधिसूचना द्वारा जो मासिक वेतन निर्धारित किया गया है, वह कैलेण्डर मास की समाप्ति पर देय होगा। यदि किसी कर्मचारी ने अधिनियम एवं उसके अंतर्गत बनाये गये नियम के अनुसार संबंधित कैलेण्डर मास के समस्त अवकाश के दिनों का लाभ उठाया हो और यदि किसी सन्दर्भ में एक दिन का वेतन संगणित करना हो तो उपरोक्तानुसार निर्धारित मासिक वेतन को 26 से भाग देकर संगणित किया जाएगा।
2. कर्मचारियों के प्रकार जो विभिन्न वर्गीकरण में बताए गये हैं, वे उदाहरण स्वरूप हैं न कि विस्तृत तथा ऐसे वर्ग के कर्मचारी जो इस अधिसूचना में सम्मिलित नहीं हैं, के लिये न्यूनतम वेतन की दर वही होगी जो समान प्रकृति का काम करने वाले कर्मचारी को देय है।
3. अकुशल, अर्द्धकुशल, कुशल तथा उच्च कुशल कर्मचारी की सामान्य परिभाषा निम्नानुसार है :—

“अकुशल कर्मचारी” वह है, जो ऐसे सरल कार्य करता है जिसमें स्वतंत्र निर्णय या पूर्व अनुभव की बहुत कम या बिल्कुल आवश्यकता नहीं पड़ती। यद्यपि व्यावसायिक परिस्थितियों से परिचित होना आवश्यक है। इस प्रकार शारीरिक श्रम के अलावा उसे विभिन्न वस्तुओं तथा माल व सेवाओं से परिचित होना अपेक्षित है।

“अर्द्धकुशल कर्मचारी” वह है, जो सामान्यतः रोजमर्रा का एक निश्चित स्वरूप का कार्य करता हो, जिसमें कि उसके अधिक निर्णय, बुद्धि, कुशलता तथा निपुणता की अपेक्षा न की जाती हो किन्तु उसमें सापेक्षित रूप से ऐसे छोटे काम जो उसे सौंपे जाए, उचित रूप से करने की अपेक्षा की जाती हो और उसमें महत्वपूर्ण निर्णय दूसरे व्यक्तियों द्वारा लिये जाते हों, इस प्रकार उसका कार्य रोजमर्रा के एक जैसे समान कार्य करने तक ही सीमित है।

“कुशल कर्मचारी” वह है, जो दक्षतापूर्वक कार्य कर सके, काफी स्वतंत्रता से निर्णय, बुद्धि का प्रयोग कर सके तथा जिम्मेदारी से अपने कर्तव्य का निर्वहन कर सके। उसे उस व्यवसाय, शिल्प या उद्योग का जिसमें वह नियोजित किया गया हो, पूर्ण एवं विस्तृत ज्ञान होना अपेक्षित है।

“उच्च कुशल कर्मचारी” वह है, जो तकनीकी एवं विशिष्ट स्वरूप का कार्य करने में पूर्ण रूप से दक्ष हो। काफी स्वतंत्रता से निर्णय, बुद्धि का प्रयोग कर जिम्मेदारी से अपने कर्तव्यों का पालन कर सके एवं तकनीकी डिग्री या डिप्लोमा धारी हो। उसे उस व्यवसाय, तकनीकी शिल्प या उद्योग का जिसमें वह नियोजित किया गया हो, पूर्ण एवं विशिष्ट ज्ञान होना अपेक्षित है।

4. उक्त अधिसूचित न्यूनतम वेतन दरों का प्रवर्तन किसी कर्मचारी पर प्रतिकूल प्रभाव नहीं डालेगा, यदि प्रचलित वेतन की दरें न्यूनतम वेतन की पुनरीक्षित दरों से अधिक है, तो वह किसी भी दशा में कम नहीं की जायेगी।
5. किसी भी स्थापना या उपक्रम में प्रचलित वेतन दरें अधिसूचित मूल न्यूनतम वेतन दरों तथा देय परिवर्तनशील मंहगाई भत्ते के योग से अधिक होने पर यह समझा जावेगा कि स्थापना या उपक्रम द्वारा अधिसूचित मूल न्यूनतम वेतन दर तथा परिवर्तनशील मंहगाई भत्ते दिये जाने का पालन किया जा रहा है, यदि स्थापना या उपक्रम द्वारा देय न्यूनतम वेतन एवं परिवर्तनशील मंहगाई भत्ते का योग अधिसूचित न्यूनतम वेतन एवं परिवर्तनशील मंहगाई भत्ते के योग से कम है, तो श्रमिक अंतर की राशि के लिये पात्र होंगे।
6. उक्त अधिसूचित न्यूनतम मजदूरी दरों में न्यूनतम मजदूरी अधिनियम 1948 (क्रमांक 11 सन् 1948) की धारा 13 की उपधारा (1) के खण्ड (ख) के अधीन परिकल्पित किये अनुसार विश्राम दिवस के संबंध में पारिश्रमिक सम्मिलित है।
7. जहां कर्मचारी खण्डदर पर नियोजित हो वहां खण्डदर इस प्रकार निर्मित की जावे, जो आठ घंटे दैनिक एवं छह दिन कार्य करने तथा एक दिन सवैतनिक अवकाश देने पर निर्धारित न्यूनतम मजदूरी से कम न हो।
8. मजदूरी निर्धारण में पैसे तथा रुपये के गुणांकों को पूर्णांक करके दैनिक एवं मासिक मजदूरी निर्धारित की जाएगी। पचास पैसे अथवा उससे अधिक पैसे हो तो, उन्हें अगले उच्चतर रुपये में पूर्णांकित किया जावेगा और पचास पैसे से कम राशि को छोड़ दिया जावेगा।
9. यदि एक से अधिक नियोजनों में एक ही स्वरूप का कार्य होता है तो कार्यरत कर्मचारियों को बेहतर दरें देय होंगी। कर्मचारियों के प्रकार जो विभिन्न वर्गीकरण में बताये गये हैं वे उदाहरण स्वरूप हैं न की विस्तृत तथा ऐसे वर्ग के कर्मचारी जो इस अधिसूचना में सम्मिलित नहीं हैं के लिये न्यूनतम वेतन की दरें वही होगी जो समान प्रकृति का काम करने वाले कर्मचारी को देय है। श्रमिकों एवं कर्मचारियों के श्रेणी/वर्ग का वर्गीकरण छत्तीसगढ़ शासन की अधिसूचना क्रमांक एफ 10-4/2016/16, दिनांक 29.03.2017 में दर्शित है।



(अलरमेलमंगई डी.)

श्रमायुक्त एवं सक्षम प्राधिकारी
न्यूनतम वेतन अधिनियम, 1948
छत्तीसगढ़, रायपुर

जोन का विवरण

जोन "अ" –

- नगर पालिक निगम रायपुर, दुर्ग, भिलाई, भिलाई-चरोदा एवं बीरगांव सीमा के भीतर एवं नगर पालिक निगम सीमा से 16 कि.मी. तक का क्षेत्र।
- राज्य के समस्त औद्योगिक क्षेत्र एवं औद्योगिक विकास केन्द्र।
- अटल नगर, जिला-रायपुर विकास प्राधिकरण क्षेत्र।
- प्रदेश में स्थित ऐसे समस्त कारखानों जिनके द्वारा कारखाना अधिनियम, 1948 के तहत 300 या उससे अधिक श्रमिकों के लिए अनुज्ञप्ति ली गयी है।

जोन "ब" –

- नगर पालिक निगम राजनांदगांव, बिलासपुर, कोरबा, रायगढ़, अंबिकापुर, जगदलपुर, चिरमिरी एवं धमतरी नगर पालिक निगम सीमा के भीतर एवं नगर निगम सीमा से 8 कि.मी. तक का क्षेत्र।

जोन "स" –

- जोन "अ" एवं "ब" में सम्मिलित क्षेत्र को छोड़कर।



(अलरमेलमंगई डी.)

श्रमायुक्त एवं सक्षम प्राधिकारी
न्यूनतम वेतन अधिनियम, 1948
छत्तीसगढ़, रायपुर

अनुसूची-“ख”
अनुसूचित नियोजन भाग-एक के 45 नियोजन

(दिनांक 01.10.2023 से 31.03.2024 तक)

(दिनांक 01.04.2024 से 30.09.2024 तक)

क्र.	श्रमिकों का वर्ग	जो न का नाम	न्यूनतम मूल वेतन		परिवर्तनशील मंहगाई भत्ता		कुल वेतन रुपये में		जो न का नाम	न्यूनतम मूल वेतन		परिवर्तनशील मंहगाई भत्ता		कुल वेतन रुपये में	
			प्रतिमाह	प्रतिदिन	प्रतिमाह	प्रतिदिन	प्रतिमाह	प्रतिदिन		प्रतिमाह	प्रतिदिन	प्रतिमाह	प्रतिदिन	प्रतिमाह	प्रतिदिन
1	अकुशल	अ	8320.00	320.00	2300.00	88.46	10620.00	408.46 (408)	अ	8320.00	320.00	2580.00	99.23	10900.00	419.23 (419)
		ब	8060.00	310.00	2300.00	88.46	10360.00	398.46 (398)	ब	8060.00	310.00	2580.00	99.23	10640.00	409.23 (409)
		स	7800.00	300.00	2300.00	88.46	10100.00	388.46 (388)	स	7800.00	300.00	2580.00	99.23	10380.00	399.23 (399)
2	अर्द्धकुशल	अ	8970.00	345.00	2300.00	88.46	11270.00	433.46 (433)	अ	8970.00	345.00	2580.00	99.23	11550.00	444.23 (444)
		ब	8710.00	335.00	2300.00	88.46	11010.00	423.46 (423)	ब	8710.00	335.00	2580.00	99.23	11290.00	434.23 (434)
		स	8450.00	325.00	2300.00	88.46	10750.00	413.46 (413)	स	8450.00	325.00	2580.00	99.23	11030.00	424.23 (424)
3	कुशल	अ	9750.00	375.00	2300.00	88.46	12050.00	463.46 (463)	अ	9750.00	375.00	2580.00	99.23	12330.00	474.23 (474)
		ब	9490.00	365.00	2300.00	88.46	11790.00	453.46 (453)	ब	9490.00	365.00	2580.00	99.23	12070.00	464.23 (464)
		स	9230.00	355.00	2300.00	88.46	11530.00	443.46 (443)	स	9230.00	355.00	2580.00	99.23	11810.00	454.23 (454)
4	उच्च कुशल	अ	10530.00	405.00	2300.00	88.46	12830.00	493.46 (493)	अ	10530.00	405.00	2580.00	99.23	13110.00	504.23 (504)
		ब	10270.00	395.00	2300.00	88.46	12570.00	483.46 (483)	ब	10270.00	395.00	2580.00	99.23	12850.00	494.23 (494)
		स	10010.00	385.00	2300.00	88.46	12310.00	473.46 (473)	स	10010.00	385.00	2580.00	99.23	12590.00	484.23 (484)

टीप : न्यूनतम वेतन अधिनियम, 1948 के अन्तर्गत 45 अनुसूचित नियोजनों की सूची परिशिष्ट-“अ” तथा इस संबंध में स्पष्टीकरण परिशिष्ट-“ब” में देखें।

(अलरमेलमंगई डी.)
श्रमायुक्त एवं सक्षम प्राधिकारी
न्यूनतम वेतन अधिनियम, 1948
छत्तीसगढ़, रायपुर

अनुसूची-“ग”

विभिन्न शासकीय विभागों में कार्यरत दैनिक वेतन भोगी श्रमिकों एवं कर्मचारियों के मासिक एवं दैनिक न्यूनतम वेतन तथा परिवर्तनशील महँगाई भत्ता।
(दिनांक 01.10.2023 से 31.03.2024 तक) (दिनांक 01.04.2024 से 30.09.2024 तक)

क्र.	श्रमिकों का वर्ग	जो न का नाम	न्यूनतम मूल वेतन		परिवर्तनशील महँगाई भत्ता		कुल वेतन रुपये में		जो न का नाम	न्यूनतम मूल वेतन		परिवर्तनशील महँगाई भत्ता		कुल वेतन रुपये में	
			प्रतिमाह	प्रतिदिन	प्रतिमाह	प्रतिदिन	प्रतिमाह	प्रतिदिन		प्रतिमाह	प्रतिदिन	प्रतिमाह	प्रतिदिन	प्रतिमाह	प्रतिदिन
1	अकुशल	अ	8320.00	277.33	2300.00	76.67	10620.00	354.00 (354)	अ	8320.00	277.33	2580.00	86.00	10900.00	363.33 (363)
		ब	8060.00	268.67	2300.00	76.67	10360.00	345.33 (345)	ब	8060.00	268.67	2580.00	86.00	10640.00	354.67 (355)
		स	7800.00	260.00	2300.00	76.67	10100.00	336.67 (337)	स	7800.00	260.00	2580.00	86.00	10380.00	346.00 (346)
2	अर्द्धकुशल	अ	8970.00	299.00	2300.00	76.67	11270.00	375.67 (376)	अ	8970.00	299.00	2580.00	86.00	11550.00	385.00 (385)
		ब	8710.00	290.33	2300.00	76.67	11010.00	367.00 (367)	ब	8710.00	290.33	2580.00	86.00	11290.00	376.33 (376)
		स	8450.00	281.67	2300.00	76.67	10750.00	358.33 (358)	स	8450.00	281.67	2580.00	86.00	11030.00	367.67 (368)
3	कुशल	अ	9750.00	325.00	2300.00	76.67	12050.00	401.67 (402)	अ	9750.00	325.00	2580.00	86.00	12330.00	411.00 (411)
		ब	9490.00	316.33	2300.00	76.67	11790.00	393.00 (393)	ब	9490.00	316.33	2580.00	86.00	12070.00	402.33 (402)
		स	9230.00	307.67	2300.00	76.67	11530.00	384.33 (384)	स	9230.00	307.67	2580.00	86.00	11810.00	393.67 (394)
4	उच्च कुशल	अ	10530.00	351.00	2300.00	76.67	12830.00	427.67 (428)	अ	10530.00	351.00	2580.00	86.00	13110.00	437.00 (437)
		ब	10270.00	342.33	2300.00	76.67	12570.00	419.00 (419)	ब	10270.00	342.33	2580.00	86.00	12850.00	428.33 (428)
		स	10010.00	333.67	2300.00	76.67	12310.00	410.33 (410)	स	10010.00	333.67	2580.00	86.00	12590.00	419.67 (420)

टीप : इस संबंध में स्पष्टीकरण परिशिष्ट-“ब” में देखें।

(अलरमेलमंगई डी.)
श्रमायुक्त एवं सक्षम प्राधिकारी
न्यूनतम वेतन अधिनियम, 1948
छत्तीसगढ़, रायपुर

कार्यालय श्रमायुक्त छत्तीसगढ़

खण्ड-तीन, द्वितीय तल, इंद्रावती भवन, नवा रायपुर, अटल नगर, जिला-रायपुर (छ.ग.)

Website-www.cglabour.nic.in, E-Mail ID- cglc2012@gmail.com, ☎ No. 0771-2443513,14,15,16

क्रमांक / आठ / न्यूवे 0 / श्र0आ0 / 2024 / 3304

नवा रायपुर, दिनांक 24.05.2024

// अधिसूचना //

अगरबत्ती उद्योग

न्यूनतम वेतन अधिनियम, 1948 की धारा 4(2) के अधीन सक्षम प्राधिकारी के अधिकार श्रमायुक्त, छत्तीसगढ़, रायपुर को श्रम विभाग, की अधिसूचना क्रमांक / 3761 / 613 / 16-ए / 82, दिनांक 25.05.1982 के द्वारा प्रत्यायोजित किये जाने से उक्त प्रदत्त अधिकारों का प्रयोग करते हुए एतद् द्वारा अखिल भारतीय उपभोक्ता मूल्य सूचकांक, जो कि भारत शासन के लेबर ब्यूरो, शिमला से ज्ञात कर, मैं **अलरमेलमंगई डी., श्रमायुक्त छत्तीसगढ़**, विगत जुलाई 2023 से दिसंबर 2023 तक के उपभोक्ता मूल्य सूचकांक का औसत निम्नानुसार घोषित करती हूँ :-

माह / वर्ष	अखिल भारतीय उपभोक्ता मूल्य सूचकांक (आधार वर्ष 1986-87 = 100)	माह / वर्ष	अखिल भारतीय उपभोक्ता मूल्य सूचकांक (आधार वर्ष 1986-87 = 100)
जनवरी 2023	1770.79	जुलाई 2023	1862.82
फरवरी 2023	1769.49	अगस्त 2023	1856.15
मार्च 2023	1777.46	सितम्बर 2023	1833.48
अप्रैल 2023	1789.50	अक्टूबर 2023	1845.48
मई 2023	1796.16	नवम्बर 2023	1854.82
जून 2023	1818.80	दिसम्बर 2023	1850.81
कुल	$\frac{10722}{6} = 1787$	कुल	$\frac{11103.55}{6} = 1850.59$ (1851)

अतः विगत छः माहों का औसत **1851** घोषित करती हूँ, जो कि अगरबत्ती उद्योग में नियोजित श्रमिकों के लिये निर्वाह व्यय सूचकांक (कास्ट ऑफ लिविंग इंडेक्स नंबर) रहेगा। इस आधार पर श्रम विभागीय अधिसूचना क्रमांक एफ-10-4 / 2016 / 16 दिनांक 06.10.2018 के द्वारा पुनरीक्षित न्यूनतम वेतन एवं तदानुसार निर्दिष्ट परिवर्तनशील महँगाई भत्ता अगरबत्ती उद्योग में नियोजित श्रमिकों को दिनांक **01.04.2024** से **30.09.2024** तक देय है।




(अलरमेलमंगई डी.)
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परिवर्तनशील महँगाई भत्ते की संगणना एवं पुनरीक्षित दरों के संबंध में विवरणात्मक टीप

अगरबत्ती उद्योग

श्रमायुक्त कार्यालय, छत्तीसगढ़, रायपुर का अधिसूचना क्रमांक/आठ/न्यू0वे0/श्र0आ0/2024/3304, दिनांक 24.05.2024 के अनुसार जुलाई 2023 से दिसंबर 2023 तक की अवधि में अखिल भारतीय उपभोक्ता मूल्य सूचकांक का औसत **1851** रहा है। इस प्रकार अगरबत्ती उद्योग में न्यूनतम वेतन पुनरीक्षण के संबंध में अखिल भारतीय उपभोक्ता मूल्य सूचकांक 1285 (2001=100) के आधार आँकड़ों के ऊपर जुलाई 2023 से दिसंबर 2023 तक की अवधि **566** औसत बिन्दुओं (1851-1285=566 पाईट) की वृद्धि हुई है। उक्त के परिणामस्वरूप अगरबत्ती उद्योग में नियोजित श्रमिकों के लिये परिवर्तनशील महँगाई भत्ता 1.25 पैसे (सवा पैसे) प्रति बिन्दु प्रति एक हजार अगरबत्ती बनाने के लिये **7.08** रुपये परिवर्तनशील महँगाई भत्ता एवं तदनुरूप अगरबत्ती उद्योग के अन्य वर्गों के लिए निर्धारित प्रति बिन्दु दर अनुसार परिवर्तनशील महँगाई भत्ता दिनांक **01.04.2024 से 30.09.2024** तक देय है।

छत्तीसगढ़ शासन श्रम विभाग की अधिसूचना क्रमांक एफ-10-4/2016/16 दिनांक 06.10.2018 के अन्तर्गत अगरबत्ती उद्योग में नियोजित श्रमिकों की न्यूनतम वेतन दरों को अखिल भारतीय उपभोक्ता मूल्य सूचकांक से संबद्ध किया गया है। अतः अगरबत्ती उद्योग में नियोजित श्रमिकों को अनुसूची "ई" अनुसार परिवर्तनशील महँगाई भत्ता दिनांक **01.04.2024 से 30.09.2024** तक देय है।


(अलरमेलमंगई डी.)
श्रमायुक्त एवं सक्षम प्राधिकारी
न्यूनतम वेतन अधिनियम, 1948
छत्तीसगढ़, रायपुर

अनुसूची – "ई"

क्र०	कर्मचारियों का वर्ग	न्यूनतम वेतन की पुनरीक्षित मूल वेतन दरें		न्यूनतम मजदूरी की पुनरीक्षित महँगाई भत्ते की दरें		कुल वेतन
अ.	अगरबत्ती रोलर्स (1000 अगरबत्ती रोल करने पर)	रू0	26.96	पैसे	(रू. 7.08) 5 पैसा प्रति 4 हजार (1.25 पैसे प्रति बिन्दु)	34.04
	साधारण सुगंधित (सैंटेड)	रू0	27.66	पैसे	(रू. 7.08) 5 पैसा प्रति 4 हजार (1.25 पैसे प्रति बिन्दु)	34.74
आ.	निम्न वजन के अनुसार अगरबत्ती गिनना, बटर पेपर की झिल्ली लपेटना, खाली पैकेट में भरना, पैकेट के दोनो ओर चिट लगाकर पैकेट बंद करना।					
बिना सिलोफेन या जिलेटिन के						
1.	10 ग्राम वजन के प्रति सैकड़ा	रू0	22.05	पैसे	(रू. 5.66) 5 पैसा प्रति बिन्दु 500 (1 पैसा प्रति बिन्दु)	27.71
2.	20 ग्राम वजन के प्रति सैकड़ा	रू0	22.76	पैसे	(रू. 5.66) 5 पैसा प्रति बिन्दु 500 (1 पैसा प्रति बिन्दु)	28.42
3.	30 ग्राम वजन के प्रति सैकड़ा	रू0	22.76	पैसे	(रू. 5.66) 5 पैसा प्रति बिन्दु 500 (1 पैसा प्रति बिन्दु)	28.42
4.	40 ग्राम वजन के प्रति सैकड़ा	रू0	28.89	पैसे	(रू. 7.08) 5 पैसा प्रति बिन्दु 400 (1.25 पैसा प्रति बिन्दु)	35.97
5.	70 ग्राम वजन के प्रति सैकड़ा	रू0	38.79	पैसे	(रू. 9.45) 5 पैसा प्रति बिन्दु 300 (1.67 पैसा प्रति बिन्दु)	48.24
6.	80 ग्राम वजन के प्रति सैकड़ा	रू0	44.57	पैसे	(रू. 11.32) 5 पैसा प्रति बिन्दु 250 (2 पैसा प्रति बिन्दु)	55.89
7.	100 ग्राम वजन के प्रति सैकड़ा	रू0	45.87	पैसे	(रू. 11.32) 5 पैसा प्रति बिन्दु 250 (2 पैसा प्रति बिन्दु)	57.19
8.	200 ग्राम वजन के प्रति सैकड़ा	रू0	56.41	पैसे	(रू. 14.15) 5 पैसा प्रति बिन्दु 200 (2.50 पैसा प्रति बिन्दु)	70.56
सिलोफेन या जिलेटिन के						
1.	10 ग्राम वजन के प्रति सैकड़ा	रू0	22.76	पैसे	(रू. 5.66) 5 पैसा प्रति बिन्दु 500 (1 पैसा प्रति बिन्दु)	28.42
2.	20 ग्राम वजन के प्रति सैकड़ा	रू0	28.37	पैसे	(रू. 7.08) 5 पैसा प्रति बिन्दु 400(1.25 पैसा प्रति बिन्दु)	35.45
3.	30 ग्राम वजन के प्रति सैकड़ा	रू0	36.30	पैसे	(रू. 9.45) 5 पैसा प्रति बिन्दु 300(1.67 पैसा प्रति बिन्दु)	45.75
4.	40 ग्राम वजन के प्रति सैकड़ा	रू0	37.05	पैसे	(रू. 9.45) 5 पैसा प्रति बिन्दु 300(1.67 पैसा प्रति बिन्दु)	46.50

क्र०	कर्मचारियों का वर्ग	न्यूनतम वेतन की पुनरीक्षित मूल वेतन दरें	न्यूनतम मजदूरी की पुनरीक्षित महँगाई भत्ते की दरें	कुल वेतन
5.	70 ग्राम वजन के प्रति सैकड़ा	रु० 39.15	पैसे (रु. 9.45) 5 पैसा प्रति बिन्दु 300 (1.67 पैसा प्रति बिन्दु)	48.60
6.	80 ग्राम वजन के प्रति सैकड़ा	रु० 45.87	पैसे (रु. 11.32) 5 पैसा प्रति बिन्दु 250 (2 पैसा प्रति बिन्दु)	57.19
7.	100 ग्राम वजन के प्रति सैकड़ा	रु० 54.99	पैसे (रु. 14.15) 5 पैसा प्रति बिन्दु 200 (2.50 पैसा प्रति बिन्दु)	69.14
8.	200 ग्राम वजन के प्रति सैकड़ा	रु० 57.81	पैसे (रु. 14.15) 5 पैसा प्रति बिन्दु 200 (2.50 पैसा प्रति बिन्दु)	71.96

(इ) निम्नानुसार पुंगली बनाकर पैक करना निम्न संख्या में अगरबत्तियों को गिनकर झिल्ली लपेटना, पुंगलियों में भरकर, लेबल या सिलोफेन या जिलेटिन ब्राउन पेपर लगाकर बंद कर चिट लगाना।

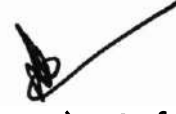
बिना सिलोफेन या जिलेटिन के

1.	10 अगरबत्ती के लिये प्रति सैकड़ा	रु० 18.29	पैसे (रु. 4.71) 5 पैसा प्रतिबिन्दु 600(0.83 पैसा प्रतिबिन्दु)	22.99
2.	12 अगरबत्ती के लिये प्रति सैकड़ा	रु० 18.96	पैसे (रु. 4.71) 5 पैसा प्रतिबिन्दु 600(0.83 पैसा प्रतिबिन्दु)	23.66
3.	23 अगरबत्ती के लिये प्रति सैकड़ा	रु० 22.73	पैसे (रु. 5.66) 5 पैसा प्रति बिन्दु 500 (1 पैसा प्रति बिन्दु)	28.39
4.	50 अगरबत्ती के लिये प्रति सैकड़ा	रु० 23.46	पैसे (रु. 5.66) 5 पैसा प्रति बिन्दु 500 (1 पैसा प्रति बिन्दु)	29.12
5.	100 अगरबत्ती के लिये प्रति सैकड़ा	रु० 28.37	पैसे (रु. 7.08) 5 पैसा प्रति बिन्दु 400(1.25 पैसा प्रति बिन्दु)	35.45
6.	200 अगरबत्ती के लिये प्रति सैकड़ा	रु० 30.11	पैसे (रु. 7.08) 5 पैसा प्रति बिन्दु 400(1.25 पैसा प्रति बिन्दु)	37.19

(ई) सारे लिफाफे में अगरबत्ती रखकर बंद करना :-

1.	5 अगरबत्ती के लिये प्रति सैकड़ा	रु० 4.22	पैसे (रु. 1.13) 5 पैसा प्रतिबिन्दु 2500 (0.20 पैसा प्रतिबिन्दु)	5.35
2.	10 अगरबत्ती के लिये प्रति सैकड़ा	रु० 4.80	पैसे (रु. 1.25) 5 पैसा प्रतिबिन्दु 2200 (0.22 पैसा प्रतिबिन्दु)	6.05
3.	पुंगली बनाने के कागज प्रति सैकड़ा	रु० 7.32	पैसे (रु. 1.87) 5 पैसा प्रतिबिन्दु 1500 (0.33 पैसा प्रतिबिन्दु)	9.19

अगरबत्ती उद्योग से संबद्ध कर्मचारी जैसे पेटी बनाने वाला, मिस्त्री, ड्राईवर, पेटी भरने वाला, मसाला तोलने वाला, एकाउंट केशियर, गोडाउन कीपर, टाईपिस्ट, क्लर्क, भृत्य आदि की दैनिक या मासिक मजदूरी न्यूनतम वेतन अधिनियम के अधीन, कुशल, अर्द्धकुशल एवं अकुशल प्रवर्ग की मजदूरी की दरें 45 अधिसूचित सामान्य नियोजनों के लिए शासन द्वारा घोषित दरें ही प्रभावशील होंगी।



(अलरमेलमंगई डी.)
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स्पष्टीकरण

1. अनुसूची के कॉलम 2 में उपदर्शित न्यूनतम मजदूरी के अतिरिक्त परिवर्तनशील महँगाई भत्ता (व्ही0डी0ए0) जुलाई 2023 से दिसंबर 2023 में औसत अखिल भारतीय उपभोक्ता मूल्य सूचकांक (जिसे इसमें इसके पश्चात् सूचकांक कहा जायेगा) 1285 (2001=100) से अधिक पर इस अधिसूचना के कॉलम 3 में उपदर्शित प्रत्येक काम के लिये प्रति बिन्दु सम्मुख अंकित किये गए अनुसार दर से तथा मासिक दर पर कार्यरत् कर्मचारियों के लिये रुपये 1.25 पैसे प्रति बिन्दु प्रतिमाह की दर से संदेय होगा। जिसकी गणना प्रत्येक छः माह जनवरी से जून तथा जुलाई से दिसम्बर जैसी भी स्थिति हो, के औसत सूचकांक के आधार पर की जावेगी और क्रमशः 1 अप्रैल तथा 1 अक्टूबर से देय होगी। इस प्रकार से संगणित परिवर्तनशील महँगाई भत्ता न्यूनतम वेतन का भाग होगा। उक्त औसत सूचकांक न्यूनतम वेतन अधिनियम, 1948 के अधीन सक्षम प्राधिकारी द्वारा छत्तीसगढ़ राजपत्र में घोषित किया जावेगा।
2. अधिसूचित न्यूनतम मजदूरी की दरों का प्रवर्तन किसी भी कर्मचारी पर प्रतिकूल प्रभाव नहीं डालेगा, यदि विद्यमान मजदूरी की दरें न्यूनतम मजदूरी की पुनरीक्षित दरों से अधिक है तो वह किसी भी परिस्थिति में कम नहीं की जावेगी। न्यूनतम मजदूरी अधिनियम, 1948 की धारा 13 की उपधारा (1) के खंड (ख) के अधीन परिकल्पित किये गये अनुसार विश्राम दिवस के संबंध में पुनरीक्षित दरों में पारिश्रमिक सम्मिलित है।
3. निर्धारित मासिक मजदूरी कैलेंडर माह की समाप्ति पर देय होगी, जहाँ मजदूरी की मासिक दर नियत की गई है, वहाँ यदि एक दिन की मजदूरी संगणित की जानी हो तो, मासिक मजदूरी को 26 से भाग देकर अभिप्राप्त की जावेगी, जिसमें न्यूनतम मजदूरी अधिनियम की धारा 13 में बताये गए अनुसार विश्राम दिवस का पारिश्रमिक भी सम्मिलित होगा।



(अलरमेलमंगई डी.)
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कार्यालय श्रमायुक्त छत्तीसगढ़

खण्ड-तीन, द्वितीय तल, इन्द्रावती भवन, अटल नगर, जिला-रायपुर (छ.ग.)

Website-www.cglabour.gov.in, E-Mail ID- com-labour.cg@gov.in, ☎ No. 0771-2443513,14,15,16

क्रमांक / आठ / न्यूवे० / श्र०आ० / 2023 / 6468

नवा रायपुर, दिनांक 25.09.2023

अधिसूचना

छत्तीसगढ़ राज्य में प्रभावशील न्यूनतम वेतन अधिनियम, 1948 की धारा 4(2) के अधीन सक्षम प्राधिकारी श्रमायुक्त, छत्तीसगढ़ रायपुर द्वारा श्रम विभाग की अधिसूचना क्रमांक/3761/613/16-ए/82, दिनांक 25.05.1982 के अनुशरण में, मैं **भीम सिंह** श्रमायुक्त छत्तीसगढ़, रायपुर एतद् द्वारा अखिल भारतीय उपभोक्ता मूल्य सूचकांक, जो कि भारत सरकार के लेबर ब्यूरो, शिमला से ज्ञात किया गया है जिसके अनुसार **जुलाई 2022 से जून 2023** तक के माहों के लिये निम्नानुसार प्रकाशित करता हूँ :-

माह/वर्ष	अखिल भारतीय उपभोक्ता मूल्य सूचकांक (आधार वर्ष 1960 = 100)
जुलाई 2022	8539.40
अगस्त 2022	8559.26
सितम्बर 2022	8631.39
अक्टूबर 2022	8710.36
नवम्बर 2022	8710.36
दिसम्बर 2022	8697.12
जनवरी 2023	8729.99
फरवरी 2023	8723.60
मार्च 2023	8762.86
अप्रैल 2023	8822.21
मई 2023	8855.08
जून 2023	8966.70
कुल	$\frac{104708.34}{12} = 8725.69$ (8726)

उपरोक्तानुसार उपभोक्ता मूल्य सूचकांक का औसत **8726** घोषित करता हूँ, जो कि किसी तंबाखू (जिसमें बीड़ी बनाना भी सम्मिलित है) के विनिर्माण में नियोजित श्रमिकों के लिए वार्षिक निर्वाह व्यय सूचकांक (एनवल एवरेज कास्ट लिव्हिंग इन्डेक्स नम्बर) रहेगा। इस आधार पर श्रम विभाग की अधिसूचना क्रमांक एफ-10-4/2016/16 दिनांक 06.10.2018 के द्वारा पुनरीक्षित न्यूनतम वेतन एवं तदानुसार निर्दिष्ट परिवर्तनशील महंगाई भत्ता बीड़ी श्रमिकों को दिनांक **01.10.2023** से **30.09.2024** तक देय रहेगा।



(भीम सिंह)

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परिवर्तनशील महुँगाई भत्ते की संगणना एवं पुनरीक्षित दरों के संबंध में विवरणात्मक टीप

श्रमायुक्त कार्यालय, छत्तीसगढ़ रायपुर की अधिसूचना क्रमांक/आठ/न्यू0वे0/श्र0आ0/2021/6468, दिनांक 25.09.2023 के अनुसार जुलाई 2022 से जून 2023 तक की अवधि में अखिल भारतीय उपभोक्ता मूल्य सूचकांक का औसत 8726 रहा है। इस प्रकार किसी तंबाखू (जिसमें बीड़ी बनाना भी सम्मिलित है) के विनिर्माण में न्यूनतम वेतन पुनरीक्षण के संबंध में अखिल भारतीय उपभोक्ता मूल्य सूचकांक 6321 (1960=100) के आधार आंकड़ों के ऊपर जुलाई 2022 से जून 2023 की अवधि तक 2405 पाईट (8726-6321) औसत बिन्दुओं की वृद्धि हुई है। उक्त के परिणामस्वरूप किसी तंबाखू (जिसमें बीड़ी बनाना भी सम्मिलित है) के विनिर्माण में नियोजन के लिये परिवर्तनशील महुँगाई भत्ता 1 पैसे प्रति बिन्दु प्रति हजार बीड़ी के मान से 24.05 रुपये परिवर्तनशील महुँगाई भत्ता दिनांक 01.10.2023 से 30.09.2024 तक देय है।

छत्तीसगढ़ शासन श्रम विभाग की अधिसूचना क्रमांक एफ-10-4/2016/16 दिनांक 06.10.2018 के अंतर्गत किसी तंबाखू (जिसमें बीड़ी बनाना भी सम्मिलित है) के विनिर्माण में नियोजन में दरों को अखिल भारतीय उपभोक्ता मूल्य सूचकांक से संबंध दिया गया है। अतः बीड़ी उद्योग में नियोजित श्रमिकों को अनुसूची-‘फ’ अनुसार परिवर्तनशील महुँगाई भत्ता दिनांक 01.10.2023 से 30.09.2024 तक देय है।


(भीम सिंह)

श्रमायुक्त एवं सक्षम प्राधिकारी
न्यूनतम वेतन अधिनियम, 1948
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अनुसूची "फ"

तम्बाखू (जिसमें बीड़ी बनाना भी सम्मिलित है) विनिर्माण में नियोजन

क्र.	कर्मचारियों का वर्ग	न्यूनतम वेतन की पुनरीक्षित मूल वेतन दरें	परिवर्तनशील मंहगाई भत्ते की दरें	कुल वेतन
1	2	3	4	5
1.	बीड़ी रोलर (1000 बीड़ी बनाने के लिए)	रु0 96.24	24.05	रु0 120.29 प्रति हजार किंतु यदि श्रमिक का किसी सप्ताह में प्राप्त होने वाले वेतन का योग रुपये 673.62 से कम हो तो उसे इस अधिसूचना की परिशिष्ट में बताई गई शर्तों के अनुसार कम से कम रुपये 673.62 का भुगतान उस सप्ताह में किया जावेगा।
2.	रेलाई श्रमिक			
अ	बीड़ी के कट्टों पर झिल्ली लगाना			
1	लेबल चिपकाने तथा पुड़ों को बनाने या चिपकाने कट्टों पर संबंधी कार्य	रु0 53.18 प्रति 1000	रु. 12.03 (एक पैसे प्रति बिन्दु प्रति दो हजार)	65.21
2	यदि कट्टे पर दोनों ओर लेबल लगाया जाता है।	रु0 56.35 प्रति 1000 कट्टों पर	रु. 12.03 (एक पैसे प्रति बिन्दु प्रति दो हजार)	68.38
ब.	झिल्ली एवं लेबल लगाने संबंधी कार्य			
1.	झिल्ली लेबल लगाना	रु0 48.06 प्रति 1000 कट्टों पर	रु. 12.03 (1 पैसे प्रति बिन्दु प्रति दो हजार)	60.09
2.	झिल्ली लगाना	रु0 35.20 प्रति 1000 कट्टों पर	रु. 9.02 (1.5 पैसे प्रति बिन्दु प्रति चार हजार)	44.22
3.	लेबल लगाना	रु0 13.10 प्रति 1000 कट्टों पर	रु. 3.01 (1 पैसे प्रति बिन्दु प्रति आठ हजार)	16.11
4.	पुड़ा बनाना या चिपकाना	रु0 13.44 प्रति 1000 कट्टों पर	रु. 3.01 (1 पैसे प्रति बिन्दु प्रति आठ हजार)	16.45
स.	एक हजार कट्टों पर जबकि 25 बीड़ियों का कट्टा हो			
1.	आड़ी तथा खड़ी पट्टी लगाने का कार्य हो	रु0 198.88 पैसे प्रति एक लाख बीड़ी पर	रु. 48.10 (2 पैसे प्रति बिन्दु प्रति लाख बीड़ी पर)	246.98
2.	झिल्ली आड़ी तथा खड़ी पट्टी लगाने का कार्य हो	रु0 216.02 पैसे प्रति एक लाख बीड़ी पर	रु. 48.10 (2 पैसे प्रति बिन्दु प्रति लाख बीड़ी पर)	264.12
3.	झिल्ली तथा नक्शी झिल्ली लगाने का कार्य हो	रु0 216.02 पैसे प्रति एक लाख बीड़ी पर	रु. 48.10 (2 पैसे प्रति बिन्दु प्रति लाख बीड़ी पर)	264.12

नोट :-

बीड़ी निर्माण के संबंध में दैनिक या मासिक दर से वेतन पाने वाले कर्मचारियों जैसे, बीड़ी छोटने तथा जाँच करने वाले, तंबाखू मिश्रण तथा छानने का कार्य करने वाला, भट्टी वाला, रसोईया, ड्राइवर (भारी वाहन), हल्का वाहन, एकाउंटेंट, मुनीम, कैशियर, गोडाउन कीपर, स्टोर कीपर, टाईपिस्ट, बिलमेन, क्लर्क, भृत्य, चौकीदार के वेतन न्यूनतम वेतन अधिनियम के अंतर्गत समय-समय पर निर्धारित कुशल, अर्धकुशल और अकुशल श्रेणी के श्रमिकों के वेतन के अनुसार नियमित होंगे।

इस प्रयोजन के लिए उपर्युक्त कर्मचारों का वर्गीकरण निम्नानुसार किया जावेगा।

1. उच्च कुशल — ड्राइवर (चालक) (भारी वाहन) एकाउंटेंट, डाटा एन्ट्री आपरेटर (कम्प्यूटर आपरेटर), मुनीम, कैशियर, हेड क्लर्क।
2. कुशल — स्टोर कीपर, ड्राइवर (हल्का वाहन), टाईपिस्ट, गोडाउन कीपर, क्लर्क, बिलमेन।
3. अर्ध कुशल — बीड़ी छोटने या जाँच करने वाले, भट्टी वाला।
4. अकुशल — ट्रक से माल चढ़ाने व उतारने वाले या बीड़ीयों के पुड़ों के कार्य में लगा श्रमिक, भृत्य, श्रमिक।

बीड़ी निर्माण के संबंध में दैनिक या मासिक दर से वेतन पाने वाले कर्मचारियों की न्यूनतम वेतन की दरें 45 अधिसूचित सामान्य नियोजनों के लिए शासन द्वारा घोषित दरें ही प्रभावशील होंगी।



(भीम सिंह)

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छत्तीसगढ़, रायपुर


EFFECTIVE WAGES OF BEEDI ROLLERS

Beedi Rolles (For Rolling of 1000 Beedies)

Effective from 01.10.2023 To 30.09.2024

V.D.A. Revisable Annually with Effect from 01.10.2023

No.	Perticular	Rs./P
1	Basic Wages	96.24
2	Variable Dearness Allowance	24.05
3	Leave With Salary (@ 5% of Total Wages)	6.01
4	Total Wages	126.30
5	Bonus (@8.33% of Total Wages	10.52
6	P.F. Contribution of Employer @ 10% of Total Wages	12.63
7	Total	149.45
8	Less P.F.Contribution of Employer (@10% of Total Wages)	12.63
9	Less P.F. Contribution of Employee (@10% of Total Wages)	12.63
10	Net Payable to Beedi Roller (7-(8+9))	124.19


(भीम सिंह)

श्रमायुक्त एवं सक्षम प्राधिकारी
न्यूनतम वेतन अधिनियम, 1948
छत्तीसगढ़, रायपुर

स्पष्टीकरण

1. अधिसूचित न्यूनतम वेतन दरों का प्रवर्तन किसी भी कर्मचारी पर प्रतिकूल प्रभाव नहीं डालेगा, यदि विद्यमान वेतन की दरें न्यूनतम वेतन की पुनरीक्षित दरों से अधिक है तो वो किसी भी दशा में कम नहीं की जावेगी, न्यूनतम वेतन अधिनियम, 1948 की धारा 13 की उपधारा (1) के खण्ड (ब) के अधीन परिकल्पित किये अनुसार विश्राम दिवस के संबंध में परिश्रमिक इन वेतन दरों में सम्मिलित हैं।
2. परिवर्तनशील महँगाई भत्ता उपरोक्त अनुसूची के स्तम्भ 4 में लेबर ब्यूरो, शिमला द्वारा निर्मित औद्योगिक श्रमिकों के लिये अखिल भारतीय उपभोक्ता मूल्य सूचकांक, 6321 (1960=100) पर आधारित है। 6321 सूचकांक के ऊपर प्रति एक वर्ष में जो औसत वृद्धि होगी, उसी अनुपात में अनुसूची-‘फ’ के स्तम्भ क्रमांक 4 में वृद्धि दिनांक 1 अक्टूबर से की जावेगी और स्तम्भ 4 में परिवर्तनशील महँगाई भत्ते में हुई यह वृद्धि परिवर्तनशील महँगाई भत्ता मानी जावेगी। 1 अक्टूबर से देय परिवर्तनशील महँगाई भत्ते की वृद्धि की गणना गत जुलाई से जून तक के एक वर्ष के औसत सूचकांक के आधार पर की जावेगी जिसकी घोषणा अधिनियम के अन्तर्गत सक्षम प्राधिकारी द्वारा राजपत्र में समय-समय पर प्रकाशित की जावेगी।
3. निर्धारित मासिक वेतन कैलेण्डर माह की समाप्ति पर देय होगा, एक दिन का वेतन संगणित करना हो तो मासिक वेतन को 26 से भाग देकर संगणित किया जाएगा।
4. जहां नियोजन प्रति सप्ताह 5600 बीड़ी बनाने के लिये लगने वाला कच्चा माल तंबाखू, तेंदूपत्ता, धागा पर्याप्त मात्रा में नहीं दे पाता तब कर्मचारी कम से कम 5600 बीड़ी के लिए देय वेतन तथा विशेष महँगाई भत्ता प्रति सप्ताह जिसे आगे गारन्टेड वेज कहा जाएगा, प्राप्त करने का अधिकारी होगा।
5. गारंटी वेज में कर्मचारी द्वारा किसी भी दिन उसके नियोजक द्वारा दिये गए कच्चे माल की मात्रा में वास्तव में बनाई बीड़ी का जो वेतन अर्जित करेगा, वह भी सम्मिलित होगा।
6. यदि कर्मचारी अन्य इच्छा से किसी भी कारणवश किसी दिन गारन्टेड वेज प्राप्त करने की मात्रा से भी कम वेतन अर्जित करता है तो कर्मचारी गारन्टेड वेज प्राप्त करने का अधिकारी नहीं होगा।
7. जो कर्मचारी दिये गए कच्चे माल की मात्रा यद्यपि वह 5600 बीड़ियाँ सप्ताह में बनाने के लिए पर्याप्त हो कि पूर्ण रूप से उपभोग नहीं कर पाता है तो वह गारंटी वेज प्राप्त करने का अधिकारी नहीं होगा।
8. आग, विपत्ति महामारी, असैनिक क्षौभ या इसके समान अन्य स्थिति में जो नियोजक के नियंत्रण के बाहर है, यदि नियोजक कर्मचारी को कच्चा माल नहीं दे पाता तो कर्मचारी वेज प्राप्त करने का अधिकार नहीं होगा।



(भीम सिंह)

श्रमायुक्त एवं सक्षम प्राधिकारी
न्यूनतम वेतन अधिनियम, 1948
छत्तीसगढ़, रायपुर

कार्यालय श्रमायुक्त छत्तीसगढ़

खण्ड-तीन, द्वितीय तल, इंद्रावती भवन, नवा रायपुर, अटल नगर, जिला-रायपुर (छ.ग.)
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क्रमांक / आठ / न्यूवे० / श्र०आ० / 2024 / 3305

नवा रायपुर, दिनांक 24.05.2024

प्रतिलिपि :-

1. उप नियंत्रक, शासकीय मुद्रणालय, राजनांदगांव (छत्तीसगढ़) की ओर अधिसूचना की प्रति भेजते हुए निवेदन है कि इस अधिसूचना को (छत्तीसगढ़) राजपत्र के आगामी अंक के भाग 3(1) में प्रकाशित कर 20 प्रति इस कार्यालय का उपलब्ध कराने का कष्ट करें।
2. प्रमुख सचिव, छत्तीसगढ़ शासन श्रम विभाग, मंत्रालय, महानदी भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
3. सचिव, छत्तीसगढ़ शासन वित्त विभाग, रायपुर की ओर उनके पत्र क्र० / 303 / आर / 577 / 97 / नि-514, दिनांक 30.06.1992 के संदर्भ में मंत्रालय, महानदी भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
4. सचिव, छत्तीसगढ़ शासन सामान्य प्रशासन विभाग, स्थापना अधीक्षण, मंत्रालय, महानदी भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
5. सचिव, छत्तीसगढ़ शासन ऊर्जा विभाग, मंत्रालय, महानदी भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
6. सचिव, छत्तीसगढ़ शासन खनिज साधन विभाग, मंत्रालय, महानदी भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
7. सचिव, छत्तीसगढ़ शासन सूचना प्रौद्योगिकी एवं जैव प्रौद्योगिकी विभाग, मंत्रालय, महानदी भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
8. सचिव, छत्तीसगढ़ शासन गृह, एवं जेल विभाग, मंत्रालय, महानदी भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
9. पुलिस महानिदेशक, छत्तीसगढ़ शासन, पुलिस मुख्यालय, नवा रायपुर, अटल नगर, जिला-रायपुर ।
10. महानिदेशक, छत्तीसगढ़ शासन नगर सेना तथा नागरिक सुरक्षा, मंत्रालय, महानदी भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
11. पुलिस महानिदेशक, जेल एवं सुधारात्मक सेवार्यें, रायपुर ।
12. सचिव, छत्तीसगढ़ शासन लोक निर्माण विभाग, मंत्रालय, महानदी भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
13. सचिव, छत्तीसगढ़ शासन स्कूल शिक्षा विभाग, मंत्रालय, महानदी भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
14. सचिव, धार्मिक न्यास एवं धर्मस्व विभाग, मंत्रालय, महानदी भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
15. सचिव, छत्तीसगढ़ शासन संस्कृति विभाग, मंत्रालय मंत्रालय, महानदी भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।

16. सचिव, छत्तीसगढ़ शासन संसदीय कार्य विभाग, मंत्रालय, महानदी भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
17. सचिव, छत्तीसगढ़ शासन जल संसाधन, आयाकट विभाग, मंत्रालय, महानदी भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
18. सचिव, छत्तीसगढ़ शासन उच्च शिक्षा विभाग, मंत्रालय, महानदी भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
19. सचिव, छत्तीसगढ़ शासन तकनीकी शिक्षा, जनशक्ति नियोजन व प्रौद्योगिकी विभाग, मंत्रालय, महानदी भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
20. सचिव, छत्तीसगढ़ शासन खाद्य, नागरिक आपूर्ति एवं उपभोक्ता संरक्षण विभाग, मंत्रालय, महानदी भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
21. सचिव, छत्तीसगढ़ शासन, कृषि, पशुपालन, मछलीपालन विभाग, मंत्रालय, महानदी भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
22. सचिव, छत्तीसगढ़ शासन, लोक स्वास्थ्य एवं परिवार कल्याण तथा चिकित्सा शिक्षा विभाग, मंत्रालय, महानदी भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
23. सचिव, छत्तीसगढ़ शासन वाणिज्य एवं उद्योग विभाग, मंत्रालय, महानदी भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
24. सचिव, छत्तीसगढ़ शासन नगरीय प्रशासन एवं विकास विभाग, मंत्रालय, महानदी भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
25. सचिव, छत्तीसगढ़ शासन पंचायत एवं ग्रामीण विकास विभाग, मंत्रालय, महानदी भवन, अटल नगर, जिला-रायपुर ।
26. सचिव, छत्तीसगढ़ शासन विधि एवं विधायी कार्य विभाग, मंत्रालय, महानदी भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
27. सचिव, छत्तीसगढ़ शासन वन विभाग, मंत्रालय, महानदी भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
28. सचिव, छत्तीसगढ़ शासन सहकारिता, मंत्रालय, महानदी भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
29. सचिव, छत्तीसगढ़ शासन जन शिकायत निवारण विभाग, मंत्रालय, महानदी भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
30. सचिव, छत्तीसगढ़ शासन आवास एवं पर्यावरण विभाग, मंत्रालय, महानदी भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
31. सचिव, छत्तीसगढ़ शासन परिवहन विभाग, मंत्रालय, महानदी भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
32. सचिव, छत्तीसगढ़ शासन जनसंपर्क विभाग, मंत्रालय, महानदी भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
33. सचिव, छत्तीसगढ़ शासन आदिम जाति तथा अनुसूचित जाति विकास, पिछड़ा वर्ग एवं अल्पसंख्यक विकास विभाग, मंत्रालय, महानदी भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
34. सचिव, छत्तीसगढ़ शासन महिला एवं बाल विकास, समाज कल्याण विभाग, मंत्रालय, महानदी भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।

35. सचिव, छत्तीसगढ़ शासन खेल एवं युवा कल्याण विभाग, मंत्रालय, महानदी भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
36. सचिव, स्कूल शिक्षा विभाग, मंत्रालय, महानदी भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
37. सचिव, छत्तीसगढ़ शासन राजस्व एवं आपदा प्रबंधन विभाग, मंत्रालय, महानदी भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
38. सचिव, छत्तीसगढ़ शासन योजना, आर्थिक एवं सांख्यिकीय विभाग, मंत्रालय, महानदी भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
39. सचिव, छत्तीसगढ़ शासन विमानन विभाग, मंत्रालय, महानदी भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
40. सचिव, छत्तीसगढ़ शासन पर्यटन विभाग, मंत्रालय, महानदी भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
41. सदस्य सचिव, राज्य योजना आयोग, मंत्रालय, महानदी भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
42. संचालक, पंचायत विभाग, इंद्रावती भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
43. संचालक, उद्यानिकी, इंद्रावती भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
44. संचालक, संपदा, इंद्रावती भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
45. संचालक, नगरीय प्रशासन एवं विकास, इंद्रावती भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
46. आयुक्त, महिला एवं बाल विकास विभाग, इंद्रावती भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
47. आयुक्त, स्थानीय निधि संपरीक्षा, इंद्रावती भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
48. नियंत्रक, नाप-तौल विभाग, इंद्रावती भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
49. आयुक्त, खाद्य नागरिक आपूर्ति उपभोक्ता संरक्षण, इंद्रावती भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
50. विभागाध्यक्ष, मुख्य तकनीकी परीक्षक (सतर्कता) इंद्रावती भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
51. आयुक्त, लोक शिक्षण एवं सर्वशिक्षा अभियान, इंद्रावती भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
52. संचालक, विमानन, इंद्रावती भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
53. आयुक्त, आदिवासी विकास एवं आदिम जाति विभाग, इंद्रावती भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
54. संचालक, ग्रामोद्योग, रेशम, हाथकरघा, इंद्रावती भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
55. पंजीयक, सहकारी संस्थाएँ, इंद्रावती भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
56. आयुक्त, पेंशन कोष एवं लेखा, इंद्रावती भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।
57. संचालक, लोक अभियोजन, इंद्रावती भवन, नवा रायपुर, अटल नगर, जिला-रायपुर ।

58. संचालक, कर्मचारी राज्य बीमा सेवायें, इंद्रावती भवन, नवा रायपुर, अटल नगर, जिला-रायपुर।
59. नियंत्रक खाद्य एवं औषधि प्रशासन, इंद्रावती भवन, नवा रायपुर, अटल नगर, जिला-रायपुर।
60. आयुक्त, परिवहन विभाग, इंद्रावती भवन, नवा रायपुर, अटल नगर, जिला-रायपुर।
61. संचालक, कृषि विभाग, इंद्रावती भवन, नवा रायपुर, अटल नगर, जिला-रायपुर।
62. आयुक्त, जनसंपर्क विभाग, इंद्रावती भवन, नवा रायपुर, अटल नगर, जिला-रायपुर।
63. विकास आयुक्त कार्यालय, विकास भवन, सेक्टर-19, नार्थ ब्लॉक, नवा रायपुर, अटल नगर, जिला-रायपुर।
64. संचालक, राष्ट्रीय ग्रामीण आजीविका मिशन, विकास भवन, सेक्टर-19, नार्थ ब्लॉक, नवा रायपुर, अटल नगर, जिला-रायपुर।
65. आयुक्त, महात्मा गांधी राष्ट्रीय ग्रामीण रोजगार गारंटी योजना (मनरेगा), विकास भवन, सेक्टर-19, नार्थ ब्लॉक, नवा रायपुर, अटल नगर, जिला-रायपुर।
66. सचिव, राज्य निर्वाचन आयोग, सेक्टर-19, नवा रायपुर, अटल नगर, जिला-रायपुर।
67. संचालक, शासकीय मुद्रणालय एवं लेखन सामग्री, इंद्रावती भवन, नवा रायपुर, अटल नगर, जिला-रायपुर, छत्तीसगढ़।
68. पंजीयक, फर्म्स एवं संस्थाएं, इंद्रावती भवन, नवा रायपुर, अटल नगर, जिला-रायपुर, छत्तीसगढ़।
69. संचालक, रोजगार एवं प्रशिक्षण, इंद्रावती भवन, नवा रायपुर, अटल नगर, जिला-रायपुर।
70. संचालक, पशुचिकित्सा सेवाएं, इंद्रावती भवन, नवा रायपुर, अटल नगर, जिला-रायपुर।
71. प्रधान मुख्य वन संरक्षक, अरण्य भवन, सेक्टर-19, नवा रायपुर, अटल नगर, जिला-रायपुर।
72. प्रमुख अभियंता, लोक स्वास्थ्य यांत्रिकी, इंद्रावती भवन, नवा रायपुर, अटल नगर, जिला-रायपुर।
73. संचालक, मत्स्योद्योग, इंद्रावती भवन, नवा रायपुर, अटल नगर, रायपुर।
74. मुख्य तकनीकी परीक्षक एवं सतर्कता, इंद्रावती भवन, नवा रायपुर, अटल नगर, रायपुर।
75. अधीक्षण अभियंता (विद्युत सुरक्षा) एवं मुख्य विद्युत निरीक्षक, इंद्रावती भवन, नवा रायपुर, अटल नगर, रायपुर।
76. संचालक, औद्योगिक स्वास्थ्य एवं सुरक्षा, इंद्रावती भवन, नवा रायपुर, अटल नगर, रायपुर।
77. संचालक, जनसम्पर्क छत्तीसगढ़, इंद्रावती भवन, नवा रायपुर अटल नगर, छत्तीसगढ़ की ओर छत्तीसगढ़ के समस्त दैनिक समाचार पत्रों में निःशुल्क प्रकाशनार्थ अग्रेषित।
78. प्रमुख अभियंता, जल संसाधन विभाग, सेक्टर -19 नवा रायपुर, अटल नगर, रायपुर।
79. प्रमुख अभियंता, लोक निर्माण विभाग, सेक्टर -19 नवा रायपुर, अटल नगर, रायपुर।
80. आयुक्त, वाणिज्यिक विभाग, सेक्टर-19, नवा रायपुर, अटल नगर, जिला-रायपुर।
81. संचालक, सैनिक कल्याण, सेक्टर -19 नवा रायपुर, अटल नगर, रायपुर।
82. नियंत्रक, व्यवसायिक परीक्षा मण्डल, सेक्टर-19, नवा रायपुर, अटल नगर, छत्तीसगढ़।

83. मुख्य कार्यपालन अधिकारी, नवा रायपुर डेव्हलपमेंट अथॉरिटी, नवा रायपुर, अटल नगर, जिला-रायपुर ।
84. सचिव, भवन एवं अन्य सन्निर्माण कर्मकार कल्याण मण्डल, नवा रायपुर अटल नगर, जिला-रायपुर ।
85. आयुक्त एवं अध्यक्ष हसदेव आयाकट विकास प्राधिकरण, रायपुर ।
86. महालेखाकार प्रथम एवं द्वितीय, जीरो प्वाइंट, विधानसभा के पास, बलौदाबाजार रोड, रायपुर ।
87. संभाग आयुक्त, जिला-रायपुर, दुर्ग, बिलासपुर, बस्तर एवं सरगुजा (राजस्व संभाग) ।
88. सचिव, राज्य महिला आयोग, गायत्री भवन-13, जलविहार कॉलोनी, रायपुर, जिला-रायपुर ।
89. सचिव, राज्य पिछड़ा वर्ग आयोग, कलेक्ट्रेट के पीछे, रायपुर, जिला-रायपुर ।
90. सचिव, अनुसूचित जाति आयोग, साक्षरता चौक, सिविल लाईन, रायपुर ।
91. सचिव, अनुसूचित जनजाति आयोग, जल विहार कॉलानी, तेलीबांधा, रायपुर ।
92. सचिव, अल्पसंख्यक आयोग, पुराना नर्सिंग हॉस्टल, डी.के.एस. हास्पिटल के पास, रायपुर ।
93. सचिव, बाल अधिकार संरक्षण अयोग, रायगढ़ बाड़ा, सिविल लाईन, रायपुर ।
94. सचिव, राज्य युवा आयोग, इंटरनेशनल हॉकी स्टेडियम, रविशंकर यूनिवर्सिटी परिसर, रायपुर ।
95. सचिव, राज्य लोक सेवा आयोग, सेक्टर-19, नार्थ ब्लॉक, नवा रायपुर, अटल नगर, जिला-रायपुर ।
96. सचिव, राज्य विद्युत नियामक आयोग, गौरव पथ, इंद्रावती कॉलोनी, रायपुर ।
97. संचालक प्रशासन अकादमी, धमतरी रोड, ग्राम-निमोरा, रायपुर, जिला-रायपुर ।
98. सचिव, राजस्व मण्डल, नेहरू नगर, बिलासपुर, जिला-बिलासपुर ।
99. संचालक उद्योग, उद्योग भवन, रिंग रोड नं., तेलीबांधा, रायपुर ।
100. संचालक, संस्कृति एवं पुरातत्व, महंत घासीदास संग्रहालय, राजभवन के पास, रायपुर ।
101. पुलिस महानिरीक्षक, राज्य आर्थिक अपराध अन्वेषण एवं एन्टी करप्शन ब्यूरो, जी0ई0रायपुर ।
102. संचालक, राज्य फॉरेंसिक लैब, पुलिस लाईन रायपुर, जिला- रायपुर ।
103. आयुक्त, खेल एवं युवा कल्याण, रविशंकर यूनिवर्सिटी परिसर, रायपुर छत्तीसगढ़ ।
104. आयुक्त, विभागीय जांच, पुराना मंत्रालय, के पास, रायपुर, जिला-रायपुर ।
105. संचालक, राष्ट्रीय कैडेट कोर, अनुपम गार्डन, आयुर्वेदिक कालेज के पास, रायपुर ।
106. संचालक, मेडिकोलीगल संस्थान, रायपुर, छत्तीसगढ़ ।
107. संचालक, राज्य कृषक प्रशिक्षण अकादमी, रायपुर, छत्तीसगढ़ ।
108. परि.प्रशासक, कार्यालय मुख्य अभियंता एवं अध्यक्ष, महानदी आयाकट विकास प्राधिकरण, रायपुर ।
109. संचालक, चिकित्सा शिक्षा, डी.के.एस. हास्पिटल के पास, रायपुर छत्तीसगढ़ ।
110. संचालक, आयुष, छत्तीसगढ़ रायपुर ।
111. संचालक, जनगणना निदेशालय रायपुर ।

112. संचालक, स्वास्थ्य सेवाएं एवं मिशन संचालक राष्ट्रीय ग्रामीण स्वास्थ्य मिशन पंडरी रोड, देवेन्द्र नगर, रायपुर।
113. समस्त जिलाध्यक्ष, छत्तीसगढ़।
114. समस्त मुख्य कार्यपालन अधिकारी, जिला पंचायत, छत्तीसगढ़।
115. उप संचालक, राजभाषा, रायपुर छत्तीसगढ़।
116. आयुक्त, अल्प बचत एवं राज्य लाटरी, कलेक्ट्रेट परिसर, रायपुर, छत्तीसगढ़।
117. मुख्य निरीक्षक, वाष्पयंत्र, रायपुर, छत्तीसगढ़।
118. संचालक, अक्षय ऊर्जा विकास अभिकरण, व्ही. आई. पी. रोड, रायपुर छत्तीसगढ़।
119. प्रभारी अधीक्षक, स्टेट गैरेज, काली माता मंदिर चौक, सिविल लाईन रायपुर, रायपुर, छत्तीसगढ़।
120. पंजीयक, राज्य औद्योगिक न्यायालय, छत्तीसगढ़, रायपुर।
121. समस्त पीठासीन अधिकारी, श्रम न्यायालय, रायपुर क्रमांक-1 एवं 2, दुर्ग, राजनांदगांव, बिलासपुर, रायगढ़, कोरबा, अम्बिकापुर, जगदलपुर, धमतरी, जांजगीर-चांपा।
122. कुल सचिव, गुरु घासीदास केन्द्रीय विश्वविद्यालय, बिलासपुर, छत्तीसगढ़।
123. कुल सचिव, पं० रविशंकर विश्वविद्यालय, रायपुर, छत्तीसगढ़।
124. कुल सचिव, इंदिरा कला संगीत विश्वविद्यालय, खैरागढ़, छत्तीसगढ़।
125. कुल सचिव, कुशाभाऊ ठाकरे पत्रकारिता विश्वविद्यालय, रायपुर छत्तीसगढ़।
126. कुल सचिव, पं० सुन्दर लाल शर्मा मुक्त विश्वविद्यालय, बिलासपुर, छत्तीसगढ़।
127. कुल सचिव, बस्तर विश्वविद्यालय, जगदलपुर, छत्तीसगढ़।
128. कुल सचिव, सरगुजा विश्वविद्यालय, अंबिकापुर छत्तीसगढ़।
129. कुल सचिव, स्वामी विवेकानंद तकनीकी विश्वविद्यालय, भिलाई, छत्तीसगढ़।
130. कुल सचिव, इंदिरा गांधी कृषि विश्वविद्यालय, रायपुर, छत्तीसगढ़।
131. कुल सचिव, आयुष एवं स्वास्थ्य विज्ञान विश्वविद्यालय, रायपुर, छत्तीसगढ़।
132. कुल सचिव, हिदायतउल्ला नेशनल लॉ विश्वविद्यालय, नवा रायपुर, अटल नगर, छत्तीसगढ़।
133. सचिव, उत्तर क्षेत्र आदिवासी विकास प्राधिकरण, रायपुर, छत्तीसगढ़।
134. सचिव, बस्तर एवं दक्षिण क्षेत्र आदिवासी विकास प्राधिकरण, रायपुर, छत्तीसगढ़।
135. सचिव, राज्य अनुसूचित जाति प्राधिकरण, रायपुर, छत्तीसगढ़।
136. सचिव, राज्य ग्रामीण विकास प्राधिकरण, रायपुर, छत्तीसगढ़।
137. मुख्य कार्यपालन अधिकारी, वनौषधि बोर्ड, रायपुर, छत्तीसगढ़।
138. प्रबंध संचालक, राज्य बीज एवं कृषि विकास निगम, तेलीबांधा, रायपुर, छत्तीसगढ़।
139. प्रबंधक संचालक, राज्य कृषि विपणन (मण्डी) बोर्ड, तेलीबांधा, रायपुर, छत्तीसगढ़।
140. पंजीयक, राज्य सहकारी विपणन बोर्ड, रायपुर, छत्तीसगढ़।
141. प्रबंधक संचालक, राज्य वन विकास निगम, रायपुर, छत्तीसगढ़।

142. प्रबंधक संचालक, नागरिक आपूर्ति निगम, रायपुर, छत्तीसगढ़।
143. प्रबंधक संचालक, अंत्यावसायी सहकारी वित्त एवं विकास निगम मर्यादित, रायपुर, (छ0ग0)।
144. कार्यपालन अधिकारी, राज्य वक्फ बोर्ड, रायपुर, छत्तीसगढ़।
145. सचिव, मदरसा बोर्ड, रायपुर, छत्तीसगढ़।
146. कार्यपालन अधिकारी, राज्य हज कमेटी, रायपुर, छत्तीसगढ़।
147. प्रबंध संचालक, पर्यटन मंडल, द्वितीय तल, उद्योग भवन, तेलीबांधा, रायपुर, छत्तीसगढ़।
148. प्रबंध संचालक, राज्य भण्डार गृह निगम, रायपुर, छत्तीसगढ़।
149. आयुक्त, गृह निर्माण मण्डल, रायपुर, छत्तीसगढ़।
150. प्रबंध संचालक, राज्य लघु वनोपज संघ, रायपुर, छत्तीसगढ़।
151. प्रबंध संचालक, पुलिस हाउसिंग कार्पोरेशन लिमिटेड, रायपुर।
152. प्रबंध संचालक, छ0ग0 राज्य हथकरघा विकास एवं विपणन सहकारी संघ मर्यादित छ0ग0 खादी ग्रामोद्योग न्यू राजेन्द्र नगर रायपुर।
153. प्रबंध संचालक सी.एस.आई.डी.सी., नगर घड़ी चौक, रायपुर।
154. प्रबंध संचालक, कार्यालय छ0ग0 स्टेट बेवरेजेस कार्पोरेशन, पंडरी रायपुर।
155. कार्यपालिक निदेशक छ0ग0 राज्य बायोफ्यूल विकास प्राधिकरण, रायपुर।
156. मुख्य कार्यपालन अधिकारी छ0ग0 राज्य अक्षय ऊर्जा विकास अभिकरण, रायपुर।
157. प्रबंध संचालक, छ0ग0 हस्तशिल्प विकास बोर्ड, रायपुर।
158. प्रबंध संचालक आयुक्त छ0ग0 इन्फ्रास्ट्रचर डेव्हलपमेंट कार्पोरेशन लिमिटेड, रायपुर।
159. सचिव, छत्तीसगढ़ संस्कृत विद्यामण्डलम्, रोहणीपुरम्, रिंग रोड, डीडी नगर, रायपुर।
160. उप मुख्य श्रमायुक्त (केन्द्रीय), अवंति विहार, रायपुर।
161. क्षेत्रीय निदेशक, कर्मचारी राज्य बीमा निगम, क्षेत्रीय कार्यालय, समता कॉलोनी, रायपुर।
162. क्षेत्रीय भविष्य निधि आयुक्त, भविष्य निधि संगठन क्षेत्रीय कार्यालय, रायपुर।
163. इंडियन एयरलाइन्स लिमिटेड, जीवन प्रकाश, जीवन बीमा मार्ग, पंडरी, रायपुर।
164. कल्याण आयुक्त, श्रम कल्याण मंडल, छत्तीसगढ़, शंकर नगर, रायपुर।
165. समस्त अपर श्रमायुक्त एवं उप श्रमायुक्त, मुख्यालय, नवा रायपुर अटल नगर।
166. सहायक श्रमायुक्त— रायपुर, दुर्ग, बिलासपुर, कोरबा, रायगढ़।
167. श्रम पदाधिकारी—राजनांदगांव, धमतरी, जगदलपुर, जांजगीर—चांपा, महासमुंद, अम्बिकापुर, कवर्धा, बालोद, बलौदाबाजार, कोण्डागांव, गरियाबंद, कांकेर, मुंगेली, दंतेवाड़ा, जशपुर, सूरजपुर, बेमेतरा, कोरिया, नारायणपुर, सुकमा, बीजापुर, बलरामपुर, गौरेला—पेण्ड्रा—मरवाही।

168. प्रभारी अधिकारी, समस्त शाखाएँ, कार्यालय श्रमायुक्त छत्तीसगढ़, अटल नगर, जिला-रायपुर।
169. उप संचालक/सहायक संचालक, औद्योगिक स्वास्थ्य एवं सुरक्षा, रायपुर, बिलासपुर, दुर्ग, रायगढ़, राजनांदगांव, कोरबा एवं इण्डस्ट्रीयल हाईजिन लैब रायपुर, बलौदाबाजार, जांजगीर-चांपा की ओर आवश्यक कार्यवाही हेतु सूचनार्थ।
170. केन्द्र निदेशक, आकाशवाणी केन्द्र, रायपुर की ओर निःशुल्क प्रसारणार्थ।
171. केन्द्र अभियंता, दूरदर्शन अनुरक्षण केन्द्र, रायपुर की ओर निःशुल्क प्रसारणार्थ।



(अलरमेलमंगई डी.)
श्रमायुक्त एवं सक्षम प्राधिकारी
न्यूनतम वेतन अधिनियम, 1948
छत्तीसगढ़, रायपुर

श्रमायुक्त कार्यालय, मध्यप्रदेश शासन, इन्दौर

क्रमांक 6/11/अन्व./पांच/2024/

15817-16066

इन्दौर, दिनांक 24-05-2024

अधिसूचना

विषय - न्यूनतम वेतन अधिनियम, 1948 के अंतर्गत राज्य के श्रमिकों के लिए दिनांक 01.04.2024 से न्यूनतम वेतन की दरें, परिवर्तनशील मंहगाई भत्ते सहित प्रभावशील करने के संबंध में।

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म.प्र.राजपत्र दिनांक 10 जून, 2016 के पृष्ठ क्रमांक 670 एवं 671 पर प्रकाशित श्रम विभागीय अधिसूचना क्रमांक एफ.4(सी)1-2013-अ-16 के अनुसार राज्य के श्रमिकों के लिए न्यूनतम वेतन की दरें पुनरीक्षित की गई थी, जो अखिल भारतीय उपभोक्ता मूल्य सूचकांक 241 (जनवरी से जून, 2014) 2001= 100 को आधार मानकर संबंध की गई है, जो दिनांक 10 जून, 2016 से लागू है।

उपरोक्त विषयांतर्गत अनुसूचित नियोजनों की सूची में क्रमांक 1 से 36, 39 से 55 तथा 57 से 66, 68 एवं 70 से 72 तक कुल 67 नियोजनों में न्यूनतम वेतन की दरें अभी तक घोषित परिवर्तनशील मंहगाई भत्ते को विनियोजित करते हुए प्रभावशील की गई है। माह जुलाई से दिसंबर, 2023 की छः माही का औसत सूचकांक 400 रहा है, अतः इसके कारण गत छः माही में मान्य किये गये अखिल भारतीय उपभोक्ता मूल्य सूचकांक के औसत (386) के उपर $(400-386)=14$ औसत बिन्दुओं की वृद्धि अनुसार परिवर्तनशील मंहगाई भत्ते में दिनांक 01.04.2024 से रुपये 350/- प्रतिमाह की वृद्धि हुई है। फलस्वरूप मान. उच्च न्यायालय, खंडपीठ इन्दौर द्वारा याचिका क्र. WP.10772/2024 एवं WP.9401/2024 आदि में दिनांक 21.मई.2024 को पारित स्थगन आदेश के परिप्रेक्ष्य में दिनांक 01.04.2024 से जारी दरें निम्नानुसार रहेगी:-

अनुसूची - अ

67 अनुसूचित नियोजन में मासिक एवं दैनिक वेतन की दरें जिसमें परिवर्तनशील मंहगाई भत्ता सम्मिलित है।

(26 दिन के मान से) (आंकड़े रुपये में)

श्रमिकों का वर्ग	न्यूनतम वेतन		परिवर्तनशील मंहगाई भत्ता		कुल वेतन		राउंडअप कर प्रतिदिन रुपये
	प्रतिमाह	प्रतिदिन	प्रतिमाह	प्रतिदिन	प्रतिमाह	प्रतिदिन	
अकुशल	6500	250.00	3675	141.35	10175	391.35	391
अर्द्धकुशल	7057	271.42	3975	152.88	11032	424.31	424
कुशल	8435	324.42	3975	152.88	12410	477.31	477
उच्चकुशल	9735	374.42	3975	152.88	13710	527.31	527

अनुसूची - ब

किसी स्लेट पेंसिल निर्माण शाला में नियोजन

मासिक एवं दैनिक वेतन की दरें जिसमें परिवर्तनशील मंहगाई भत्ता सम्मिलित है। (26 दिन के मान से) (आंकड़े रुपये में)

श्रमिकों का वर्ग	न्यूनतम वेतन		परिवर्तनशील मंहगाई भत्ता		कुल वेतन		राउंडअप कर दैनिक दर प्रतिदिन रुपये
	प्रतिमाह	प्रतिदिन	प्रतिमाह	प्रतिदिन	प्रतिमाह	प्रतिदिन	
मजदूर	6500	250.00	3675	141.35	10175	391.35	391
पेकर, पट्टी पेकर, सीपर	6705	257.85	3975	152.88	10680	410.77	411
मुनीम, लेखाकार, क्लर्क आदि	8435	324.42	3975	152.88	12410	477.31	477
रोलर्स, मिस्त्री पाईन्टर्स	9522	366.23	3975	152.88	13497	519.12	519
उच्चकुशल	9735	374.42	3975	152.88	13710	527.31	527
कटर्स	10155	390.57	3975	152.88	14130	543.46	543

अनुसूची - स**किसी मुद्रणालय में नियोजन**

मासिक एवं दैनिक वेतन की दरें जिसमें परिवर्तनशील मंहगाई भत्ता सम्मिलित है।

(26 दिन के मान से) (आंकड़े रुपये में)

कर्मचारियों का वर्ग	न्यूनतम वेतन		परिवर्तनशील मंहगाई भत्ता		कुल वेतन		रुपये में राउंडअप कर दैनिक दर
	प्रतिमाह	प्रतिदिन	प्रतिमाह	प्रतिदिन	प्रतिमाह	प्रतिदिन	
लिपिकीय वर्ग							प्रतिदिन रुपये
अकुशल	6500	250.00	3675	141.35	10175	391.35	391
श्रेणी एक	8435	324.42	3975	152.88	12410	477.31	477
श्रेणी दो	7057	271.42	3975	152.88	11032	424.31	424
उच्च कुशल	9735	374.42	3975	152.88	13710	527.31	527
कुशल श्रेणी							
श्रेणी एक	9685	372.50	3975	152.88	13660	525.38	525
श्रेणी दो	9378	360.69	3975	152.88	13353	513.58	514
श्रेणी तीन	8435	324.42	3975	152.88	12410	477.31	477
अर्द्ध कुशल श्रेणी							
श्रेणी एक	8435	324.42	3975	152.88	12410	477.31	477
श्रेणी दो	7057	271.42	3975	152.88	11032	424.31	424

अनुसूची - क

मध्यप्रदेश के विभिन्न शासकीय विभागों में कार्यरत दैनिक वेतन भोगी श्रमिकों एवं कर्मचारियों के

मासिक एवं दैनिक वेतन की दरें जिसमें परिवर्तनशील मंहगाई भत्ता सम्मिलित है।

(30 दिन के मान से) (आंकड़े रुपये में)

श्रमिकों का वर्ग	न्यूनतम वेतन		परिवर्तनशील मंहगाई भत्ता		कुल वेतन		रुपये में राउंडअप कर दैनिक दर प्रतिदिन रुपये
	प्रतिमाह	प्रतिदिन	प्रतिमाह	प्रतिदिन	प्रतिमाह	प्रतिदिन	
अकुशल	6500	216.66	3675	122.50	10175	339.17	339
अर्द्धकुशल	7057	235.23	3975	132.50	11032	367.73	368
कुशल	8435	281.16	3975	132.50	12410	413.67	414
उच्चकुशल	9735	324.50	3975	132.50	13710	457.00	457

अनुसूची - द (कृषि नियोजन)

जुलाई से दिसंबर, 2023 छः माही का कृषि श्रमिक उपभोक्ता मूल्य सूचकांक का औसत 1236 है, इसके पूर्व की छः माही का औसत 1180 था, जिसके कारण 56 बिन्दुओं की वृद्धि होने से कृषि नियोजन में परिवर्तनशील मंहगाई भत्ते सहित निम्नलिखित

न्यूनतम वेतन देय होगा :- (30 दिन के मान से) (आंकड़े रुपये में)

श्रमिकों का वर्ग	न्यूनतम वेतन		परिवर्तनशील मंहगाई भत्ता		कुल वेतन		रुपये में राउंडअप कर दैनिक दर प्रतिदिन रुपये
	प्रतिमाह	प्रतिदिन	प्रतिमाह	प्रतिदिन	प्रतिमाह	प्रतिदिन	
अकुशल	5350	178.33	2808	93.60	8158	271.93	272

बीडी नियोजन

अखिल भारतीय उपभोक्ता मूल्य सूचकांक में आधारित उपभोक्ता मूल्य सूचकांक 5299 (1960=100) के औसत के उपर 3196 औसत बिन्दुओं की वृद्धि हुई है। जिसके कारण जारी दरे दिनांक 01.04.2023 निम्नानुसार रहेगी :-

अनुसूची - ई (बीडी नियोजन)

कर्मचारियों का वर्ग	न्यूनतम वेतन की पुनरीक्षित दरें	परिवर्तनशील मंहगाई भत्ते की दर रुपये	कुल वेतन रुपये
बीडी रोलर (1000 बीडी बनाने के लिए)	74.00	36.68	110.68

नोट - एक हजार बीडी बेलने पर न्यूनतम वेतन परिवर्तनशील मंहगाई भत्त रुपये 110.68 पैसे के अतिरिक्त बीडी श्रमिकों को बोनस पेटे 9 रुपये 68 पैसे (8.33%), अर्जित अवकाश के एवज में नगद भुगतान 5 रुपये 53 पैसे (5%) एवं भविष्य निधि बाबद नियोजक का अंशदान 11 रुपये 62 पैसे (10%) इस प्रकार कुल 137 रुपये 51 पैसे देय होगी। इस सकल देय राशि में से श्रमिकों का एवं नियोजक का भविष्य निधि अंशदान की कटौती रुपये 23.24 पैसे की होगी। इस प्रकार 1000 बीडी बेलने पर दिनांक 01.04.2024 से श्रमिकों से 11 रुपये 62 पैसे एवं भविष्य निधि कटौती की राशि 11 रुपये 62 पैसे उपरांत शुद्ध राशि 114 रुपये 27 पैसे प्रति हजार बीडी देय होगी।

अगरबत्ती नियोजन

अखिल भारतीय उपभोक्ता मूल्य सूचकांक में आधारित उपभोक्ता मूल्य सूचकांक 241 (2001=100) के औसत के उपर गत छः माही में औसत सूचकांक 386 के उपर औसत 14 औसत बिन्दुओं की वृद्धि हुई है। जिसके कारण जारी दरे निम्नानुसार रहेगी :-

अनुसूची - एफ (अगरबत्ती नियोजन)

कर्मचारियों का वर्ग	न्यूनतम वेतन की पुनरीक्षित दरें	परिवर्तनशील मंहगाई भत्ते की दर रुपये	कुल वेतन रुपये
(अ) अगरबत्ती रोलर्स (1000 अगरबत्ती रोल करने पर) साधारण दर	21.40	रु. 39.75	रुपये 61.15
(ब) सुगंधित (सेंटेड)	22.00	रु. 39.75	रुपये 61.75

स्पष्टीकरण - 1- म.प्र.न्यूनतम वेतन सलाहकार परिषद की बैठक दिनांक 20.6.2006 में हुई चर्चा में सर्वसम्मति से पारित प्रस्ताव अनुसार मजदूरी निर्धारण में पैसे तथा रुपये के गुणांकों को राउण्डअप करके ही दैनिक/मासिक मजदूरी निर्धारित की जाए। तदनुसृत प्रतिदिन रुपये में राउण्डअप कर दैनिक दरें निर्धारित की जाए।

2- विलत विभाग के परिपत्र क्र. एफ 9-79-7/2006/नियम/चार, दि. 20 सितंबर, 2006 में 50 पैसे या उससे अधिक पैसे हो तो, उन्हें अगरे उच्चतर रुपये में पूर्णांकित किया जावेगा और 50 पैसे से कम राशि को छोड़ दिया जावेगा।

3- राज्य शासन द्वारा दिनांक 15 मई, 2015 को जारी एवं म.प्र.राजपत्र दिनांक 22 मई, 2015 में प्रकाशित अकुशल श्रमिकों हेतु मजदूरी की दर दिनांक 01.06.2015 से प्रभावशील की गई है।

(स्वतंत्र कुमार सिंह)

श्रमायुक्त,

मध्य प्रदेश, इन्दौर

**GOVERNMENT OF WEST BENGAL DIRECTORATE
OF COMMERCIAL TAXES
OFFICE OF THE COMMISSONER OF COMMERCIAL TAXES
AND PROFESSION TAX
14, BELIAGHATA ROAD, KOLKATA-700015**

ORDER

Dated:14/5/2024


Whereas there was compelling situation to extend the last date of filing of return in Form-III, under section 6 of the West Bengal State Tax on Professions, Trades, Callings and Employments Act, 1979, read with rule 12 of the West Bengal State Tax on Professions, Trades, Callings and Employments Rules, 1979, for the year ending on the 31st day of March, 2024 by an order dated 26.4.2024;

And whereas, the compelling circumstances that led to extension of date of filing such return are still persisting;

Now therefore, in exercise of the power conferred upon me under rule 12 of the West Bengal State Tax on Professions, Trades, Callings and Employments Rules, 1979, and in supersession of the order issued on 26.04.2024 in this respect, except things done or omitted to be done, the last date of filing return in Form-III for the period mentioned below is further extended as specified in the following table:

Period in respect of which return is required to be furnished	Last date of transmission of data electronically of that return as specified by order dated 27.04.23	Last date of transmission of data electronically of that return as specified now	Last date of furnishing paper form of that return as specified now
Y.E. 31.03.2024	15.05.2024	31.05.2024	15.06.2024

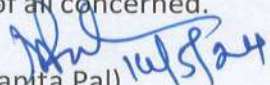
Any return for the said period of Y.E. 31.03.24 having been filed within the extended date, vide this order, as specified in the Table above, with the tax payable there-under having been paid within 30.04.24, shall be deemed to have been furnished within the prescribed date in terms of the proviso to sub rule (2) of rule 12 of the West Bengal State Tax on Professions, Trades, Callings and Employments Rules, 1979, and accordingly no late fee shall be payable under sub-section (2) of section (6) for such return.


(Devi Prasad Karanam, IAS)
Commissioner,
Profession Tax, West Bengal

Memo No: 40./...CT/PRO

Date: 14.05.2024

Copy forwarded to the Special Commissioner of Revenue, Commercial Taxes, I.S.D. for uploading it on the official website of the Directorate of Commercial Taxes, West Bengal and on the official website of Profession Tax, West Bengal for information of all concerned.


(Nabamita Pal)
Special CR & PRO



कर्मचारी भविष्य निधि संगठन
EMPLOYEES' PROVIDENT FUND ORGANISATION
श्रम एवं रोजगार मंत्रालय, भारत सरकार
MINISTRY OF LABOUR & EMPLOYMENT, GOVERNMENT OF INDIA
मुख्य कार्यालय/Head Office
भविष्य निधि भवन, 14, भीकाजी कामा प्लेस, नई दिल्ली-110066
Bhavishya Nidhi Bhawan, 14, Bhikaiji Cama Place, New Delhi-110066
Website: www.epfindia.gov.in, www.epfindia.nic.in



No: WSU/E- 49885 / 1333

Date: 28/May/2024

To,

28 MAY 2024

All ACC (HQ)/ACC (Zones)
All RPFC-I/RPFC-II/APFC OICs

Subject: Removal of mandatory uploading of the image of cheque leaf/ attested bank passbook for certain eligible cases-reg.

Madam/Sir,

With a view to facilitate the speedy settlement of claims filed online and to reduce the rejection of claims due to the reason of non-uploading of the image of cheque leaf/ attested bank passbook while filing claims online, it has been decided with the approval of the CPFC to relax the requirement of mandatory uploading of the image of cheque leaf/ attested bank passbook for certain eligible cases based on certain validations which include Online Verification of the Bank KYC by concerned Bank/NPCI, Verification of Bank KYC by the employer using DSC, Seeded Aadhaar Number verified by UIDAI among others.

In all such cases, the following message is displayed in the last part of the PDF of the claim.

"The bank KYC has been online verified by bank and has been digitally signed by the employer for this case among other validations and therefore, mandatory uploading of the image of cheque leaf/attested bank passbook is not required"

This new relaxation has been deployed in the Field Office application on 09/05/2024 and an email notification on this had also been sent to all ZO's on 13/May/2024.

The claims being eligible for this relaxation would be soon color coded for ease of identification of such claims by the Dealing Hands to prevent any inadvertent returning of such claims due to the reason of NON uploading of the image of the cheque leaf/bank passbook, alone.

Till such time, all the DAS in Accounts Section are required to watch for the above message in the claim PDF so as to avoid any such inadvertent returns.

Yours sincerely,

 28/5/2024

RPFC-I (WSU)

रामन धनसेकर
RAMAN DHANASEKAR
क्षेत्रीय भविष्य निधि आयुक्त-1
Regional P. F. Commissioner-1



कर्मचारी भविष्य निधि संगठन
EMPLOYEES' PROVIDENT FUND ORGANISATION
भारत सरकार, श्रम एवं रोजगार विभाग, भारत सरकार
MINISTRY OF LABOUR & EMPLOYMENT, GOVERNMENT OF INDIA
मुख्य कार्यालय/Head Office
भविष्य निधि भवन, 14, भिकाजी कामा प्लेस, नई दिल्ली-110066
Bhavishya Nidhi Bhawan, 14, Bhikaiji Cama Place, New Delhi-110066
Website: www.epfindia.gov.in, www.epfindiaa.in



17 MAY 2024

No:WSU/2020/ClaimsettlementwithoutUAN-clarification(E25432)/1208

To

All ACC (HQ) Zones,
All ACC (Zones)
All Regional PF Commissioner/Officers-In Charge (All RO's/DOs)

Sub: Settlement of physical claims without UAN-reg
Ref: Circular No WSU/2020/Claim settlement without UAN-clarification/914 dated 24.09.2020.

Madam/Sir,

With regard to the instructions issued vide the above circular, certain references have been received from the field offices intimating their inability to seed and authenticate Aadhaar in **death cases** due to inaccurate/incomplete Member details in Aadhaar, unavailability of Aadhaar in respect of pre-Aadhaar death cases, deactivated Aadhaar, technical error in validating Aadhaar from UIDAI database, etc. Further, the above said physical claims could not be processed by the Field Offices, leading to avoidable delay in the timely release of benefits to such beneficiaries.

In view of the difficulties being faced by the field offices and given the fact that Aadhaar details cannot be corrected/updated after the death of the Member, it has been decided that henceforth, in all such death cases, processing of physical claims without seeding Aadhaar may be allowed **as a temporary measure** but ONLY with the due approval of the OIC in an e-office file duly recording the details of verification done to confirm the membership of the deceased and the genuineness of the claimants. This may be carried out among other actions of due diligence, as deemed fit by the OIC, so as to avoid any fraudulent withdrawals.

The above instructions would apply only to those cases where the details of the member are correct in UAN but inaccurate/incomplete in Aadhaar database. Wherever, the data in Aadhaar are correct but inaccurate/incomplete in UAN, the instructions issued in Para 6.9 and 6.10 of JD SOP version-2 dated 26.03.2024 will

be strictly adhered to by the field offices to rectify the data in the UAN, seed & validate/authenticate the Aadhaar so as to comply with the instructions as issued in the earlier Circular dated 24.09.2020 vide reference, without any deviation whatsoever.

(This issues with the approval of CPFC)


MSKV Satyanarayana
ACC,WSU

No. R-11018/01/2023-SS-II
Government of India
Ministry of Labour and Employment

Shram Shakti Bhawan, Rafi Marg,
New Delhi, dated the 24th May, 2024

To,

The Central Provident Fund Commissioner,
Employees' Provident Fund Organisation,
Bhavishya Nidhi Bhawan, 14, Bhikaji Kama Place,
R.K. Puram, New Delhi-110066.

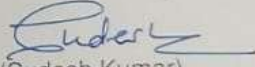
Subject: Approval of rate of interest on EPF accumulations for the financial year 2023-24-regarding.

Madam,

I am directed to refer to EPFO's UO Note No. INV-11/2/2021-INV/155 dated 20.03.2024 on the subject mentioned above and to hereby convey the approval of the Central Government under para 60(1) of the Employees' Provident Funds Scheme, 1952 for crediting of interest @ 8.25% on EPF accumulations for the financial year 2023-24 to the account of each member of the Scheme.

2. A copy of Ministry of Finance, Department of Economic Affairs, OM No. 12(4)-B(PD)12024 dated 06.05.2024 is enclosed for ready reference.
3. This issues with the approval of the Competent Authority.

Yours faithfully,


(Sudesh Kumar)

Under Secretary to the Government of India
Tele:23473323

Copy for information to:

1. Ministry of Finance, Department of Economic Affairs, (Kind Atten: shri Harish Rajpal, Under Secretary, Budget)
2. PS to Hon'ble Minister of Labour and Employment.
3. PS to Hon'ble Minister of State for Labour and Employment.
4. PPS to Secretary (L&E)
5. PPS to JS & FA (L&E)



कर्मचारी राज्य बीमा निगम
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)
EMPLOYEES' STATE INSURANCE CORPORATION
(Ministry of Labour & Employment, Govt. of India)



मुख्यालय
Headquarters
पंचदीप भवन सी०आई०जी रोड, नई दिल्ली-110002
PANCHDEEP BHAWAN, C.I.G. MARG, NEW DELHI-110 002
Phone: 011-23604700 Email: dir-gen@esic.nic.in
Website: www.esic.nic.in / www.esic.in

No. U-12011/3/2022-Med-I

Date :27.05.2024

To,

All Dean

ESIC Medical Colleges
& Hospitals
ESI Corporation

All DIMS / AMO

ESI Scheme
State Govt.

All Medical Superintendent

ESIC Hospitals
ESI Corporation

Subject : Compliance of the order of Hon'ble Supreme Court of India (Provisions of the HIV Act).

With reference to above cited subject, kindly find attached the judgement of Hon'ble Supreme Court of India, Civil Appeal No. 7175 of 2021, CPL. Ashish Kumar Chauhan (Retd.) Vs Commanding Officer and ORS. vide which the Hon'ble Supreme Court of India has issued certain directions to the Central and State Governments. In r/o of the above mentioned judgement the following guidelines are issued to the ESIC / ESIS Hospitals for strict Compliance.

1. All ESIC & ESIS Hospitals to ensure provisions of treatment, diagnostic facilities relating to HIV or AIDS, Anti-retroviral therapy and Opportunistic Infection Management to people living with HIV or AIDS.
2. The guidelines regarding National AIDS Control Programme in ESIC Medical Institutions/ Hospitals for preventive, diagnostic and treatment services issued vide letter no. U-16013/180/2023/Med-I(E-491176) dated 03.11.2023 (copy enclosed) are to be ensured for strict Compliance.
3. All ESIC & ESIS Hospitals to formulate HIV and AIDS related information, education lectures and communication programmes which are age-appropriate, gender-sensitive, non-stigmatic and non-discriminatory.
4. All ESIC & ESIS Hospitals to ensure that the personnel with significant risk of occupational exposure to HIV, for the purpose of ensuring safe working environment, shall (i) provide, in accordance with the guidelines, firstly, universal precautions to all persons working in such establishment who may be occupationally exposed to HIV; and secondly training for the use of such universal precautions; thirdly post exposure prophylaxis to all persons working in such establishment who may be occupationally exposed to HIV or AIDS; and (ii) inform and educate all persons working in the establishment of the availability of universal precautions and post exposure prophylaxis.
5. All ESIC & ESIS Hospitals to ensure compliance with the provision of HIV Act.
6. All Hospitals to designate a Complaint Officer who shall dispose of the complaint on the violation of the HIV Act. The details of the Complaint Officer for compliance of

the HIV Act provision to be displayed in prominent location of the Hospital(s). The Hospital may also devise SOP to deal with such complainas per the provision of the HIV Act.

All the ESIC and ESIC Hospital are to ensure strict compliance of above instructions / guidelines and to submit the Action Taken Report within 15 days of receipt of this letter.

This issues with the approval of Medical Commissioner (Medical Services).

Encl. :

1. Judgement of Hon'ble Supreme Court of India
2. Guidelines regarding National AIDS Control Programme in ESIC Medical Institutions/ Hospitals for preventive, diagnostic and treatment services


27/05/24

(Dr. Manoj Kumar)
OSD Medical Services

Copy to :

1. All Zonal Medical Commissioner, Zonal Offices, ESI Corporation.
2. All Regional Directors, Regional Offices, ESI Corporation.



2023INSC857

REPORTABLE

**IN THE SUPREME COURT OF INDIA
CIVIL APPELLATE JURISDICTION**

CIVIL APPEAL NO(S). 7175 OF 2021

CPL ASHISH KUMAR CHAUHAN (RETD.)

...APPELLANT(S)

VERSUS

COMMANDING OFFICER & ORS.

...RESPONDENT(S)

J U D G M E N T

S. RAVINDRA BHAT, J.

1. The present civil appeal challenges an order of the National Consumer Disputes Redressal Commission, New Delhi¹ (hereafter, “Commission”). The application by – CPL Ashish Kumar Chauhan (hereafter, “appellant”) for compensation was dismissed by the Commission. The Commanding Officer, 171 Military Hospital is arrayed as the first Respondent; the Medical Officer at the 171 Military Hospital (“171 MH”) is the second respondent; the Principal Director, Directorate of Air Veterans is impleaded as the third respondent; the Commanding Officer of the South Western Air Command (Gandhinagar HQ) is arrayed as fourth respondent, and the Senior Medical Officer at the said Military facility is impleaded as the fifth respondent. The first, second and fifth

Signature Not Verified
Digitally signed by
VISHAL ANAND
Date: 2023.09.26
15:27:22 IST
Reason: []

¹ In Consumer Complaint No. 647 of 2017.

respondents are, hereafter, referred to (unless the context otherwise requires) as “Indian Army”; and the third and fourth respondents, as “IAF”.

I. Relevant Facts

2. The aftermath of the attack on Indian Parliament, (i.e., on 13 December 2001) was followed by heightened tensions at the Indo-Pak border. There was troop mobilization at the border; what is termed as a prolonged “eyeball to eyeball” confrontation between Indian armed forces and Pakistani armed forces. During this deployment and engagement, known as “Operation Parakram”, the appellant, who was a radar operative/ technician -with the IAF, was deployed at the border. He had enrolled in the IAF from 21.05.1996 in a permanent position and held a combatant rank. His medical category was A4 GI [which is Category A].

3. In July 2002, as his services were needed, he was posted at 302 TRU (Transportable Radar Unit), Pathankot. He fell sick whilst on duty during the operation (Parakram) and complained of weakness, anorexia and passing high colored urine. He was, therefore, admitted to 171 MH, Samba. On 10.07.2002, whilst undergoing treatment at the aforementioned facility, Lt. Col Devika Bhat, posted as MO (Physician), advised him to undergo a blood transfusion. One unit of blood was therefore, transfused to the appellant, for the management of severe symptomatic anemia. The said military hospital facility did not have a license for a blood bank but has been termed by the Indian Army as an “*ad-hoc blood bank*”. Apparently neither any pathologist nor transfusion expert was posted at the facility as it was specifically opened up during *Parakram*. The appellant alleges that 171 MH did not possess any facility to check markers of blood, including HIV before transfusion and the blood was indented from another military hospital – 166 Military Hospital (“166 MH”) as per the SoP² on “*Adhoc Blood Bank*”. The

² SoP for ad-hoc blood bank 171 Military Hospital

treatment papers of the appellant were entrusted to the Senior Medical Officer of the 302 TRU, Pathankot, for maintenance purposes. In August 2002, the appellant was again admitted to 171 MH; and this time, his hemoglobin level was found to have increased from 11.5gm% to 13.0gm%.

4. In April 2014, the appellant again fell ill. This time, he was admitted to Station Medicare Centre, Head Quarter, South West Air Command (U), Gandhinagar. The test report dated 05.03.2014, reported “*negative*” for the HIV virus. While undergoing treatment at this facility, he suffered some complications and was consequently, transferred to Military Hospital, Ahmedabad. On further deterioration of his health at the Ahmedabad center, he was further transferred to INHS Asvini, Mumbai, an Indian Naval establishment. While undergoing treatment, his blood samples were taken and on diagnosis, the Lab reports (dated 21.05.2014 and 23.05.2014), revealed that the appellant was suffering from Human Immunodeficiency Virus (hereafter, “*HIV*”). According to the appellant, these two lab reports meet the required parameters for a valid medical document, including mention of the lab reference number and name of the medical officer. The finding of the lab report returns as: “*Positive for HIV – I Antibodies by NACO Strelegy*”.

5. The appellant endeavored to trace the source of the virus and realized that the transfusion of virus infected blood at 171 MH Samba in 2002 was the cause of his condition. After the detection of the HIV virus, the first medical board was held on 11.06.2014 and as per the findings of the Medical Board, the infection with HIV was made – “*non-attributable to service*”. On being dissatisfied with the decision of the first Medical Board, the appellant demanded a copy of the documents relating to his blood transfusion at 171 MH, Samba in July 2002; access was however refused by the respondents on account of their unavailability.

6. In February of 2015, the appellant was hospitalized at a military facility in Ahmedabad owing to H1N1 (Swine) Influenza, Macrocytic Anaemia,

Subhyalodid, and Haemorrhage along with Immune Surveillance. He requested information about his Personal Occurrence Report (POR) at 171 Military Hospital, Samba in 2002 which had to be kept by the Commanding Officer of the concerned unit. Pursuant to the request, the fifth respondent, on 24.09.2014, wrote to the IAF record office, in New Delhi and by letter dated 29.09.2014, the appellant's medical case sheet was provided to him. The case sheet shows that though on 10.07.2002, one unit of blood was transfused to the appellant, but whether Enzyme Linked Immunosorbent Assay (ELISA) test was conducted before infusing the blood in the appellant's body was conspicuously absent from that medical case sheet.

7. Thus, Medical Boards were held on 12.12.2014 and 24.06.2015 and in terms of the medical board proceedings, the appellant's disability was attributable to service owing transfusion of one unit of blood at 171 Military Hospital on 10th July 2002. His disability and the disability qualifying elements for the purpose of disability pension were also assessed by the medical board @ 30% for two years. By letter dated 22.03.2016³, PCDA (P) Allahabad endorsed the findings of the Release Medical Board and agreed with the sanctioned disability pension. Based on the findings of the medical boards, the appellant was sent to INHS, Asvini Mumbai, for his further medical classification, and the specialist⁴ suggested that the appellant should be excused from physically exhaustive activities (including PT, Parade, and standing duties).

8. On 10.09.2015, the appellant requested for the release of certified copies of his medical records. They were not provided to him despite the fact that said records were essential for his treatment post discharge from the service. In fact, the appellant alleges that a condition was insisted on him to sign on the proceedings of a Release Medical Board which allegedly never took place. On

³ Letter No RO/3305/3/Med.

⁴ Opinion of Specialist dated 16.12.2015

31.05.2016, the appellant was denied extension of services and was discharged from service, without the due proceedings of the Release Medical Board. At the time of release, the appellant was not provided with the Ex-Servicemen Contributory Health Scheme (hereafter, “ECHS”) card within a reasonable time and an ECHS temporary card was issued only after an application⁵ was moved by him. Further, Rs. 15,000 were also deducted from the dues owed to him post-retirement in the absence of an ECHS card for undergoing medical treatment.

9. On 22.09.2016, the appellant wrote a letter to obtain his disability certificate. That was denied to him by a letter dated 14.12.2016⁶, which stated that no such provision exists for issuance of printed disability certificate in the format as desired by the appellant and subsequently on 29.08.2017, the appellant’s disability pension was sanctioned in addition to his service pension. Pertinently, the letter dated 14.12.2016, also mentioned that:

*“3. Notwithstanding above it is certified that as per records held with this office, **the disability “Immune Surveillance (HIV)” got afflicted due the blood transfusion that you received at 171 MH in July 2002. The disability is attributable to service.**”*

10. Aggrieved by the denial of medical reports as to his blood transfusion, the appellant preferred an RTI application⁷ requesting for: (i) copies of his willingness certificate as to blood transfusion; (ii) information as to whether risks were disclosed to him about blood transfusion and whether appellant consented to those risks; and (iii) copies of blood test report to ascertain blood group and Rh factor test report of that one unit of blood. PIO RTI Cell⁸ informed the appellant that the information sought by him was exempted under Section 8(1) of

⁵ Application dated 26.04.2016.

⁶ Vide Air HQ/99798/1/741570/DAV(DP/RMB).

⁷ Dated 05.05.2017.

⁸ Vide letter no 6004/A/GS (Edn).

the Right to Information Act, 2005 (hereafter, “RTI Act”). Dissatisfied with the information provided, he appealed to the First Appellate Authority.

11. The Appellate Authority by its order⁹ rejected the appeal and observed that best efforts were made by the respondent authorities to trace the appellant’s medical document and even admission and discharge documents were supplied to him whenever available with the respondent. It was further observed by the Appellate Authority that 171 MH is not an authorized military hospital facility and it was established as an ‘ad hoc blood bank’ with necessary blood being requisitioned from 166 MH. It was further observed by the Appellate Authority that old documents (including the appellant’s medical records) have been destroyed as per the necessary policy and while disagreeing with the findings of the Release Medical Board (where HIV was attributed to the service), observed that in absence of any causative factor between blood transfusion and acquiring HIV infection, HIV infection cannot be attributed to the service and thus found no negligence on behalf of the hospital authorities. Relevant findings of the Appellate Authority are reproduced below:

“10. It is informed that as per the PE of the hospital, 171 Military Hospital is not authorized any blood bank and hence no Pathologist is authorized or posted, at any time. However, an ad hoc blood bank was established during ‘Op Parakram’ i.e. in 2002. Blood would be requisitioned from 166 MH and stored at 171 MH.”

“16. It is pertinent to ask here as to how a blanket & an assured statement be made that a blood transfusion carried out in 2002 is the only causative factor for acquiring HIV infection in 2014 without ascertaining facts about the same.”

12. Meanwhile, proceedings of the Court of Inquiry (CoI) were held on 01.07.2018 to investigate circumstances under which the appellant was transfused blood at the 171 Military Hospital, Samba and the CoI concluded by its findings

⁹ Dated 12.06.2018.

that blood provided to the appellant was duly screened for the HIV and other markers in vogue at the relevant time and on examination of all the witnesses, no negligence or lapse can be attributed on the part of physician or the support staff at the said military facility. During the proceedings, Lt Col Devika Bhat, posted as MO (Physician) at the 171 MH, Samba deposed that the blood transfused to the appellant was duly screened as per the guidelines and all necessary precautions were taken to prevent HIV transmission. It was further observed by the CoI that while the Release Medical Board has opined that infection can be attributed to service, but the specialist opinion before the Release Medical Board failed to mention essential details to establish a causative link between the blood transfusion in 2002 and the detection of infection in 2014.

13. The CoI further observed that:

“6. It is further emphasized that Specialist Opinion given during RMB has not mentioned about history of any sexual exposure, administration of IV Fluids or injections or any prolonged Hospital treatment which are other modes of transmission by HIV in the intervening period between Jul 2002 to may 2014 (period between blood transfusion at 171 MH and detection as HIV positive). Hence categorically attributing HIV infection of the individual to blood transfusion given in Jul 2002 may not be in order.”

The CoI also observed that:

“8. [...] (d) All the available documents have been examined and it emerges that there were no lapses or negligence on the part of treating physician and supporting staff at 171 MH Samba and the blood bank staff of 166 MH Jammu as all policy/guidelines were followed for blood bank, screening of blood before Transfusion of one unit of blood to 741570B Ex Cpl Ashish Kumar Chauhan.”

14. The appellant filed a complaint before the Commission seeking compensation of ₹ 95,03,00,000 (₹95 crores 3 lakhs) plus litigation expenses of ₹ 10,000 per hearing and suitable pecuniary punishment to the delinquent officers.

II. Commission's Findings

15. The Commission dismissed the appellant's complaint and observed that no expert opinion was adduced or proved before it for establishing medical negligence during the blood transfusion against the respondent/opposite parties. It was also observed that no reason existed for the opposite parties to deny sharing of the appellant's medical records, and in fact, the discharge certificate, when found was duly supplied to the appellant.

16. The Commission also relied on provisions of Indian Medical Council (Professional Conduct Etiquettes and Ethics) Regulations, 2002 (hereafter "*IMC Professional Conduct Regulations*")¹⁰ to observe that the hospital facility was not bound to preserve the appellant's medical records beyond the period of three years and thus there is no reason to believe that the authorities deliberately denied the appellant's medical records to him. The Commission also relied on the blood test report dated 05.03.2014 to hold that the appellant was not infected at the 171 Military Hospital, Samba, while denying the Medical Board's opinion dated 12.12.2014 and 24.06.2015 and a letter dated 14.12.2016 (as the same were not based on any evidence) and thus, no negligence was attributable to the respondents. Aggrieved by the findings of the Commission, the appellant has preferred an appeal before this court.

III. Proceedings in the present appeal

17. This court by an order dated 08.04.2022, considering the nature of the controversy involved in the impugned case, appointed Ms. Meenakshi Arora, learned senior counsel and Ms. Vanshaja Shukla, as *amici curiae* to appear on behalf of the appellant and assist the court.

18. By a letter order dated 25.04.2022, this court directed the respondents to submit the entire record pertaining to transfusion of blood on 10.07.2002 to the

¹⁰ Clause 1.3.1 of Indian Medical Council (Professional Conduct Etiquettes and Ethics) Regulations, 2002.

appellant. As a consequence, 171 MH and 166 MH again searched their records and by letter dated 14.06.2022 and 13.06.2022 (from 171 MH and 166 MH respectively), submitted that they were unable to detect the appellant's medical records as they were destroyed in compliance with the policy of destruction of old documents.

IV. Submissions by the Appellant

19. The *amici* and the appellant argued that it is the onus of the respondents to establish that the two armed forces (Indian Army and IAF) were not negligent, because of the direct acts of their doctors and the hospital. Reference to a letter dated 12.06.2018 was made in which the Respondent No 1 admitted in writing that 171 MH was not authorized to operate any blood bank and therefore, no pathologist was authorized or appointed at the facility. The appellant also referred to an RTI reply¹¹ stating that “*there was no transfusion medicine expert (doctor) available and no blood grouping and cross-matching test report is available*”.

20. The *amici* further argued that the respondents failed to provide any material evidence, such as the ELISA/HIV test and blood compatibility report of the blood unit that was transfused to the appellant in 2002, to demonstrate that they followed their own exhibited ‘Transfusion Medicine Technical Manual and Standard Operating Procedures’ that is to say that before any blood transfusion took place, it was compulsory to conduct an ELISA test of the blood unit to determine whether it was HIV infected or not, ensuring that it is safe for transfusion to HIV negative person. The appellant placed reliance on cases like *Smt. Savita Garg vs. The Director, National Heart Institute* (hereafter, “*Savita Garg*”)¹²; *V. Kishan Rao v Nikhil Super Speciality Hospital & Another*¹³; *Nizam Institute of Medical Sciences v Prasanth S. Dhananka & Ors.* (hereafter, “*Nizam*

¹¹ Letter no. 4180/Adm./RTI/2019, dated 3.7.2019.

¹² [2004] SUPP. 5 S.C.R. 359.

¹³ [2010] 5 S.C.R. 1.

Institute of Medical Sciences”)¹⁴, related to medical negligence, to support his contention that in cases of medical negligence, the burden of proof lies with the respondents and not with the appellant.

21. The *amici* and the appellant submitted that the respondents failed to secure a written informed consent bearing his signature both before the Commission as well as this court. As a consequence, the HIV negative report dated 5.3.2014 cannot be accepted. It was also contended that the report presented by the respondents is fraudulent and baseless since it was produced by them after a significant delay of more than seven years, which is contrary to Section 1.3.1 – “*Maintenance of Medical Records*” of the IMC Professional Conduct Regulations.¹⁵ Additionally, the report lacks important details such as part-I, Lab Reference number, the name of the specific pathologist, and is mentioned as referred by “*self*”. To further counter the accusation that the appellant had concealed the HIV negative report dated 05.03.2014, he argued that the medical sheet and related documents were in the possession of the respondents. He was never given access to it, or a copy of it; hence, he could not have produced the same.

22. Reference was made to Chapter 16 of “*The Guidelines for HIV Testing, March 2007*”, published by the National AIDS Control Organisation, Ministry of Health and Family Welfare, to highlight the importance of informed consent for HIV testing. The guideline states that any physician conducting an invasive procedure on a patient must obtain informed consent; in other words, the patient must be provided with adequate information about the necessity of blood

¹⁴ [2009] 6 S.C.C. 1.

¹⁵ Section 1.3.1 Maintenance of medical records:

1.3.1 Every physician shall maintain the medical records pertaining to his/ her indoor patients for a period of 3 years from the date of commencement of the treatment in a standard proforma laid down by the Medical Council of India [..]

transfusion, available alternatives, and the potential risks associated with both transfusion and non-transfusion options so as to make an informed decision.

23. Different medical opinions¹⁶, medical board proceedings¹⁷, and official letters¹⁸ received by the appellant from respondents after his discharge from service, including the legal opinion of the command judge advocate, HQ SWAC¹⁹, having categorically admitted the connection between the appellant's disability contracted due to reasons attributable to service and the blood transfusion of 10.07.2002, were relied upon. The appellant also challenged the disputed medical board proceeding dated 11.06.2014, which stated that the condition was not attributed to military services, by placing reliance on policies of respondents²⁰, the Drugs & Cosmetics Act, 1940 and rules thereunder including IMC Professional Conduct Regulations, and the guidelines for HIV testing along with 'Standards for Blood Banks & Blood Transfusion Services'.

24. It was further argued that since the respondents have explicitly admitted that the appellant contracted his disability due to the blood transfusion, there is no need for further deliberation on the matter, as per Section 58 of the Indian Evidence Act, 1872; an admitted fact need not be proven.

25. The appellant argued that the respondents claimed to have no records related to the appellant and the blood transfusion pertaining to the year 2002, stating that they were destroyed. However, they presented a receipt, issue, and expense voucher dated 12.01.2002 for two units of B-negative human blood, which was supplied by 166 Military Hospital (Blood bank) to 171 Military Hospital. The appellant questioned how the respondents were able to produce this document, which is available on record, after a gap of more than 20 years. The

¹⁶ Dated 24.5.2014 by the Surg Capt. Vivek Hande of HIV Physician/expert, INHS Ashvini, Mumbai.

¹⁷ Dated 12.12.2014, 24.6.2015, 21.12.2015.

¹⁸ No. Air HQ/99798/1/741570/DAV(DP/RMB) dated 14.12.2016 and 29.8.2017.

¹⁹ Letter no. SWAC/S1276/1/AD, dated 24.5.2016.

²⁰ IAP-4303 & GMO-2008.

appellant also referred to Section 18B²¹ of the Drugs and Cosmetics Act, 1940, and the Drugs and Cosmetics Rules, 1945, which pertains to maintaining of the records and providing the information. According to this section, every person holding a license under clause (c) of Section 18 is obligated to keep and maintain prescribed records, registers, and other documents.

26. It was further argued that the CoI conducted by the respondents was with the participation of the Indian Army officers and witnesses, without involving or summoning the appellant. It appeared to be a mere formality as no documents were presented before this court. It was argued that this entire procedure was not only violative of principles of natural justice, and fair play but a ruse to discount the medical certificates and conclusions recorded which pointed to negligence of the Indian Army. This suggests that the records produced by the respondents were added as an afterthought. The respondents' contradictory statements about not maintaining records beyond three years, while at the same time also producing documents that are 7 to 20 years old, further weaken their case. Further, these records cannot be taken on record because the affidavit is signed by Capt. Alokesh Roy, officer In-charge of the Legal cell, Army Hospital (R & R) Delhi Cantt, claiming to be filed on behalf of the respondent. The respondents have failed to produce the copy of the notice/summons served to the appellant under Section 135 of the Army Act, 1950 regarding the CoI, which alleged that the appellant was called for the inquiry but did not attend its proceedings. Furthermore, the respondents never challenged the Medical Board proceedings dated 12.12.2014, 24.01.2015 and 21.12.2015, or the certificates issued by it, before the appellant initiated legal proceedings against them.

²¹ 18B. Maintenance of records and furnishing of information. —Every person holding a licence under clause (c) of section 18 shall keep and maintain such records, registers and other documents as may be prescribed and shall furnish to any officer or authority exercising any power or discharging any function under this Act such information as is required by such officer or authority for carrying out the purposes of this Act.

27. The appellant further argued that the HIV expert's report cannot be considered as the said expert is a regular employee of the respondent's organization, and hence his opinion cannot be free from biases. He placed reliance on this court's decisions in *Fakruddin versus Principal, Consolidation Training Institute & Ors.*²²; *State of Uttaranchal & Ors. Vs. Kharak Singh*²³, and *A. K. Kraipak & Ors. Vs. UOI & Ors.*²⁴ Arguing further on biases, the appellant turned the Court's attention to the fact that one of the members of the Commission bench was a retired Defence Secretary.

28. It was further argued that due to him being HIV positive, the appellant was deemed unfit for re-employment and extension of service. Consequently, he was discharged from permanent service in the Indian Air Force. In fact, he was later selected by the Food Corporation of India. But, due to his HIV positive status, the Food Corporation of India rejected the appellant on medical grounds. Additionally, his medical condition led to divorce and the loss of family support.

29. The appellant relied on Chapter 3 of the National Guidelines for HIV testing to assert that antibody detection tests are not effective during the window period when antibodies are not yet detectable. Additionally, the appellant referred to *Guidelines on HIV Testing* (March 2007) published by the National AIDS Control Organisation (hereafter "NACO"), which states that the disease's rate of progression depends on viral characteristics and host factors, ranging from 1 year to more than 15-20 years. NACO has also certified that around 5% of HIV-infected individuals, known as "*long term non-progressors*" (hereafter, "LTNPs"), do not experience disease progression for an extended period. It was urged that the appellant's case fell under such a category. To further substantiate this submission, the appellant cited a judgment from the Supreme Court of New

²² [1995] SUPP. 1 S.C.R 389.

²³ [2008] 12 S.C.R. 54.

²⁴ [1970] 1 S.C.R. 457.

Jersey in the case of *State ex rel. J. G., N. S. & J. T*²⁵. wherein, the court observed that a negative HIV test result for the accused does not necessarily mean they are not infected with HIV. It could be due to the “window period”, during which HIV tests may provide inaccurate results.

30. It was argued that respondents had, through various letters²⁶ admitted that the appellant qualifies as a consumer under Section 2 (l) (d) (ii) of the Consumer Protection Act, 1986, (hereafter “CPA 1986”) as the appellant, being a permanent employee of the IAF, availed medical services from the respondents as defined under the same section. The appellant placed reliance on the judgments of this court, including *M/S. Spring Meadows Hospital & Anr. versus Harjol Ahluwalia Through K.S. Ahluwalia & Anr. (hereafter, “Spring Meadows”)*²⁷; *Kishore Lal vs. Chairman, Employee State Insurance Corporation (hereafter, “Kishore Lal”)*²⁸; *Laxman Thamappa Kotgiri v G. M., Central Railway (hereafter, Laxman Thamappa Kotgiri”)*²⁹; and *Savita Garg vs. The Director, National Heart Institute*³⁰, to further substantiate his submission.

31. The *amici* and the appellant urged the court that the facts show that there was negligence and reckless disregard of the ordinary care expected of the medical experts, when the blood transfusion took place. It was contended that the court should grant all the reliefs available in law, such as monetary compensation towards loss of income, till the date of normal superannuation, taking into account that he would have been in a position to retire as a Junior Commissioned Officer, at the age of at least 58 years. At the very least, his services as non-commissioned personnel would have been ordinarily extended for another seven years. The

²⁵ Decided on September 25, 1997.

²⁶ Vide Letter No. SWAC/ 3451 / 1103 / PIO, dated 20th Feb 2017; vide Letter No. SWAC / 3451 / 1103 / PIO, dated 14.03.2017; vide Letter No. Air HQ / 23401/204/ 4 / 11245 /E / PS, dated 26.04.2017; vide Letter No. DCA / Pen -III / Court Case /2018, Dated 07.01.2019.

²⁷ [1998] 2 S.C.R. 428.

²⁸ [2007] 6 S.C.R. 139.

²⁹ (2007) 4 SCC 596.

³⁰ [2004] SUPP. 5 S.C.R. 359.

amici submitted that the present condition of the appellant is fraught as his condition has worsened and he is almost in a state of dependency as he has to rely on the assistance of a support person, cannot move about freely and is frequently fatigued. It was further submitted that the transfusion, without seeking informed consent, without ensuring observance of minimum safeguards and later, stonewalling the appellant, denying access to his medical records, and even seeking to deny their liability, by holding a CoI, - the reason for whose setting up was only to discount previous medical certification- and the insinuations aimed at the appellant, caused him immense mental agony, for which suitable and deterrent compensation is warranted. It was also submitted that the attitude and behaviour of the respondents in providing treatment to the appellant, which he is entitled to in accordance with the applicable rules, as a person discharged on medical grounds, and certified to a certain extent of disability, has eroded his confidence. Therefore, the court should issue suitable directions for his continued medical treatment, in an alternative manner, or suitably compensate him. It was highlighted that the response and indifference of the respondents has caused intense mental agony to the appellant, which should be separately compensated. The *amici* also highlighted that the appellant's effort to secure employment has turned to naught, because though he was almost selected for a post, the future employer, i.e., the Food Corporation of India (FCI), rejected his application, when it became aware that he was HIV positive. A response to the appellant's RTI query, given by the FCI on 17.02.2018 in this context was placed on the record.

V. Submissions on Behalf of Respondents

32. Learned counsel appearing for the Indian Army and IAF, Additional Solicitor General – Mr. Vikramjit Banerjee (hereafter “ASG”) submitted that the appellant failed to prove medical negligence attributable to the respondents and that no medical report submitted on record establishes negligence on their part.

33. It was submitted by the ASG that the appellant is not a ‘consumer’ in terms of Section 2(1)(d)³¹ of the CPA 1986, he was entitled to, and availed medical services from armed forces hospitals free of cost and the services provided by the armed forces hospital is not a service under the Section 2(1)(o)³² of the CPA 1986. Such services are provided without any consideration. Reliance was placed on following observations of this court’s judgment in *Nivedita Singh v Dr Asha Bharti*³³:

“6. A reading of the above para shows that a medical officer who is employed in a hospital renders service on behalf of the hospital administration and if the service as rendered by the Hospital does not fall within the ambit of 2(1)(o) of the Act being free of charge, the same service cannot be treated as service Under Section 2(1)(o) for the reasons that it has been rendered by medical officer in the hospital who receives salary for the employment in the hospital. It was thus concluded that the services rendered by employee-medical officer to such a person would therefore continue to be service rendered free of charge and would be outside the purview of Section 2(1)(o) of the Act.”

34. The learned ASG relied on the judgment of *Jacob Mathew v State of Punjab*³⁴ and *Martin F D’Souza v Mohd Ishfaq* (hereafter, “*Martin F.*

³¹ (d) "consumer" means any person who,--

(i) buys any goods for a consideration which has been paid or promised or partly paid and partly promised, or under any system of deferred payment and includes any user of such goods other than the person who buys such goods for consideration paid or promised or partly paid or partly promised, or under any system of deferred payment, when such use is made with the approval of such person, but does not include a person who obtains such goods for resale or for any commercial purpose; or

(ii) [hires or avails of] any services for a consideration which has been paid or promised or partly paid and partly promised, or under any system of deferred payment and includes any beneficiary of such services other than the person who [hires or avails of] the services for consideration paid or promised, or partly paid and partly promised, or under any system of deferred payment, when such services are availed of with the approval of the first mentioned person [but does not include a person who avails of such services for any commercial purpose]; [Explanation.--For the purposes of this clause, "commercial purpose" does not include use by a person of goods bought and used by him and services availed by him exclusively for the purposes of earning his livelihood by means of self-employment.]

³² (o) "service" means service of any description which is made available to potential [users and includes, but not limited to, the provision of] facilities in connection with banking, financing insurance, transport, processing, supply of electrical or other energy, board or lodging or both, [housing construction,] entertainment, amusement or the purveying of news or other information, but does not include the rendering of any service free of charge or under a contract of personal service.”

³³ 2021 SCC OnLine SC 3165.

³⁴ [2005] Supp 2 SCR 307; (2005) 6 SCC 1.

D'Souza’’) ³⁵ to contend that in cases of medical negligence, courts must refer the matter to a competent doctor or a specialized committee in the relevant field and only on the recommendation of such expert giving prima facie finding of medical negligence that doctor should be summoned. And in the present case, the appellant has not produced any expert opinion to substantiate his claim of medical negligence.

35. Reliance was also placed on the medical report dated 05.03.2014, issued when the appellant was admitted to the hospital facility at MH Ahmedabad, owing to Pneumonia. This medical report stated that the appellant was detected HIV negative, which shows that the appellant was HIV negative for a period of 12 years (i.e., from July 2002 to March 2014).

36. It was further submitted that IMC Professional Conduct Regulations requires consent only for the purpose of surgical treatment, and blood transfusion not being a surgical treatment, consent of the appellant is not mandatory and at no point of time treatment was forced upon the appellant. It was further argued that Medical Boards are not the primary source of evidence in relation to the detection of HIV infection disease, and the test report dated 05.03.2014 must be considered as primary evidence.

37. Learned ASG further submitted that the appellant failed to show any connection between the transfusion of blood and HIV positive status of the appellant. It was argued that the findings of the Medical Board as to the disability of the appellant being attributed to service was solely for the purpose of granting disability pension and the same findings cannot be used to infer negligence on the part of the respondent authorities. Further, the CoI too, after examining all witnesses and their statements and evidence, observed that not only the documents pertaining to blood transfusion and screening of blood were not

³⁵ [2009] 3 SCR 273; (2009) 3 SCC 1.

available with the 171 MH but also observed that blood was properly screened prior to being transfused to the appellant.

38. It was further argued that the appellant failed to show any causation between the blood transfusion and his eventually being infected with the virus. There was a '*novus actus interveniens*' that led to the appellant being infected with the HIV virus. To substantiate this, the ASG urged that even when the appellant was admitted to the hospital on 31.04.2002 (i.e., before blood transfusion), he showed symptoms of 'macrocytic anaemia' and even in February 2014, when he was admitted to the Military Hospital, Ahmedabad, symptoms of 'macrocytic anemia' were present. Relying on research papers in the field³⁶, it was submitted that anemia is the most frequent and common abnormality associated with HIV, which the appellant had in 2002, even before he was admitted to the hospital for blood transfusion and thus, it cannot be ascertained with conviction that appellant acquired HIV due to blood transfusion and not from any other source.

39. It was further submitted that no adverse inference against the respondent can be drawn from the non-availability of the appellant's medical reports with the respondents as the same have been weeded out. Additionally, the respondents are not required to maintain the appellant's medical record beyond a period of three years as per IMC Professional Conduct Regulations and there is no obligation to preserve the said medical documents beyond this period specially when 171, Military Hospital itself is a temporary hospital.

Regulation 1.3 of the IMC Professional Conduct Regulations reads as:

"Section 1.3 Maintenance of medical records:

1.3.1 Every physician shall maintain the medical records pertaining to his/her indoor patients for a period of 3 years from the date of

³⁶ Including – "*Haematological changes in HIV infection with correlation to CD4 cell count*" published in Australasian Medical Journal and a Lancet Article titled "*Prevalence of anemia among people living with HIV: A systematic review and meta analysis*".

commencement of the treatment in a standard proforma laid down by the Medical Council of India and attached as Appendix 3.”

40. Learned counsel also placed reliance on communication dated 24.05.2016³⁷, wherein legal opinion of the case was provided by Command Judge Advocate (CJA). The opinion states that the appellant is wrong in blaming the organization for his divorce as the Family Court passed the divorce decree with the mutual consent of both the parties under Section 13B of the Hindu Marriage Act, 1955 and the same cannot be attributed to the respondent authorities.

41. Learned ASG further contended that the consumer complaint filed by the Complaint before the Commission is grossly time barred and he has failed to demonstrate any sufficient cause for condoning the delay. Impugning the *bona-fides* of the appellant, it was argued that he had discovered HIV infection in the year 2014 itself but approached the Commission only in 2017 and the appellant had symptoms of immunodeficiency during 2002 and 2014. Yet he has attempted to conceal those facts at earlier stages. It was further argued that it was not possible for the appellant to remain asymptomatic for a period of 12 years after being infused with the virus specially when an infection is transmitted through blood transfusion as in such cases, viral load is greater and disease manifests comparatively early.

42. It was submitted that HIV can be caused because of various reasons, such as unprotected sexual intercourse with an HIV infected person; blood transfusion; sharing of HIV infected needles; transfer of HIV virus by infected mother to her baby before birth, or after birth, by breastfeeding. In the facts of this case, the appellant did not establish any definite causal relationship between infection in 2002 and his acquiring HIV positive status in 2014 as a direct and only result of his being admitted and given the blood transfusion in 171 MH. The records reveal

³⁷ Forwarding of personal application 741570-B CPL AK Chauhan ADSO in Letter no. SWAC/S1276/1/AD, dated 24.5.2016.

that the appellant was referred to 171 MH in 2002 as he was afflicted with microcytic anemia; loss of appetite, discoloration of urine, 5 kg weight loss in 5 months, fever and dyspepsia. When admitted in February 2014, at MH Ahmedabad, the appellant was suffering from conditions such as H1N1 virus (swine flu); macrocytic anemia; subhyaloid hemorrhage. The effect of transfusion in 2002 led to considerable improvement in the appellant's overall medical condition. It was submitted that during the CoI, the concerned pathologist of 166 MH at the relevant time, produced records showing that two units of B-negative blood were indented to 171 MH on 12.01.2002. No records showing blood units given to 171 MH for June- July 2002 were available. Therefore, at best, there was no evidence which could establish to any extent that HIV infected blood was transfused. In these circumstances, there is no question of negligence by the respondents or vicarious liability for their negligence of the IAF or the Indian Army.

VI. ANALYSIS

(i) Jurisdiction

(a) Is appellant's case covered under CPA 1986:

43. The first question that the court has to consider is whether the appellant's case is under the CPA 1986. The respondents contend that the appellant cannot claim to be a consumer, and the medical facilities extended to him, through the IAF and army hospitals, do not fall within the ambit of the CPA 1986, because all armed force personnel are required, as part of their duties, to show fitness, and are subjected to periodic mandatory medical tests. The terms and conditions of engagement of armed forces personnel, and the army/IAF ecosystem are geared to ensure the fitness and sound medical shape of its personnel. Therefore, even the doctors and other personnel within the medical system are subjected to

army/IAF discipline and rules and regulations. In these circumstances, Army hospitals and similar facilities cannot be considered as covered by CPA 1986.

44. It would be useful to extract the relevant regulation (applicable to Indian army personnel), which is contained in Regulation 173 of the Pension Regulations for the Army, 1973 (hereafter “*Army Pension Regulations*”):

*“173. Primary Conditions for the grant of Disability Pension
Unless otherwise specifically provided a disability pension consisting of service element and disability element may be granted to an individual who is invalided out of service on account of a disability which is attributable to or aggravated by military service in non-battle casualty and is assessed at 20 per cent or over.”*

45. Chapter III of the IAF Pension Regulations, 1961, applies to airmen, i.e., non-commissioned personnel and officers, such as the appellant, which spells out its application by Rule 101. Rule 111 renders all service, rendered up to the date of discharge of the airman, eligible for counting of pensionary service. Rule 153 reads as follows:

“153. Unless otherwise specifically provided, a disability pension may be granted to an individual who is invalided from service on account of a disability which is attributable to or aggravated by air force service and is assessed at 20 per cent or over. The question whether a disability is attributable to or aggravated by air force service shall be determined under the regulations in Appendix II”

Appendix II deals with the principles to be applied for deciding disability.

46. In *Pani Ram vs. Union of India*³⁸, this court, while upsetting a decision of the Armed Forces Tribunal rejecting a claim for disability pension, for an army personnel, held, inter alia, on a reading of the Army Pension Regulations that:

“18. The perusal thereof will reveal that an individual who is invalided out of service on account of disability, which is attributable or aggravated by Military Service in non-battle casualty and is assessed 20% or more, would be entitled to disability pension. The Respondents are not in a position to point out any

³⁸ 2021 (9) SCR 1024.

Rules or Regulations, which can be said to be inconsistent with Regulation No. 292 or 173, neither has any other Regulation been pointed out, which deals with the terms and conditions of service of ETF.”

Further, the court had remarked, poignantly that:

“23. As held by this Court, a Right to Equality guaranteed Under Article 14 of the Constitution of India would also apply to a man who has no choice or rather no meaningful choice, but to give his assent to a contract or to sign on the dotted line in a prescribed or standard form or to accept a set of Rules as part of the contract, however unfair, unreasonable and unconscionable a Clause in that contract or form or Rules may be. We find that the said observations rightly apply to the facts of the present case. Can it be said that the mighty Union of India and an ordinary soldier, who having fought for the country and retired from Regular Army, seeking re-employment in the Territorial Army, have an equal bargaining power. We are therefore of the considered view that the reliance placed on the said document would also be of no assistance to the case of the Respondents.”

47. Certain decisions of this court, in this regard, are illuminating. *Savita Garg* (Supra) dealt with this aspect, and referred to the previous ruling in *Indian Medical Assn. v. V.P. Shantha* (hereinafter, “V.P. Shantha”)³⁹:

“This Court has dealt with all aspects of the medical profession from every angle and has come to the conclusion that the doctors or the institutes owe a duty to the patients and they cannot get away in case of lack of care to the patients. Their Lordships have gone to the extent that even if the doctors are rendering services free of charge to the patients in government hospitals, the provisions of the Consumer Protection Act will apply since the expenses of running the said hospitals are met by appropriation from the Consolidated Fund which is raised from taxes paid by the taxpayers. Their Lordships have dealt with the definition of “service” given in Section 2(1)(o) of the Consumer Protection Act, 1986, and have observed as follows:

“The services rendered free of charge to patients by doctors/hospitals, whether non-government or government, who render free service to poor patients but charge fees for services rendered to other patients would, even though it is free, not be excluded from definition of service in Section 2(1)(o). The Act seeks to protect the interests of consumers as a class. To hold otherwise would mean that the protection of the Act would be available to only those who can afford to pay and such protection would be denied to

³⁹ 1995 Supp (5) SCR 110.

those who cannot so afford, though they are the people who need the protection more. It is difficult to conceive that the legislature intended to achieve such a result. Another consequence of adopting a construction, which would restrict the protection of the Act to persons who can afford to pay for the services availed by them and deny such protection to those who are not in a position to pay for such services, would be that the standard and quality of services rendered at an establishment would cease to be uniform. It would be of a higher standard and of better quality for persons who are in a position to pay for such service while the standard and quality of such service would be inferior for persons who cannot afford to pay for such service and who avail the service without payment. Such a consequence would defeat the object of the Act. All persons who avail the services by doctors and hospitals who give free service to poor patients but charge fee for others, are required to be treated on the same footing irrespective of the fact that some of them pay for the service and others avail the same free of charge. Most of the doctors and hospitals work on commercial lines and the expenses incurred for providing services free of charge to patients who are not in a position to bear the charges are met out of the income earned by such doctors and hospitals from services rendered to paying patients. The government hospitals may not be commercial in that sense but on the overall consideration of the objectives and the scheme of the Act it would not be possible to treat the government hospitals differently. In such a situation the persons belonging to 'poor class' who are provided services free of charge are the beneficiaries of the service which is hired or availed of by the 'paying class'. Service rendered by the doctors and hospitals who render free service to poor patients and charge fees for others irrespective of the fact that part of the service is rendered free of charge, would nevertheless fall within the ambit of the expression 'service' as defined in Section 2(1)(o) of the Act."

48. *Laxman Thamappa Kotgiri* (supra) was a case where a railway employee was aggrieved by the negligent treatment of his wife, resulting in her death. His complaint was rejected, on the premise that the railway hospital where the treatment was given, was a part of his condition of service wherein he and his dependents were provided medical advice and treatment, free of charge. This court upset those findings and held the complaint maintainable:

"6. There is no dispute that the hospital in question has been set up for the purpose of granting medical treatment to the railway employees and their dependants. Apart from the nominal charges which are taken from such an employee, this facility is part of the service conditions of the railway employees. V.P. Shantha case [(1995) 6 SCC 651] has made a distinction between non-

governmental hospital/nursing home where no charge whatsoever was made from any person availing of the service and all patients are given free service [vide para 55(6) at p. 681] and services rendered at government hospital/health centre/dispensary where no charge whatsoever is made from any person availing of the services and all patients are given free service [vide para 55(9)] on the one hand and service rendered to an employee and his family members by a medical practitioner or a hospital/nursing home which are given as part of the conditions of service to the employee and where the employer bears expenses of the medical treatment of the employee and his family members [para 55(12)] on the other. In the first two circumstances, it would not (sic) be free service within the definition of Section 2(1)(o) of the Act. In the third circumstance it would (sic not) be.

7. Since it is not in dispute that the medical treatment in the said hospital is given to employees like the appellant and his family members as part of the conditions of service of the appellant and that the hospital is run and subsidised by the appellant's employer, namely, the Union of India, the appellant's case would fall within the parameters laid down in para 55(12) of the judgment in V.P. Shantha case [(1995) 6 SCC 651] and not within the parameters of either para 55(6) or para 55(9) of the said case.

8. It is true that the decision in State of Orissa v. Divisional Manager, LIC [(1996) 8 SCC 655] relied upon by the learned counsel for the respondents appears to hold to the contrary. However, since the decision is that of a smaller Bench and the decision in V.P. Shantha [(1995) 6 SCC 651] case was rendered by a larger Bench, we are of the opinion that it is open to this Court to follow the larger Bench which we will accordingly do."

Even in the case of employees who had contributed in part, the other contributions being from employers, under the Employees State Insurance Corporation scheme, this court had held that the services rendered by ESI hospitals were not gratuitous and that the ESI doctors fell within the ambit of the CPA 1986, in *Kishore Lal* (supra):

"13. On a plain reading of the aforesaid provisions of the ESI Act, it is apparent that the Corporation is required to maintain and establish the hospitals and dispensaries and to provide medical and surgical services. Service rendered in the hospital to the insured person or his family members for medical treatment is not free, in the sense that the expense incurred for the service rendered in the hospital would be borne from the contributions made to the insurance scheme by the employer and the employee and, therefore, the principle enunciated in Conclusion (11) in para 55 in Indian

Medical Assn. [(1995) 6 SCC 651] will squarely apply to the facts of the present case, where the appellant has availed the services under the insurance policy which is compulsory under the statute. Wherever the charges for medical treatment are borne under the insurance policy, it would be a service rendered within the ambit of Section 2(1)(o) of the Consumer Protection Act. It cannot be said to be a free service rendered by the ESI hospital/dispensary.

14. The service rendered by the medical practitioners of hospitals/nursing homes run by ESI Corporation cannot be regarded as a service rendered free of charge. The person availing of such service under an insurance scheme of medical care, whereunder the charges for consultation, diagnosis and medical treatment are borne by the insurer, such service would fall within the ambit of “service” as defined in Section 2(1)(o) of the Consumer Protection Act. We are of the opinion that the service provided by the ESI hospital/dispensary falls within the ambit of “service” as defined in Section 2(1)(o) of the Consumer Protection Act. ESI scheme is an insurance scheme and it contributes for the service rendered by the ESI hospitals/dispensaries, of medical care in its hospitals/dispensaries, and as such service given in the ESI hospitals/dispensaries to a member of the Scheme or his family cannot be treated as gratuitous.”

49. Section 1 (4) of CPA 1986, (which was in force when the appellant preferred his complaint) reads as follows:

“1. Short title, extent, commencement and applications:

.....
(4) Save as otherwise expressly provided by the Central Government by notifications, this Act shall apply to all goods and services.”

50. Earlier, keeping in line with the reasoning that furthered the objectives of the CPA 1986, spelt out in *V.P. Shantha*, this court had rejected, in *Regional Provident Fund Commissioner v Shiv Kumar Joshi*⁴⁰:

“We cannot accept the argument that the Regional Provident Fund Commissioner, being Central Government, cannot be held to be rendering “service” within the meaning and scheme of the Act. The Regional Provident Fund Commissioner, under the Act and the Scheme discharges statutory functions for running the Scheme. It has not, in any way, been delegated with the sovereign powers of the State so as to hold it as a Central Government, being not the authority rendering the “service” under the Act. The Commissioner is a separate and distinct entity. It cannot legally claim that the facilities provided by the “Scheme” were not “service” or that the

⁴⁰ 1999 (5) Suppl. SCR 294.

benefits under the Scheme being provided were free of charge. The definition of “consumer” under the Act includes not only the person who hires the “services” for consideration but also the beneficiary, for whose benefit such services are hired. Even if it is held that administrative charges are paid by the Central Government and no part of it is paid by the employee, the services of the Provident Fund Commissioner in running the Scheme shall be deemed to have been availed of for consideration by the Central Government for the benefit of employees who would be treated as beneficiaries within the meaning of that word used in the definition of “consumer”.

51. In *Haryana Urban Development Authority v Vidya Chetal*⁴¹, this court, speaking through a three-judge bench, held that:

“..if the statutory authority, other than the core sovereign duties, is providing service, which is encompassed under the Act, then, unless any statute exempts, or provides for immunity, for deficiency in service, or specifically provides for an alternative forum, the consumer forums would continue to have the jurisdiction to deal with the same. We need to caution against over-inclusivity and the tribunals need to satisfy the ingredients under Consumer Protection Laws, before exercising the jurisdiction.”

52. In the latest decision, *Joint Labour Commissioner v Kesar Lal*⁴², this court, dealt with the issue of whether a construction worker registered under the Building and Other Construction Workers (Regulation of Employment and Conditions of Service) Act, 1996 and a beneficiary of the scheme made under the rules framed under the enactment, is a ‘consumer’ within the meaning of Section 2(d) of the CPA 1986. The court rejected the statutory authority’s appeal, after reviewing a host of precedents:

“14. [...] Public authorities such as the appellants who have been constituted under an enactment of Parliament are entrusted with a solemn duty of providing welfare services to registered workers. The workers who are registered with the Board make contributions on the basis of which they are entitled to avail of the services provided in terms of the schemes notified by the Board. Public accountability is a significant consideration which underlies the provisions of the Consumer Protection Act 1986. The evolution of jurisprudence in relation to the enactment reflects the need to ensure a sense of public accountability by allowing consumers a redressal in the context of

⁴¹ 2019 (12) SCR 516.

⁴² 2020 (5) SCR 176.

the discharge of non-sovereign functions which are not rendered free of charge. This test is duly met in the present case.”

(b) Alternative basis for exercising jurisdiction:

53. There are several precedents of this court, which justify the exercise of jurisdiction under Article 32 of the Constitution. The most celebrated decision is that of *Nilabati Behara v State of Orissa*⁴³, where the jurisdiction of the court was highlighted in the following terms:

“‘a claim in public law for compensation’ for contravention of human rights and fundamental freedoms, the protection of which is guaranteed in the Constitution, is an acknowledged remedy for enforcement and protection of such rights, and such a claim based on strict liability made by resorting to a constitutional remedy provided for the enforcement of a fundamental right is ‘distinct from, and in addition to, the remedy in private law for damages for the tort’ resulting from the contravention of the fundamental right. The defence of sovereign immunity being inapplicable, and alien to the concept of guarantee of fundamental rights, there can be no question of such a defence being available in the constitutional remedy. It is this principle which justifies award of monetary compensation for contravention of fundamental rights guaranteed by the Constitution, when that is the only practicable mode of redress available for the contravention made by the State or its servants in the purported exercise of their powers, and enforcement of the fundamental right is claimed by resort to the remedy in public law under the Constitution by recourse to Articles 32 and 226 of the Constitution.”

54. This court declared the importance of reaching out to injustice and using its powers, including under Article 142 of the Constitution, in the following terms, in *Delhi Development Authority v. Skipper Construction Co. (P) Ltd*⁴⁴:

“It is conceived to meet situations which cannot be effectively and appropriately tackled by the existing provisions of law. As a matter of fact, we think it advisable to leave this power undefined and uncatalogued so that it remains elastic enough to be moulded to suit the given situation. The very fact that this power is conferred only upon this Court, and on no one else, is itself an assurance that it will be used with due restraint and circumspection, keeping in view the ultimate object of doing complete justice between the parties.”

⁴³ 1993 (2) SCC 746.

⁴⁴ 1996 (2) Suppl. SCR 295.

Earlier, in *Anadi Mukta Sadguru Shree Muktajee Vandas Swami Suvarna Jayanti Mahotsav Smarak Trust v. V.R. Rudani*⁴⁵, this Court examined the development of the law of mandamus and held as under:

“[...] mandamus cannot be denied on the ground that the duty to be enforced is not imposed by the statute. Commenting on the development of this law, Professor de Smith states: ‘To be enforceable by mandamus a public duty does not necessarily have to be one imposed by statute. It may be sufficient for the duty to have been imposed by charter, common law, custom or even contract.’ (Judicial Review of Administrative Action, 4th Edn., p. 540). We share this view. The judicial control over the fast expanding maze of bodies affecting the rights of the people should not be put into watertight compartment. It should remain flexible to meet the requirements of variable circumstances. Mandamus is a very wide remedy which must be easily available ‘to reach injustice wherever it is found’. Technicalities should not come in the way of granting that relief under Article 226. We, therefore, reject the contention urged for the appellants on the maintainability of the writ petition.”

This court, very aptly expressed, in the larger Bench decision, reported as *P.S.R. Sadhanantham v. Arunachalam*⁴⁶, the jurisdiction of the court, to entertain a criminal appeal by the informant, where the accused was acquitted, and no appeal had been entertained by the state (without any statutory basis or *locus* for such complainant/petitioner) alluding to considerations of justice:

“3. The jural reach and plural range of that judicial process to remove injustice in a given society is a sure index of the versatile genius of law-inaction as a delivery system of social justice. By this standard, our constitutional order vests in the summit Court of jurisdiction to do justice, at once omnipresent and omnipotent but controlled and guided by that refined yet flexible censor called judicial discretion. This nidus of power and process, which master-minds the broad observance throughout the Republic of justice according to law, is Article 136.”

55. This court is conscious that if there are any statutory conditions or limitations, its exercise of Article 142 jurisdiction would have to weigh that in; further, the *kind of relief* to be given in any one case is entirely fact dependent

⁴⁵ 1989 (2) SCR 697.

⁴⁶ 1980 (2) SCR 873.

and involves taking into account all relevant factors, subjective to the record in that case.

(c) Can the court consider questions of fact:

56. This aspect, i.e., the court's ability and jurisdiction to appreciate facts, really is uncontestable; even in writ proceedings, the so-called "hands off" bogey of "disputed questions of fact" which ordinarily constrain the courts, under Articles 32 and 226 from exercising jurisdiction, are to be seen in the context of the facts of each case. No doubt, usually the courts would not primarily exercise jurisdiction to enter into the arena of disputed facts. Yet, on occasions, the court has underlined that such an approach is dictated by considerations of convenience, rather than a rigid rule calling for universal application. Therefore, in *Gunwant Kaur v Municipal Committee Bhatinda* (hereafter, "*Gunwant Kaur*")⁴⁷, this court held:

"The High Court has jurisdiction to determine questions of fact, even if they are in dispute and the present, in our judgment, is a case in which in the interests of both the parties the High Court should have entertained the petition and called for an affidavit-in-reply from the respondents, and should have proceeded to try the petition instead of relegating the appellants to a separate suit."

57. This court applied the *ratio* in *Gunwant Kaur*, in *ABL International Ltd. & Anr. V Export Credit Guarantee Corporation of India Ltd. & Ors.*⁴⁸:

"19. Therefore, it is clear from the above enunciation of law that merely because one of the parties to the litigation raises a dispute in regard to the facts of the case, the court entertaining such petition under Article 226 of the Constitution is not always bound to relegate the parties to a suit. In the above case of Gunwant Kaur [(1969) 3 SCC 769] this Court even went to the extent of holding that in a writ petition, if the facts require, even oral evidence can be taken. This clearly shows that in an appropriate case, the writ court has the jurisdiction to entertain a writ petition involving disputed questions of fact and there is no absolute bar for entertaining a writ petition

⁴⁷ 1969 (3) SCC 769.

⁴⁸ (2004) 3 SCC 553.

even if the same arises out of a contractual obligation and/or involves some disputed questions of fact”

The *ratio* of these decisions was also followed in *Unitech v Telangana State Industrial and Infrastructural Development Corporation*⁴⁹.

58. In the light of these decisions, this court holds that even if, *arguendo* for some reason, appellate jurisdiction is contested, this court deems that it would be unfair to drive the appellant to a fresh civil proceeding, particularly having regard to his vulnerability, and would instead, combine its power, drawing the source of its jurisdiction under Articles 32 and 142 of the Constitution, especially since the respondents are the armed forces and its authorities. The exercise of jurisdiction is legitimate and warranted, since the court has before it, all the factual material, supported by the affidavit of the parties.

(ii) Facts as appearing from the record

59. The blood transfusion in the present case, took place on 10.07.2002. The appellant was admitted to 171 MH on medical advice, in the third week of June 2002; after his transfusion, his overall condition improved; he was admitted as a case of anorexia with a low Hb count of Hb 6.3 % g; which improved on the date of his discharge (31-07-2002); he was found fit for discharge. When he felt discomfort, he was admitted to a Military Hospital Ahmedabad; the blood test did not indicate abnormality. Early, in the year 2014, he was admitted to the Military Hospital, Ahmedabad, on 14.03.2014 and diagnosed with “*Acute Gastroenteritis*” and “*Sceptic shock*”. The ultrasound report indicated “*Hepatic disease*”. The blood report did not indicate any abnormality, other than an unusual hemoglobin level (9.3g%). He was later required to report to INHS Ashvini, and declared fit for travel in the entitled class, on diagnosis of “*Sepsis Secondary to Pneumonia*” and “*Azotemia*” by medical advice issued by Military

⁴⁹ 2021 (1) SCR 1064.

Hospital Ahmedabad, on 19.05.2014. He was admitted to the naval ship INHS Ashvini, when on 21.05.2014, he was detected for the first time, to be infected with Positive HIV-1 antibodies, as a result of the ELISA test. He was prescribed medication; he started taking treatment. The medical board proceedings dated 11.06.2014 detected disability; however, it stated that the *“disability is not attributable to service”*. The next medical board proceeding certificate dated 12.12.2014 described the appellant as suffering from a disability which was described as having been caused by *“one unit of blood transfusion on 10.7.2002 in 171 MH.”* Against the column whether the disability was attributable to service, the certificate stated that *“yes. One unit of blood transfusion on 10.7.2002 in 171 MH”*. By the medical board proceedings dated 24.06.2015, the cause of the appellant’s condition was described as (Col. 17) which was caused by *“one unit of blood-transfusion on 10 Jul 2002 in 171 MH”*. The opinion of the Surgeon Commander dated 16.12.2015 was that the petitioner was a *“39 years old serving air warrior is an old case of above-mentioned disability in LMC A4G4 (P) w.e.f 24 Jun 15 and due on 29 May 15. Individual reported. To SMC for 06 monthly review at INHS Asvini Release medical board. Individual was admitted and transferred to INHS Asvini for the opinion of Gastroenterologist. He was opined and recommended to be place in LMC P3 (p). Now individual reported back to SMC for holding Release medical board”*. Based on this, and the medical record, the opinion of the board dated 21.12.2015 was that *“Disability developed due to one unit of blood transfusion on 10 Jul 2002, 171 MH. Hence consider Attributable”*. The letter (dated 21.12.2015) indicated that the appellant was to be discharged on 31.05.2016. This assessment was accepted by the IAF, which approved his medical fitness category and also rated his disability percentage on 22 January 2016 (by Group Capt. N.T. Manikantan), the approving authority. The sanction of the disability element of the pension letter, dated 29.08.2017 (EX/741570 CPL Ashish Kumar Chauhan) issued by Air Headquarters described

the disability element sanctioned by the discharge letter, based on the attributability found by the previous boards.

60. The learned ASG sought to attribute some sympathy, as the basis for maintaining that the disability was attributable to service. However, the conduct of the respondents points to entirely different facts. Initially, the respondents' endeavor was to deny access to relevant information altogether, to the appellant. His repeated RTI queries were turned down; for quite some time, he was also denied access to his medical records. The IAF does not appear to have communicated the discharge order, separately to him. No doubt, he refused to sign the medical board proceedings; however, there is nothing forthcoming on the record, to show that the IAF delivered the discharge order, on any particular date, or communicated it to him. The affidavits of IAF also do not disclose that there was ever any such communication.

61. In this background, it is significant to notice some facts and developments. The notice of the appellant's complaint was issued by the Commission/NCDRC on 20.06.2017. The documents placed on the record, demonstrate and establish that the CoI was constituted in response and an answer to the appellant's complaint. This is clear from the letter (No. B/76779/AK Chauhan/DGMS-5B/GC-75) dated 04.05.2018 written by the Directorate General Medical Service, (Army Adjutant Branch) to the HQ Western Command (Medical). After instructing the relevant officials to trace the documents necessary to prepare the counter affidavit, to the appellant's complaint, it was suggested that:

"In view of the above, it is requested to order a C of I under the aegis of your HQ for the following:

(a) to bring out the detailed facts pertaining to blood transfusion done at 171 MH in 2002

(b) To investigate and bring out the authority which provided the unit of blood and whether the same was duly screened as per the policy/guidelines in vogue at that time.

(c) to bring out all supporting documents pertaining to blood demand, blood transfusion and screening of blood along with SOP/guidelines in vogue at that time.

(d) to investigate into the matter and pin point the lapses or negligence if any and the individuals responsible thereto.”

62. It was in these circumstances, that the CoI was constituted. It is an undisputed fact that though the appellant was the subject matter of that proceeding, none of the respondents cared to involve him or inform him about it. The proceedings scrupulously excluded him, despite the real likelihood of an adverse consequence as the likely outcome. What is clearly discernable from the proceedings in the CoI therefore, is that:

- (a) Many of the documents, pertaining to appellant’s treatment were denied, and repeatedly the respondents denied access to him. However, many documents emerged- selectively, including the admission and discharge slips signed by the treating doctor (Lt. Col. Devika Bhat).
- (b) The documents which respondents stated were missing, somehow were traced and produced during the CoI. These included extracts of registers, containing details of records destroyed; selective production makes the inquiry and its conclusions suspect to say the least.
- (c) *After* categorically denying the existence of any records, somehow the respondents were able to retrieve them. These included a register containing details of the transfer of blood units from 166 MH to 171 MH.
- (d) The deposition of Col. Nijhawan admitted that the responsibility of testing/screening blood for markers was that of 166 MH. He also admitted that there was no document to prove that the blood had been tested for markers. (Reply to Question 9⁵⁰). However, Lt. Col Devika

⁵⁰ Col. Nijhawan was asked – “Can you produce Case Sheet With document stating that blood has been duly screened for markers as per policy including HIV?” and it was replied that “No records are available”.

Bhat asserted that the blood was “duly screened as per guidelines then in vogue: (Reply to Question No. 4⁵¹).

- (e) The deposition of Lt. Col. Jyoti Borpurari states that 171 MH was transferred one unit of B Negative blood on 12.01.2002; she further deposed that there was no other record of transfer of blood to 171 MH later, or during July 2002. She mentioned the relevant markers to test blood. However, she nowhere stated that such procedures were in fact used to test the blood actually transferred to 171 MH.

63. The final opinion of the CoI, based on the (allegedly scanty) documentary evidence presented to it, and the testimonies of Col. Sanjay Nijhawan, Lt. Col Devika Bhat, Lt. Col. Jyoti Borpurari (of 166 MH) is summarized as follows, in that document:

“As per the statements of Col. Sanjay Nijhawan, (171 MH) Lt. Col Devika Bhat, and Lt. Col. Jyoti Borpurari OIC Blood Bank 166 MH the following facts emerge:

- (a) One unit of blood transfusion was given to 741 41570 B Ex-Cpl Ashish Kumar Chauhan, at 171 MH (Samba) in July 2002 for severe Macrocytic anemia along with conservative treatment.*
- (b) No records are available at 171 MH pertaining to screening of blood for HIV, Blood demand and Blood transfusion during the period Jun-July 2002.*
- (c) No records are available at 166 MH regarding issue of blood during the period Jun-July 2002.*
- (d) An SOP for ad-hoc Blood Bank was promulgated at 171 MH (Samba) for Transfusion of blood during the ‘OP PARAKRAM’ as 171 MH was not authorised Blood bank /Pathologist during that period. As per SOP the Blood was screened for HIV infection at 166 MH and then issued to 171 MH Samba. 171 MH only stored the blood being issued for Transfusion.*
- (e) 74141570 B Ex-Cpl Ashish Kumar Chauhan contracted HIV in May, 2014 which may be for reasons other than blood transfusion.”*

64. These findings were accepted. However, those conclusions were not in fact acted upon: as is evidenced by the fact that the appellant’s categorization as a

⁵¹ Lt Col Devika Bhat was asked – “Was the screening of blood for HIV before transfusion dispensed with?” and she replied that – “The requisite blood was duly screened as per existing guidelines in vogue at that time. The same may please be confirmed from 171 MH.”

person discharged on account of disability attributable to service, entitling him to pension has not been revoked or cancelled. Now, as far as manifestation of the HIV positive condition is concerned, medical opinions, and those of organizations such as WHO appear to be unanimous that after the point of infection (known as Stage 1), the second phase (Stage 2) can be for a long period. At Stage 1 *“the virus replicates using the body’s CD4 T cells and spreads throughout the body. In doing so, it destroys CD4 T cells. Eventually, this process stabilizes. The immune system reduces the number of viral particles, and levels of CD4 T cells may rise. However, the number of these cells may not return to its original level.”*⁵² The second stage is described as follows:

“After the acute stage has ended — and if the person has not received treatment — the virus remains active, reproducing at very low levels but continuing to damage immune cells.

At this stage, there are usually no symptoms or very mild ones. This is why doctors sometimes call stage 2 “asymptomatic HIV infection” or “clinical latency.” The virus can still pass to others during this stage, even if it causes no symptoms.

Without treatment, this stage can last for 10 years or more before the person develops stage 3 HIV.”

65. The *Guidelines on HIV Testing* issued by Central Government⁵³, the Union Ministry of Health and Family Welfare, National Aids Control Organization (NACO), March 2007 similarly describes the second phase as the *“latent phase”* and *“the asymptomatic stage”*, a *“period on average lasts for 8-10 years.”* According to those guidelines, the long-term survival of most afflicted persons (80-90%) was 10 years or more, and a small percentage (5%) *“do not experience clinical progression of HIV.”* Such persons are described as *“long term non-progressors (LTNPs)”*. The respondents strongly relied on the Ministry of Defence’s *Guide to Military Officers (Military Pensions)*, 2008, which contained a tabular chart (in Appendix to Chapter VI titled *“INCUBATION PERIODS IN*

⁵² <https://www.medicalnewstoday.com/articles/316056>, HIV timeline: What are the stages, (last accessed on 16.09.2023 at 05.17 AM).

⁵³ *Guidelines on HIV Testing* issued by the Union Ministry of Health and Family Welfare, National Aids Control Organization (NACO), 2007

RESPECT OF CERTAIN INFECTIOUS DISEASES”). Against the column containing HIV, the initial “*usual incubation period*” was described to be 4 to 6 weeks. The “*minimum and maximum period for deciding attributability*” against HIV was “*1 year*”. In this court’s opinion, the guide, issued by the Ministry of Defence cannot be conclusive; as it does not show, what was the basis for the maximum attribution period of one year; and on the other hand, the prevailing guidelines of the national expert body indicated entirely different, and nuanced seroprevalence periods, for different kind of individuals. Therefore, this court holds that such a guide to military officers cannot be accepted, at least in this case, to reject the petitioner’s claim.

66. A review of the evidence and the materials on record reveals that the appellant was transfused with one unit of blood on 10 July 2002, at the advice of Lt. Col. Devika Bhat, who also deposed during the CoI proceedings. There is no indication in her deposition that the appellant was informed of the likely consequences- or even reasonable likelihood or the possibility of contamination or infection due to the transfusion. Likewise, he was not informed about *any potential risks*. By all accounts, the appellant really had no choice because the transfusion took place under medical advice. At some stage, the respondents argued that if the appellant so wished, he could have opted not to go in for transfusion. That is, in the realm of theory, no such alternative option is shown to have been made available to him, when in fact the transfusion did take place.

(iii) The law on negligence

67. In India, medical negligence is said to have been established by an aggrieved plaintiff or complainant when it is shown that the doctor or medical professional was in want of, or did not fulfil the standard of care required of her or him, as such professional, reasonably skilled with the science available at the relevant time. In other words, a doctor is not negligent if what he has done would be endorsed by a responsible body of medical opinion in the relevant speciality

at the material time. This test is known as the *Bolam* test⁵⁴ and has gained widespread acceptance and application in Indian jurisprudence. It finds resonance in several decisions. Recently, in *Arun Kumar Mangalik v Chirayu Health and Medicare Ltd.*⁵⁵, this court outlined that though *Bolam* has been the bulwark principle in deciding medical (and professional negligence) cases, it must adapt and be in tune with the pronouncements relating to Article 21 of the Constitution and the right to health in general:

“41. Our law must take into account advances in medical science and ensure that a patient-centric approach is adopted. The standard of care as enunciated in the Bolam case must evolve in consonance with its subsequent interpretation by English and Indian Courts. [..]”

68. In United Kingdom itself, the duty of care has evolved beyond the *Bolam* approach; in *Sidaway v Board of Governors of the Bethlem Royal Hospital & the Maudsley Hospital*⁵⁶ and more significantly, in *Montgomery v Lanarkshire Health Board*⁵⁷ (the latter decision drawing upon the reasoning of the Australian High Court in *Rogers v Whittaker*⁵⁸), the UK Supreme Court outlined the duty of a doctor, surgeon or physician, and address the right of a patient as follows:

“An adult person of sound mind is entitled to decide which, if any, of the available forms of treatment to undergo, and her consent must be obtained before treatment interfering with her bodily integrity is undertaken. The doctor is therefore under a duty to take reasonable care to ensure that the patient is aware of any material risks involved in any recommended treatment, and of any reasonable alternative or variant treatments. The test of materiality is whether, in the circumstances of the particular case, a reasonable person in the patient’s position would be likely to attach significance to the risk, or the doctor is or should reasonably be aware that the particular patient would be likely to attach significance to it.”

⁵⁴ So called, due to the case: *Bolam v Friern Hospital Management Committee* 1957(2) All.ER 118.

⁵⁵ [2019] 3 SCR 281.

⁵⁶ [1985] AC 871.

⁵⁷ 2015 UKSC 11.

⁵⁸ 1992 175 CLR 479.

69. In the present case, what was the duty of care of the treating professional? Whilst this court cannot be oblivious of the fact that the times during which the incident occurred were fraught in the sense that a warlike situation prevailed at the border, at the same time, it cannot also ignore, or be blind to certain realities. These are firstly that nothing was shown on the record to establish that 171 MH was licensed, even as an *ad hoc* blood bank. Secondly, there is no material on record as to whether the nature of equipment available at 171 MH for storing blood and blood products was in accordance with the standards and guidelines prevailing then, in 2002. Thirdly, during the testimony of witnesses i.e., before the CoI, 171 MH and 166 MH, there was no specific mention about what kind of markers were used to determine whether the transfused blood was in fact safe. Fourthly, apart from mentioning of the guidelines by the concerned doctors, there is nothing on record to show that such guidelines were, in fact, adhered to when the testing as well as the transfusion took place. Fifthly, there is no evidence in the form of deposition by the officer in charge of 166 MH, Lt Col Jyoti Borpujari to rule out the possibility of contaminated blood-which was in fact sent to 171 MH had taken place.

70. In the opinion of this court, all the above, cumulatively point to the rather casual and if one may say so, superficial attention paid to the entire episode involving blood transfusion. It is a matter of record that the concerned doctors-who were professionals, i.e., either at 171 MH or 166 MH, felt so pressured by the absolute necessity to follow the drills that the safeguards preceding safe transfusion to the appellant appears to have been a given a go by, or dispensed with. In these circumstances, the normal duty of care which would have ordinarily applied and did apply as well, was that at both ends i.e., 166 MH and 171 MH, there should have been no doubt that blood had been filtered and found safe for transfusion. Equally, something in the form of other material on record or in the form of the oral testimony by the medical cadre personnel, such as Lt Col Devika Bhat of 171 MH who was present in 2002 or Col Sanjay Chauhan, to show what

kind of equipment such as refrigerating unit or other chemical matter to preserve the blood and blood products, even within the safe. When constituted or read together, all these lapses-which may be seen singly as small or minuscule, add up to one thing: lack of adherence to or breach of the relevant standards of care reasonably expected from a medical establishment. Therefore, whilst pinpointed accountability of one or some individuals is not possible, nevertheless the systemic failure in ensuring a safe transfusion of blood to the appellant, is the only irresistible inference. These facts establish medical negligence, and therefore, vicarious liability on the part of the IAF and the Indian Army. The former is the appellant's immediate employer; the latter was the organization controlling and in charge of 166 MH and 177 MH.

71. The principle of *res ipsa loquitur* has been described in *Charlesworth & Percy on Negligence*⁵⁹ in the following terms:

“6-25. It has been said that “a *prima facie* case” should be the preferred terminology. It means essentially a case which calls for some answer from the defendant and will arise upon proof of: (1) the happening of some unexplained occurrence; (2) which would not have happened in the ordinary course of things without negligence on the part of somebody other than the claimant; and (3) the circumstances point to the negligence in question being that of the defendant, rather than that of any other person”

6-26 The third requirement is usually fulfilled by showing that the instrument causing the damage was in the management and control of the defendant at the time of the occurrence, but this is not essential. Where an object which causes an accident has, at all material times, been under the control of the defendants and there is no evidence to show how the accident happened, the presumption of negligence cannot be displaced by evidence of the general care that has been taken.”

This court has, on several occasions in the past, particularly in cases involving allegations of medical negligence, invoked the principle of *res ipsa loquitur* (“the thing speaks for itself”). In *V. Kishan Rao v Nikhil Super Speciality Hospital & Anr.*⁶⁰, it was observed:

⁵⁹ Charlesworth & Percy on Negligence, 14th Edition (2018) Sweet and Maxwell @ 6-25, page 400.

⁶⁰ [2010] 5 SCR 1.

“In a case where negligence is evident, the principle of res ipsa loquitur operates and the complainant does not have to prove anything as the thing (res) proves itself”. In such a case it is for the respondent to prove that he has taken care and done his duty to repel the charge of negligence.”

72. All these facts and circumstances, in the opinion of this court, prove and establish that by reasonable standards of evidence, the appellant has justified the invocation of the principle of *res ipsa loquitur*. The principle was applied in the *Nizam Institute of Medical Sciences* (supra) wherein this court held that:

“77. [...] in a case involving medical negligence, once the initial burden has been discharged by the complainant by making out a case of negligence on the part of the hospital or the doctor concerned, the onus then shifts on to the hospital or to the attending doctors and it is for the hospital to satisfy the Court that there was no lack of care or diligence.”

Earlier, in *Savita Garg* (supra), the court had ruled that once the complainant or aggrieved party had adduced some evidence that the patient suffered (or died, as in that case) due to lack of care (or as in this case, suffered irreparable injury due to want of diligence) “*then the burden lies on the hospital to justify that there was no negligence on the part of the treating doctor or hospital. Therefore, in any case, the hospital is in a better position to disclose what care was taken [...].*”

73. At the same time, this court has cautioned that *res ipsa loquitur* cannot be the only basis to fasten liability. This view has been advocated (and applied) in *Martin F. D’Souza* (supra) and *Bombay Hospital and Medical Research Centre v Asha Jaiswal* (hereafter, “*Asha Jaiswal*”)⁶¹. In *Asha Jaiswal* (supra), this court outlined the caution needed to apply *res ipsa loquitur*:

“an application of the general method of inferring one or more facts in issue from circumstances proved in evidence”. In this view, the maxim res ipsa loquitur does not require the raising of any presumption of law which must shift the onus on the defendant. It only, when applied appropriately, allows the drawing of a permissive inference of fact, as distinguished from a mandatory

⁶¹ 2021 (10) SCR 1118.

presumption properly so-called, having regard to the totality of the circumstances and probabilities of the case. Res ipsa is only a means of estimating logical probability from the circumstances of the accident.”

The above analysis leads this court to the conclusion that the condition in which the appellant found himself, was the direct consequence of the two hospital-establishments and their breach of the standards of care, resulting in the transfusion of the HIV positive infected blood into the appellant, which was the causative factor. The necessary foundational facts, to hold that the application of *res ipsa loquitur* was warranted, were proved in all detail. The respondents failed to discharge the onus which fell upon them, to establish that due care was in fact exercised and all necessary care standards, applicable at the time, were complied with. As a result, it is held that the respondents are liable to compensate the appellant for the injuries suffered by him, that are to be reckoned in monetary terms.

(iv) The relief of damages

74. Medical negligence, or negligence is tied to two concepts. At the one end is the duty of care - and establishing its breach, and thereby fault - and resultant injury. At the other end is remedial - usually restitution, in monetary terms, by payment of damages. The ingenuity of common law has been to adapt - and evolve, through refinement, and reinvention, the idea of duty to care. In the case of medical professionals, or other professionals, for instance, their duty to care not only involves the professionals' assessment of the suitability of treatment, or use of technology, but the concomitant duty to inform the patient (or consumer) of the likely results, or even the risk(s) because the service recipient, so to say, has to bear the consequent consequences. Damages, in theory, can have no limit. Yet, the duty of care is woven with the idea of *causation* or proximity. Thus, only one is liable in law to the extent of one's actions, which cause the injury. Equally, damages are limited to consequences which are reasonably foreseeable.

75. The judgment in *Raj Kumar v. Ajay Kumar*⁶² had discussed and declared the general principles relevant for the assessment of compensation or damages for personal injuries. These principles have been applied, in cases involving claims under the Motor Vehicles Act, 1988 as well as other cases, including medical negligence cases. The court observed:

“The court or the Tribunal shall have to assess the damages objectively and exclude from consideration any speculation or fancy, though some conjecture with reference to the nature of disability and its consequences, is inevitable. A person is not only to be compensated for the physical injury, but also for the loss which he suffered as a result of such injury. This means that he is to be compensated for his inability to lead a full life, his inability to enjoy those normal amenities which he would have enjoyed but for the injuries, and his inability to earn as much as he used to earn or could have earned. [See C.K. Subramania Iyer v. T. Kunhikuttan Nair (1969) 3 SCC 64, R.D. Hattangadi v. Pest Control (India) (P) Ltd. (1995) 1 SCC 551 and Baker v. Willoughby (1969) 3 All ER 1528 (HL)].

6. The heads under which compensation is awarded in personal injury cases are the following:

Pecuniary damages (Special damages)

(i) Expenses relating to treatment, hospitalisation, medicines, transportation, nourishing food, and miscellaneous expenditure.

(ii) Loss of earnings (and other gains) which the injured would have made had he not been injured, comprising:

(a) Loss of earning during the period of treatment;

(b) Loss of future earnings on account of permanent disability.

(iii) Future medical expenses.

Non-pecuniary damages (General damages)

(iv) Damages for pain, suffering and trauma as a consequence of the injuries.

(v) Loss of amenities (and/or loss of prospects of marriage).

(vi) Loss of expectation of life (shortening of normal longevity).

In routine personal injury cases, compensation will be awarded only under heads (i), (ii)(a) and (iv). It is only in serious cases of injury, where there is specific medical evidence corroborating the evidence of the claimant, that compensation will be granted under any of the heads (ii)(b), (iii), (v) and (vi) relating to loss of future earnings on account of permanent disability, future medical expenses, loss of amenities (and/or loss of prospects of marriage) and loss of expectation of life.”

⁶² 2010 (13) SCR 179.

76. The principles discussed and commended for general application have endured and have been consistently followed by this court, in calculating and awarding damages.

77. This court, in *Nizam Institute of Medical Sciences* (supra), outlined, briefly, what damages a person who has suffered due to medical negligence, can be awarded. This court held that:

“92 [...] The kind of damage that the complainant has suffered, the expenditure that he has incurred and is likely to incur in the future and the possibility that his rise in his chosen field would now be restricted, are matters which cannot be taken care of under the multiplier method.”

78. The court had emphasized on the applicability of the *cumulative effect* upon the patient, of the medical negligence, in the decision reported as *Malay Kumar Ganguly v Dr. Sukumar Mukherjee* (hereafter “*Malay Kumar Ganguly*”) ⁶³ and held that negligence of each treating contributory fact resulting in the patient’s condition, has to be seen: “*in a case of this nature, the court must deal with the consequences the patient faced, keeping in view the cumulative effect.*” *Malay Kumar Ganguly* (supra) is also an authority for the reasoning that while awarding compensation, the court should consider “*loss of earning or profit up to the date of trial*” including any loss “*already suffered or is likely to be suffered in future*”. Recently, in *Sidram v Divisional Manager* ⁶⁴, this court underlined the rationale for just compensation:

“32. This Court has emphasised time and again that “just compensation” should include all elements that would go to place the victim in as near a position as she or he was in, before the occurrence of the accident. Whilst no amount of money or other material compensation can erase the trauma, pain and suffering that a victim undergoes after a serious accident, (or replace the loss of a loved one), monetary compensation is the manner known to law, whereby society assures some measure of restitution to those who survive, and the victims who have to face their lives.”

⁶³ (2009) 13 SCR 1.

⁶⁴ [2022] 8 S.C.R. 403.

In *K. Suresh v. New India Assurance Co. Ltd.*⁶⁵, this court observed that:

“10. It is noteworthy to state that an adjudicating authority, while determining the quantum of compensation, has to keep in view the sufferings of the injured person which would include his inability to lead a full life, his incapacity to enjoy the normal amenities which he would have enjoyed but for the injuries and his ability to earn as much as he used to earn or could have earned. Hence, while computing compensation the approach of the Tribunal or a court has to be broad-based. Needless to say, it would involve some guesswork as there cannot be any mathematical exactitude or a precise formula to determine the quantum of compensation. In determination of compensation the fundamental criterion of “just compensation” should be inherited.”

79. Recently, in *Abhimanyu Partap Singh v. Namita Sekhon & Anr.*,⁶⁶ this court held that:

“compensation can be assessed in pecuniary heads i.e. the loss of future earning, medical expenses including future medical expenses, attendant charges and also in the head of transportation including future transportation. In the non-pecuniary heads, the compensation can be computed for the mental and physical pain and sufferings in the present and in future, loss of amenities of life including loss of marital bliss, loss of expectancy in life, inconvenience, hardship, discomfort, disappointment, frustration, mental agony in life, etc.”

80. The appellant has claimed a total sum of ₹ 95,03,00,000/- (Rupees ninety-five crores, three lakhs only), under various heads:

- (i) ₹1.5 crores as travelling expenses, for his treatment, incurred- every month from his house to New Delhi, (ii) ₹ 50 lakhs as the expenses for his medicines, (iii) ₹ 1.53 crores for loss of salary, from the date of his retirement due to not giving extension till the age of superannuation, (iv) ₹1.5 crores as medical -expenses which he is required to incur due to the non-availability of medical services and an immunologist at his home town, (v) ₹10 crores for violation of his human rights, ₹ 40 crores for mental and social agony, and ₹40 crores for his defamation.

⁶⁵ (2012) 11 SCR 414.

⁶⁶ 2022 (16) SCR 1.

- (ii) The total salary claimed per annum was ₹ 10,89,052 / - (i.e. ₹ 89,921/- per month multiplied by twelve months); *to the total salary for the “leftover period of service from 31 May, 2016 to 31 May 2033.”* calculated @ ₹ 5,44,526/-; plus a sum of ₹ 10,89,052 multiplied by 12 (number of years left, till the age of 58 years) ₹ 2,80,97,541.60, added to which the appellant claims a factor of 1.6 (for future prospects). The total thus worked out is ₹ 50,57,55,748.80.

81. The appellant's claim of ₹ 89,921/- per month, is based on the calculation that he would have earned, had he been in service if the seventh pay commission pay fixation and adjustment were provided. However, he was discharged from service on 31.05.2016. He claimed, in addition, a host of allowances (dearness allowance, family assistance, house rent allowance, good conduct allowance, etc.). No doubt these factors have to be considered when loss of earnings or income is to be calculated. However, *all allowances* cannot be granted, towards loss of earnings. This court is cognizant of the fact that the appellant has also been drawing pension (including disability pension which is now in the range of about ₹ 6000/- per month). Even if the appellant's calculation about loss of future earnings were to be taken into account, given that he has been a pensioner, for the past 7 years, adjustment of the base compensation figure for compensation for loss of earnings has to be given. Therefore, *taking a conservative* consolidated figure of ₹ 65,000/- per month, if the average pension earned is pegged @ ₹ 25,000/- per month, the total figure he would be entitled towards loss of earning, for seven years, would be about ₹ 33,60,000/-. The figure could be rounded off, appropriately, to ₹ 35,00,000/-. The court would then, have to take into account, the appellant's age, as of date, which is 47 years. Again, if a multiplier of 12 is applied to determine compensation for loss of future income, including adding 40% towards loss of future prospects, the figure would be ₹ 80,64,000/-. The total amount, (i.e., ₹ 35,00,000/- plus ₹ 80,64,000/-) would be ₹ 1,15,64,000/- (Rupees

one crore fifteen lakhs sixty four thousand only). Of this, a deduction for the expenses of the appellant, calculated @ 25% would have to be made. The figure to be deducted would be ₹ 28,91,000/-. The total amount, towards loss of earnings, including future earnings, would then be ₹ 86,73,000/- (Rupees eighty six lakhs seventy three thousand only).

Mental agony

82. This court has repeatedly emphasized that mental agony is an important factor to be taken into account while calculating compensation. In the present case, there are multiple facts, which in the opinion of this court, establish that the appellant suffered from callousness and insensitivity of the respondents, who persisted in being in denial. These may be briefly set out:

- a. Firstly, the appellant received the biggest jolt, when he was informed that he was an HIV positive infected person, in May, 2014. The subsequent tests and certifications were mere palliatives. The respondents' effort was to somehow get rid of his services, which they did with effect from 31.05.2016.
- b. Secondly, the appellant was virtually stonewalled in his efforts to secure documents, and information; most of his queries under the Right to Information Act (RTI) were turned down; he had to go in appeals.
- c. Even the appellate authority 171 Military Hospital stated in its letter (dated 12.06.2018) *"is not authorized any Blood Bank and hence no Pathologist is authorized nor posted, at any time. However, an ad-hoc blood bank was established during 'Op Parakram' i.e. in 2002. Blood would be requisitioned from 166 MH and stored at 171 MH."*
- d. A tabular chart, showing the appellant's queries, and their outcome, with relevant particulars, is reproduced below, based on the admitted documents placed on record:

S No	RTI Filing Date	RTI Reply Date	Contents of Reply
1.	30.12.2016	18.01.2017	RTI was filed by the appellant on 30.12.2016 seeking confirmation regarding availability of immunologist empaneled with ECHS Polyclinic Ajmer and by response dated 18 Jan 2017, it was confirmed that <u>no immunologist is available in hospital at Ajmer which is empanelled with ECHS Polyclinic Ajmer.</u>
2.	14.01.2017	20.02.2017	RTI filed by appellant regarding allotment of service quarter/married accommodation and the IAF replied, in the reply to the appellant's RTI query, that service quarter/married accommodation was allotted to a married air-warrior to live out with his family after registration for married accommodation by the respective individual and brought within authorized married establishment as per seniority in waiting list. It was further stated in reply that diagnosis and treatment mentioned against " <i>patient must be duly signed by CMO of concerned Government Hospital</i> ".
3.	14.02.2017	14.03.2017	It was stated that in the RTI reply that the information sought is 'interrogatory in nature' and does not fall within the definition of "information". It was admitted by HQ South Western Air Command, IAF, Gandhinagar that " <i>Medical facility is the part of service conditions of the Indian Air Force for Air warriors.</i> "
4.	05.05.2017	13.07.2017	RTI application filed on 05.05.2017 seeking for <u>copies of the appellant's willingness certificate for blood transfusion at the 171 MH facility and whether the treating doctor informed the appellant about the risks associated with the blood transfusion.</u> The reply was that no such records are available with the hospital as same fell under exemption under Section 8(1) of the RTI Act, 2005 and the respective records were forwarded to respective records office after discharge from the hospital.
5.	18.06.2017	18.08.2017	An RTI was filed on 18 Jun 2017 wherein amongst other things, appellant asked for maximum age an airman can serve in IAF and when will seventh pay commission be effective from. It was replied by reply dated 18.08.2017 that <u>revised 7th pay commission is effective from 01.01.2016 and maximum age airman can serve in IAF is 57 yrs. (subject to extension on meeting eligibility criteria and service exigencies).</u>
6.	03.07.2017	11.07.2017	RTI application also filed on 03.07.2017 by the appellant to Ministry of Finance, Department of Economic affairs seeking <u>details about the ongoing inflation rate as per the Consumer price index for the financial year 2014-15</u> and response was provided for the same vide letter dated 11.07.2017.
7.	02.12.2017	04.01.2018	BH, Delhi Cantt -10 replied that no Immunologist is posted at BH, Delhi Cantt-10. However, doctors were available who could treat HIV/AIDS patient at BH, Delhi Cantt-10.

8.	26.10.2018	05.12.2018	RTI by the appellant on 26.10.2018 to CPIO, Indian Army regarding his blood group and RH Factor Test report in respect of blood transfusion at the 171 Military facility in 2002, and by reply dated 05.12.2018 <u>the respondent admitted that Blood Group and RH Factor Test Report of appellant in respect to Blood transfusion was NOT available.</u>
9.	22.04.2019	Date unclear	On 22.04.2019, another RTI application by the Appellant <u>requesting for medical records in respect of the medical board proceedings dated 12.12.2014 and any correspondence between the IAF and the Registry of the military facility at MH 171 and the reply (undated) stated that that no such information was available.</u>
10.	27.04.2019	Date Unclear	RTI application dated 27.04.2019 to CPIO Food Corporation of India wherein he asked for reasons for exclusion of HIV category patients from the category of Persons with Disability and reference was made to a reply letter dated 29.05.2018. <u>It was admitted by the Food Corporation that HIV disease/ HIV positive applicants were not considered in category of Persons with disability and in the Online Application Form. No option was available there to disclose the HIV positive status of the appellant.</u>
11.	17.05.2019	21.05.2019	RTI application dated 17.05.2019 filed by appellant asking for copy of <u>correspondence between 171 MH facility and Senior Medical Officer, SMC, HQ, SWAC (U) Gandhinagar in 2014 regarding medical board proceeding dated 12.12.2014, and by reply, it was informed that no such correspondence existed.</u>
12.	18.07.2019	16.08.2018	On 18 July 2019, Appellant filed RTI application for written correspondence between Air Force and Registrar at 171 MH Medical facility in respect of his letter dated 21 Jul 2014 and 16 Sep 2014. By letter dated 16.08.2018, he was informed that <u>no such correspondence in respect of the above stated letter was exchanged between the IAF and the Registrar of the military facility (i.e., MH 171).</u>
13.	27.06.2019	03.07.2019	RTI filed on 27 th June 2019 seeking for details of availability of transfusion medicine expert at the 171 MH Military facility and vide reply letter dated 03.07.2019, it was <u>admitted by the first respondent that no such transfusion medicine expert (doctor) was available and no blood grouping & Cross matching test report is available at the said 171 Military hospital facility.</u>
14.	13.05.2022	23.05.2022	RTI application filed on 13.05.2022 by the appellant to 171 Military Hospital requesting for the medical records <u>pertaining to transfusion of blood on 10.07.2002 and information relating to source of the donor and vide reply dated 23.05.2022. The appellant was informed that no such information is available with the respondents' without assigning any reasons for same.</u>
15.	31.07.2022	11.08.2022	Another RTI dated 31.07.2022 filed by appellant to ECHS Cell, Station headquarters, Ajmer asking for his eligibility to become ECHS (Ex-Service Contributory Health Scheme) and it was replied vide letter dated 11.08.2022 that <u>no provision exist by which Appellant can become member of ECHS prior to retirement which falls on</u>

			<u>31.05.2016, and even after retirement, Appellant had to register himself to become a member of the ECHS and it was never mentioned in office letter dated 25.07.2022 that he had become member of ECHS from his date of retirement i.e. on 31 May 2016.</u>
16.	(Unclear)	06.05.2022	Another RTI was filed by the Appellant where appellant asked for information to be provided to him <u>about name of laboratory test through which he is likely to be infected with virus</u> . AIIMS vide letter dated 06.05.2022, while referring to NACO Guidelines for HIV testing, 2015, stated that <i>“none of the diagnostics modalities can ascertain or dig out the cause of action for HIV virus that later became HIV positive”</i> .
17.	24.07.2022	11.08.2022	RTI application dated 24 Jul 2022 filed by the appellant asking <u>if any circular/letter/memorandum/order exists which exempts defense personnels from complying with NACO circular and guidelines to which it was responded vide letter dated 11 Aug 2022 that no such circular/order/memorandum/letter exists.</u>
18.	23.10.2022	24.11.2022	RTI application dated 23.10.2022 (received by Base Hospital, Delhi Cantt-10 on 01.11.2022) filed by Appellant u/s 7(1) of RTI Act (which further provides that when an information concerns life or liberty of a person, same information shall be provided within 48 hrs of receipt of the request). Amongst other thing), <u>he has asked whether the hospital lab has facility for CD-4 counts. Hospital replied that though they have facility for laboratory test for HIV RNA for HIV defense personnel, however lab does not have facility for CD 4 counts.</u> (In their reply, they also mentioned that provisions of section 7(1) of RTI Act should not have been invoked by the Appellant as no imminent danger to life or liberty was demonstrably proven by Appellant in case information is not supplied within 48 hrs.)

- e. The same appellate authority’s order clearly went beyond its remit, and- as discussed earlier, went on to highlight entirely external factors, such as the appellant’s alleged marital discord; it even mentioned the name of his spouse.
- f. Once the appellant approached the Commission, and notice was issued, in 2017, the respondents decided that the issue had to somehow be dealt with; by orders issued in *May 2018, after notice was received, and when the reply was being planned*, the CoI was constituted.
- g. The CoI did not involve the appellant at all; the entire effort was to somehow see how the respondents could absolve themselves from liability.

83. This court has, in the past, highlighted that the head of mental agony has to be assessed and granted while awarding compensation (Ref. *Spring Meadows; V. Krishna Kumar v State of Tamil Nadu*⁶⁷). In the latter case, the High Court had awarded damages, upon a finding of negligence on account of lack of care due to blood transfusion to the baby at the time of her premature birth, which led to a medical condition, i.e., progressive retinal disease. The court not only granted damages under the head of mental agony, but also towards past medical expenses, and future medical expenses, after factoring an annual inflation rate of 1% per annum. The total sum awarded was ₹1.38 crores.

84. In the present case, the shock and agony faced by the appellant, the trauma which he felt because of the virtual denial of his condition, the stonewalling attempts of the respondents, in firstly denying his requests for information, and then, holding a CoI behind his back, are actionable. Whilst individuals' roles cannot be pinpointed, the overall inference one is left to draw is overwhelming prejudice- despite the appellant's unblemished track record of service in the IAF. The premature retirement, and to cap it all (in an incident for which the respondents cannot be held responsible) his rejection by a public sector company, the Food Corporation of India (FCI) *on the ground of his being HIV positive* are aggravated factors. The IAF could certainly have taken pro-active steps to ensure that the appellant was provided with some alternative employment, within its organization, or as part of the armed forces' rehabilitation programmes for veterans and ex-servicemen. The overall result was acute mental agony caused to the appellant. This court is of the opinion, that the appellant is entitled to ₹ 50,00,000/- (Rupees fifty lakhs only) towards this head.

85. The appellant had highlighted how his attempt to secure employment elsewhere has been thwarted and relied upon the correspondence with FCI. The respondents cannot be fastened with liability on that score, however, at the same

⁶⁷ 2015 (8) SCR 100.

time, it would be relevant to highlight that Parliament has enacted the HIV and AIDS (Prevention and Control) Act, 2017 (hereafter, “*HIV Act*”) which protects and promotes the rights of persons affected by HIV and AIDS. The Act came into force on September 10, 2018. Its objectives are the prevention and control of the spread of HIV and AIDS and the reinforcement of legal and human rights of HIV infected persons and those affected by AIDS. It protects the rights of healthcare providers as well.

86. The HIV Act addresses stigma and discrimination⁶⁸ (Section 3); and aims at the creation of an environment enabling or enhancing access to services. Section 5 of the HIV Act elaborately imposes obligations upon persons to seek *informed consent* of concerned persons, before HIV related testing or procedures are undertaken, and before any line of medical treatment is to be given. Other provisions enabling access to diagnostic facilities related to Anti-Retroviral Therapy (ART) and opportunistic infection management for people living with HIV and AIDS have been made. Further, the HIV Act provides for a grievance redressal mechanism in the form of an Ombudsman at the state level and a Complaints Officer at the establishment level for providing speedy redressal. ***Section 34 of the HIV Act imposes obligations upon courts to anonymise the name of the individual concerned affected by HIV positive or AIDS, and also expedite legal proceedings.***

⁶⁸ Section 2 (d) (b) defines discrimination as something where a person “denies or withholds any benefit, opportunity or advantage from any person or category of persons, based on one or more HIV-related ground” Section 3, *inter alia*, states that:

“3. No person shall discriminate against the protected person on any ground including any of the following, namely:— (a) the denial of, or termination from, employment or occupation, unless, in the case of termination, the person, who is otherwise qualified, is furnished with— (i) a copy of the written assessment of a qualified and independent healthcare provider competent to do so that such protected person poses a significant risk of transmission of HIV to other person in the workplace, or is unfit to perform the duties of the job; and Prohibition of discrimination. (ii) a copy of a written statement by the employer stating the nature and extent of administrative or financial hardship for not providing him reasonable accommodation; (b) the unfair treatment in, or in relation to, employment or occupation; ...”

87. This court is conscious of the fact that the provisions of the HIV Act cannot be applied to the facts of this case. Yet, it enacts standards and imposes obligations upon several authorities, including the justice delivery system, to take specified measures to ease and mitigate the hardships and barriers which HIV or AIDS affected persons, would ordinarily face. In the light of its provisions, this court proposes its effective implementation, through operative directions to be issued hereafter.

Future care

88. The HIV positive condition is such that it can lead to slow and debilitating results. The steady weakening and degenerative form of the condition has been described as follows⁶⁹:

“Acute infection

An HIV-positive person may not have many serious symptoms during this stage, but there are usually large quantities of virus in their blood as the virus reproduces rapidly. Acute symptoms can include: (a) fever (b) chills (c) night sweats (d) diarrhea; (e) headache (f) muscle aches (g) joint pain (h) sore throat (i) rash (j) swollen lymph nodes (k) mouth or genital ulcers

Chronic HIV infection

The next stage is called the chronic infection stage. It can last for as long as 10 to 15 years An HIV-positive person may or may not show signs or have symptoms during this stage. As the virus advances, the CD4 count decreases more drastically. This can lead to symptoms such as: fatigue; shortness of breath; cough; fever; swollen lymph nodes; weight loss; diarrhea; rash.

AIDS

If untreated HIV advances to AIDS, the body becomes prone to opportunistic infections. AIDS increases a person’s risk for many infections, including a herpes virus called cytomegalovirus (CMV). It can cause problems with the eyes, lungs, and digestive tract. Kaposi sarcoma, another possible complication, is a cancer of the blood vessel walls. It’s rare among the general population, but it’s more common in people with advanced HIV. Symptoms include red or dark purple lesions on the mouth and skin. It can also cause

⁶⁹ <https://www.healthline.com/health/hiv-aids/effects-on-body#respiratory-and-cardiovascular-systems>, last accessed at 05:41 AM on 25th September, 2023.

problems in the lungs, the digestive tract, and other internal organs. HIV and AIDS also put a person at higher risk for developing lymphomas. An early sign of lymphoma is swollen lymph nodes.

Respiratory and cardiovascular systems

HIV makes it hard to fight off respiratory problems such as the common cold and flu. In turn, an HIV-positive person may develop related infections, such as pneumonia. Without treatment for HIV, advanced disease puts an HIV-positive person at an even greater risk for infectious complications, such as tuberculosis and a fungal infection called pneumocystis jiroveci pneumonia (PJP). PJP causes trouble breathing, cough, and fever. The risk of lung cancer also increases with HIV. This is due to weakened lungs from numerous respiratory issues related to a weakened immune system. According to available research, lung cancer is more prevalent among people with HIV compared to people without it.

People with HIV are more likely to develop high blood pressure. HIV also raises the risk of pulmonary arterial hypertension (PAH). PAH is a type of high blood pressure in the arteries that supply blood to the lungs. Over time, PAH will strain the heart and can lead to heart failure.

If a person has HIV with a low CD4 count, they're also more susceptible to tuberculosis (TB).

TB is an airborne bacterium that affects the lungs. It's a leading cause of death in people who have AIDS. Symptoms include chest pain and a bad cough that may contain blood or phlegm. The cough can linger for months."

89. In the present case, the appellant was diagnosed HIV positive, and immediately placed under ART which continues till date. His immune system has gone down, due to the untreated condition, for some undetermined time. He complains of reduced mobility; the IAF itself has characterised his disability, though assigned it a figure of 30% disability; that was, however, sufficient for them to dispense with his service. As time progresses, he would need the assistance of a helper. Even conservatively calculated, such a helper would have to be paid about ₹ 10,000/- to ₹ 15, 000/- per month. If a calculation of average of ₹ 10,000/- to ₹ 15,000/- (i.e., ₹ 12,500/-) for twelve years is taken into account, the total sum would be ₹ 18,00,000/- (Rupees eighteen lakhs only).

Future medical care

90. The respondents, through the available medical facilities, have till date provided medical assistance. Repeatedly during the hearing, the appellant had been complaining of obstruction and delay, and denial of his requests. The court had intervened. Oftentimes, the appellant – perhaps due to his condition, and repeated feeling of exclusion, might have overreacted. Yet, it is undeniable that the respondents owe a duty to ensure that the appellant's requests are met in a compassionate and timely manner. To avoid any future friction, this court hereby directs the respondents to extend fullest co-operation to the appellant, in regard to his future medical treatment. Furthermore, the appellant shall be entitled to bi-monthly medical check-ups at the relevant departments, in the Research and Referral Centre (R&R) in New Delhi; for that purpose, the respondents shall ensure that the necessary travel expenses, in accordance with the appellant's entitlement are disbursed. It is also clarified that the appellant should fill out whatever forms are necessary for the timely disbursement of his pension, and entitlement, on a monthly basis.

91. Before issuing concluding directions, this court would like to record some relevant observations. People sign up to join the armed forces with considerable enthusiasm and a sense of patriotic duty. This entails a conscious decision to put their lives on the line and be prepared for the ultimate sacrifice of their lives. A corresponding duty is cast upon all state functionaries, including echelons of power *within* the armed forces to ensure that the highest standards of safety (physical/mental wellbeing, medical fitness as well as wellness) are maintained. This is absolutely the minimum required of the military/air force employer for not only assuring the *morale* of the forces but also showing the sense of how such personnel matter and their lives count, which reinforces their commitment and confidence. Any flagging from these standards – as the multiple instances in the present case have established, only entails a loss of confidence in the personnel,

undermines their morale and injects a sense of bitterness and despair not only to the individual concerned but to the entire force, leaving a sense of injustice. When a young person, from either sex (as is now a days the case) enrolls or joins any armed forces, at all times, their expectation is to be treated with dignity and honour. The present case has demonstrated again and again how dignity, honour and compassion towards the appellant were completely lacking in behaviour by the respondent employer. Repeatedly the record displays a sense of disdain, and discrimination, even a hint of stigma, attached to the appellant, in the attitude of the respondent employer. Although this court has attempted to give tangible relief, at the end of the day it realizes that no amount of compensation in monetary terms can undo the harm caused by such behaviour which has shaken the foundation of the appellant's dignity, robbed him of honour and rendered him not only desperate even cynical.

Concluding directions

92. As a result of the above discussion, it is held that the appellant is entitled to compensation, calculated at ₹ 1,54,73,000/- (Rupees one crore fifty four lakhs seventy three thousand only) towards compensation on account of medical negligence of the respondents, who are held liable, for the injury suffered by the appellant. It is also held that since individual liability cannot be assigned, the respondent organizations (IAF and Indian Army) are held vicariously liable, *jointly*, and severally, to the above extent. The amount shall be paid to the appellant within six weeks by the IAF, his employer; it is open to the IAF to seek reimbursement, to the extent of half the sum, from the Indian Army. All arrears related to disability pension too shall be disbursed to the appellant within the said six weeks period.

93. In keeping with the mandate of the HIV Act, the following directions are issued to the Central and State Governments:

- 1) Under Section 14 (1) of the HIV Act, the measures to be taken by the Central Government and all the State Government are, to provide, (as far as possible), diagnostic facilities relating to HIV or AIDS, Anti-retroviral therapy and Opportunistic Infection Management to people living with HIV or AIDS.
- 2) The Central Government shall issue necessary guidelines in respect of protocols for HIV and AIDS relating to diagnostic facilities, Anti-retroviral therapy and opportunistic Infection Management *applicable to all persons and shall ensure their wide dissemination* at the earliest, after consultation with all the concerned experts, particularly immunologists and those involved in community medicine, as well as experts dealing with HIV and AIDS prevention and cure. These measures and guidelines shall be issued within three months, and widely disseminated, in the electronic media, print media and all popularly accessed public websites.
- 3) Under Section 15 (1) & (2) of the HIV Act, the Central government and every State Government shall take measures to facilitate better access to welfare schemes to persons infected or affected by HIV or AIDS. Both the Central and State Governments shall frame schemes to address the needs of all protected persons.
- 4) Under Section 16 (1) of the HIV Act, the Central and all the State Governments, shall take appropriate steps to protect the property of children affected by HIV or AIDS. By reason of Section 16 (2) of the HIV Act, the parents or guardians of children affected by HIV and AIDS, or any person acting for protecting their interest, or a child affected by HIV and AIDS may approach the Child Welfare Committee [within the meaning of that expression under Section 29 of the Juvenile Justice (Care and Protection of Children) Act, 2000] for the safe keeping and deposit of documents related to the property rights of such

child or to make complaints relating to such child being dispossessed or actual dispossession or trespass into such child's house.

- 5) The Central and every State Government shall formulate HIV and AIDS related information, education and communication programmes which are age-appropriate, gender-sensitive, non-stigmatising and non-discriminatory.
- 6) The Central Government shall formulate guidelines [under Section 18(1) of the HIV Act] for care, support and treatment of children infected with HIV or AIDS; in particular, having regard to Section 18 (2) "*notwithstanding anything contained in any other law for the time being in force*", the Central Government, or the State governments shall take active measures to counsel and provide information regarding the outcome of pregnancy and HIV- related treatment to the HIV infected women. The Central Government shall also notify HIV and AIDS policy for establishments in terms of Section 12 of the HIV Act.
- 7) It is further directed that under Section 19 of the HIV Act, every establishment, engaged in the healthcare services and every such other establishment where there is a significant risk of occupational exposure to HIV, for the purpose of ensuring safe working environment, shall (i) provide, in accordance with the guidelines, *firstly*, universal precautions to all persons working in such establishment who may be occupationally exposed to HIV; and *secondly* training for the use of such universal precautions; *thirdly* post exposure prophylaxis to all persons working in such establishment who may be occupationally exposed to HIV or AIDS; and (ii) inform and educate all persons working in the establishment of the availability of universal precautions and post exposure prophylaxis.

- 8) By reason of Section 20 (1) of the HIV Act, the provisions of Chapter VIII⁷⁰ of the HIV Act apply to all establishments consisting of one hundred or more persons, whether as an employee or officer or member or director or trustee or manager, as the case may be. In keeping with proviso to Section 20 (1) of the HIV Act, in the case of healthcare establishments, the said provision shall have the effect as if for the words “one hundred or more”, the words “twenty or more” were substituted.
- 9) Every person who is in charge of an establishment, mentioned in Section 20 (1) of the HIV Act, for the conduct of the activities of such establishment, shall ensure compliance of the provisions of the HIV Act.
- 10) Every establishment referred to in Section 20 (1) of the HIV Act has to designate someone, as the Complaints Officer who shall dispose of complaints of violations of the provisions of the HIV Act in the establishment, in such manner and within such time as may be prescribed. The rules in this regard may be formulated by the Central Government at the earliest, preferably within 8 weeks from today.
- 11) The Secretary, Department of Labour of every state shall ensure the collection of information and data relating to compliance with Sections 19 and 20 of the HIV Act, in regard to designation of a complaint officer, in all the factories, industrial establishments, commercial establishments, shops, plantations, commercial offices, professional organizations, and all other bodies falling within the definition of “establishments” [under Section 2 (f) of the HIV Act] which reads as follows:

“‘establishment’ means a body corporate or co-operative society or any organisation or institution or two or more persons jointly carrying out a systematic activity for a period of twelve months or

⁷⁰ Dealing with “Safe Working Environment”.

more at one or more places for consideration or otherwise, for the production, supply or distribution of goods or services.”

Such information shall be forwarded to the Secretary, Union Ministry of Labour and Employment, within 10 weeks. The Union Labour and Employment Secretary shall file an affidavit of compliance containing a tabular statement, with respect to implementation of provisions of the Act, within 16 weeks from today.

12) Every court, quasi-judicial body, including all tribunals, commissions, forums, etc., discharging judicial functions set up under central and state enactments and those set up under various central and state laws to resolve disputes shall take active measures, to comply with provisions of Section 34⁷¹ of the HIV Act. Chief Justices of all High Courts, shall compile information, and devise methods of collecting information in that regard, anonymizing identity of persons affected, appropriately and also complying with provisions of Section 34 (2) of the HIV Act. The Registrar General of the Supreme Court shall also look into the matter, and frame relevant guidelines which, after approval be issued and implemented.

94. Before concluding, this court would place on record its appreciation and gratitude to the *amicus*, Ms. Meenakshi Arora Senior Advocate, for her valuable assistance; the assistance given by Mr. Vikramjit Banerjee, the ASG; and Ms. Vanshaja Shukla, the *amicus* who painstakingly compiled the paper-book, and patiently heard the appellant with the aim of addressing all his concerns and assisted Ms. Arora. The court would also acknowledge the appellant's

⁷¹ 34.(1) *In any legal proceeding in which a protected person is a party or such person is an applicant, the court, on an application by such person or any other person on his behalf may pass, in the interest of justice, any or all of the following orders, namely:—*

(a) that the proceeding or any part thereof be conducted by suppressing the identity of the applicant by substituting the name of such person with a pseudonym in the records of the proceedings in such manner as may be prescribed;

(b) that the proceeding or any part thereof may be conducted in camera;

(c) restraining any person from publishing in any manner any matter leading to the disclosure of the name or status or identity of the applicant.

perseverance and the diligent research and scholarship put in by him, in the relentless quest for justice. The respondents are directed to bear the costs quantified at ₹ 5,00,000/- (Rupees five lakhs only) which shall also be paid to the appellant, within six weeks. The Supreme Court Legal Services Committee shall bear the honorarium of ₹ 50,000/- (Rupees fifty thousand only) to be paid to the *amicus* Ms. Shukla.

95. The appeal is allowed and any pending applications are disposed of in the above terms.

.....J.
[S. RAVINDRA BHAT]

.....J.
[DIPANKAR DATTA]

**NEW DELHI;
SEPTEMBER 26, 2023**



क.रा.वी.नि.
E.S.I.C.

मुख्यालय/HEADQUARTER
कर्मचारी राज्य बीमा निगम
(श्रम एवं रोजगार मंत्रालय भारत सरकार)
EMPLOYEES' STATE INSURANCE
CORPORATION
(Ministry of Labour & Employment, Govt.
of India)



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No.:U-16013/180/2023-MED-I(E-491176)

Dated: 03.11.2023

To
DEANs/Medical Superintendents/DIMS/
Zonal Medical Commissioner
ESIC Medical College & Hospitals


**Subject: Integration of National AIDS Control Programme in ESIC Medical Institutions/
Hospitals for preventive, diagnostic and treatment services**

Madam/Sir,

The National AIDS Control Programme (NACP) is being implemented as a comprehensive programme for prevention and control of HIV/AIDS in India and National AIDS Control Organization (NACO) is the organization set up by the Government to implement the project.

The Guidelines for ESIC Hospitals for integrating with the National AIDS Control Programme (NACP) through NACO are issued as enclosure for wide circulation and adherence.

This issues with the approval of the Competent Authority


Dr. Manoj Kumar
OSD (MS)

Copy to: -

- All Regional Directors

Recommendations of committee constituted for integration of National AIDS Control Programme in ESIC Medical Institutions/ Hospitals for preventive, diagnostic and treatment services

National AIDS Control Organization is a division of the Ministry of Health and Family Welfare that provides leadership to HIV/AIDS control programme in India through 35 HIV/AIDS Prevention and Control Societies. In 1986, following the detection of the first AIDS case in the country, the National AIDS Committee was constituted in the Ministry of Health and Family Welfare. As the epidemic spread, need was felt for a nationwide programme and an organization to steer the programme. In 1992 India's first National AIDS Control Programme (1992-1999) was launched, and National AIDS Control Organization (NACO) was constituted to implement the programme.

At present, National AIDS and STD Control Programme (NACP) Phase-V is ongoing and is a Central Sector Scheme fully funded by the Government of India. The NACP is providing comprehensive package of prevention, detection and treatment services directed towards the attainment of United Nations' Sustainable Development Goals 3.3 of ending the HIV/AIDS epidemic as a public health threat by 2030. Esic is a leading healthcare provider in India to Insured Persons (IP's) and every effort should be made to deepen links to develop integration with NACP so that the benefit of quality preventive, diagnostic and treatment services can be passed on to our IP's.

In this regard, the committee recommends training for all cadres of healthcare staff involved in diagnostic, treatment and preventive services. in accordance with the National AIDS Control Organization (NACO) guidelines, the recommendations are as follows:

I. ESTABLISHMENT OF TESTING INTEGRATED COUNSELLING AND TESTING CENTRE (ICTC CENTRE) IN ESIC MEDICAL INSTITUTIONS/ HOSPITALS:

HIV COUNSELLING & TESTING

HIV testing determines whether a person is infected with HIV or not. It's a simple blood test to determine anti-HIV antibodies. Diagnosis of HIV/AIDS is not like other infectious diseases. A number of moral, ethical, legal and psychosocial issues are associated with a positive HIV status. Disease is lifelong, disease is variable, no cure and vaccine is available so far, and in

majority, the transmission is through sexual contact. Hence, HIV positive individuals are likely to be stigmatized and fear being discriminated or socially outcasted.

Therefore, following care need to be taken (5Cs) while performing test for HIV (National HIV Counselling and Testing Services (HCTS) Guidelines December 2016):

- 1.COUNSELLING (PRETEST & POST TEST)
2. CONSENT
- 3.CONFIDENTIALITY
- 4.CORRECT TEST
- 5.CONNECTION TO CARE, SUPPORT AND TREATMENT

WHERE TO CONDUCT COUNSELLING & TESTING

As per NACO guidelines, HIV testing & counselling can be conducted at a health care facility(hospital) through their existing staff with due sensitization, orientation, guidance, monitoring and training by the respective State AIDS Control Society (SACS).

Proper signages should direct and guide people to reach the site and functionary for HIV screening. To ensure audio-visual privacy and confidentiality during HIV screening and counselling, the health facility should earmark a suitable room with good cross-ventilation to prevent air-borne infection.

WHICH POPULATION TO BE TESTED FOR HIV (*National HIV Counselling and Testing Services (HCTS) Guidelines 2016*):

Healthcare Provider to offer HIV testing to the following priority populations:

- a) All pregnant women
- b) Babies born to HIV-positive women
- c) Untested children of women living with HIV (WLHIV)
- d) Children presenting with suboptimal growth or severe acute malnutrition, delay in developmental milestones, oral thrush, severe pneumonia and sepsis
- e) Patients who present with signs and symptoms suggestive of HIV/AIDS in any health-care setting including emergency
- f) Individuals who have faced sexual assault

- g) Before initiating PEP and as a follow-up testing
- h) Patients with TB or presumptive TB, Kala-azar, hepatitis B or C, or STI/RTI
- i) STI/RTI clinic attendees
- j) Sexual partners/spouses of PLHIV
- k) Any other situation where the health-care provider feels HIV testing is essential

1.COUNSELLING:

PRETEST COUNSELLING

Provide pre-test counselling to the individual and document the details in the counselling register. Counsel using posters, flip charts, brochures and short video clips so as to prepare him/her for the HIV test and to address myths and misconceptions.

2. CONSENT (INFORMED CONSENT):

Take informed consent of individual for HIV testing with signature/ thumb impression in the counselling register. Each individual should give informed consent **for testing with an opt-out option**. In case of individuals below 18 years of age, informed consent has to be obtained from their parents.

If individual opts for HIV testing, provide information related to testing procedure. If individual opts out, provide further counselling to the individual on the benefits of knowing his/ her HIV status.

Conduct HIV screening testing as per applicable procedures.

POST TEST COUNSELLING:

- a) For individuals screened reactive, provide post-test counselling .
- b) Explain the test results and diagnosis results and help him/her cope with emotions arising from the diagnosis of HIV infection
- c) Provide clear information on free ART (where it is offered, when ART will start, for how long it has to be taken, how many times it has to be taken, who will provide ART, what tests

are required for starting ART, side-effects and benefits of ART, available social benefit schemes, importance of adherence to ART etc

d) About opportunistic infections, etc.) and reducing the risk of HIV transmission

e) Ensure linkage with an ART Centre while addressing any specific barrier

f) Discuss possible disclosure of the result and the risks and benefits of disclosure, particularly among couples

g) Encourage and offer HIV testing for untested sexual partner(s)/spouse and children (age upto 14 years) of HIV-positive women.

3. CONFIDENTIALITY:

The results of HIV test will only be known to the patient and treating medical team. The test results are confidential and it is against policy to share patient's report with others without his permission.

4. CORRECT TESTING:

HIV testing in the National AIDS Control Programme (NACP) is performed by:

- The Integrated Counselling and Testing Centres (ICTCs) for individual testing in healthcare facilities
- Blood Banks (for safety of blood products).

HIV infection in any individual beyond 18 months of age can be detected by laboratory test/s that demonstrate(s) either the virus or viral products, or antibodies to the virus in blood/serum/plasma. In children below 18 months of age, due to persistence of maternal antibodies, diagnosis of HIV is made by PCR tests that detect HIV nucleic acid.

Quality Checked Diagnostic Kits' supply from NACO: Need-based quantities of these test kits should be supplied on a regular basis by respective SACS to the ESIC Health care Facility. These test kits need to be stored between 2°C to 8 °C in the refrigerator available at the health facility.

Under the NACP, the most commonly employed rapid tests are based on the principle of enzyme immunoassay, immuno-chromatography (lateral flow), immuno-concentration/dot-

blot assays (vertical flow) and particle agglutination. All these different rapid tests should have a sensitivity of $\geq 99.5\%$ and specificity of $\geq 98\%$.

HIV testing strategies for Adults and Children (above the age of 18 months)

National HIV testing strategies enable the Programme to screen for HIV or confirm the diagnosis of HIV among priority populations at the nearest facility. In view of the low prevalence of HIV in India, it is necessary to use three different principles or antigen-based rapid tests to confirm the diagnosis. Every individual with an HIV-non-reactive result should be educated about the possibility of a window period, and that a non-reactive result does not always rule out the possibility of HIV infection, if the individual has been recently infected.

Strategy I :

Single test (enzyme-linked immune sorbent assay [ELISA] or rapid) is mandatory for screening of donated blood in blood banks. If found reactive for HIV, the donated blood should not be used for transfusion or transplantation, and after informed consent, the donor should be promptly referred to the linked SA-ICTC for confirmation of the HIV diagnosis and further necessary action.

Strategy II (A):

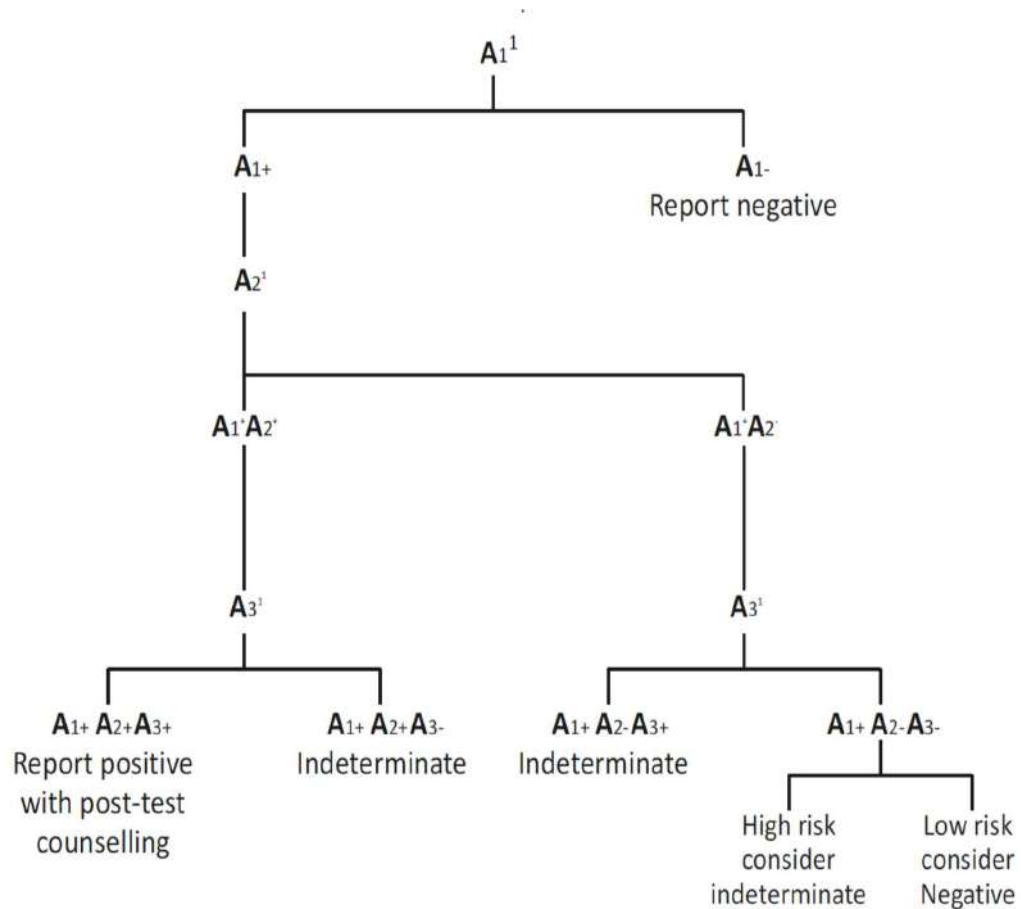
Two rapid tests are mainly used in case of HIV sentinel surveillance where two testing kits are being used.

Strategy II (B):

A patient who is clinically symptomatic and suspected to have an AIDS indicator condition/disease is referred to the SA-ICTC for confirmation of the diagnosis. In this case, the same blood sample is tested twice using kits with either different antigens or principles. The patient is declared HIV-negative if the first test is non-reactive and as HIV-positive when both tests show reactive results. When there is discordance between the first two tests (first reactive and the second non-reactive), a third test is done. When the third test is also negative it is reported as negative. When the third test is reactive, it is reported as indeterminate and the individual is retested after 14–28 days.

Strategy III: For healthcare facilities such as ESIC hospital, this strategy is most commonly used for individual screening for HIV by employing a single rapid test kit. If the test is found non-reactive, the individual is considered HIV-negative and needs to be followed, as per the guidelines. If the test result is found reactive, the sample should be retested with two different kits based on a different antigen or principle. The individual is considered HIV positive when all three tests show reactive results.

Diagnostic Strategy III



(National AIDS Control Organization (2021). National Guidelines for HIV Care and Treatment, 2021. New Delhi: NACO, Ministry of Health and Family Welfare, Government of India)

MANPOWER REQUIRED FOR COUNSELLING & TESTING:

S. No.	Staff	Job responsibility	Roles
1.	Counsellor: Qualification: Counsellor should be a graduate degree holder in Psychology/Social Work/Sociology/Anthropology/Human Development OR diploma in Nursing with minimum 3 years of experience in HIV/AIDS.	1 counsellor for less than 500 individuals/month need to be counseled 1 additional for > 500 counselling/month	<ul style="list-style-type: none"> • Ensure that each individual tested for HIV is given pre-test counselling, posttest counselling & follow-up counselling, ensuring audio-visual privacy and confidentiality • Provide psychosocial support to individuals for accepting HIV test results • With the consent of PLHIV, counsel and prepare the family for acceptance and support the PLHIV • Home visit to PLHIV with prior consent, is one of the outreach activities. The visit is to be planned based on need, such as loss of linkage, or non-compliance to the prescribed services • Maintain counselling records and registers, and prepare monthly report. • Update details of HIV-positive individuals on a weekly basis in PLHIV ART Linkage System (PALS) • Prepare a monthly/quarterly /annual data analysis and display the updates • Facilitate and monitor linkages and referrals to and from the ICTC
2.	Lab technician The LT should hold at minimum a Diploma in Medical Laboratory Technology (DMLT) from state government-approved institution. LT needs to undergo the 5-days induction and 3-days refresher training as per the NACO guidelines	One LT for less than 10,000 annual test load. For every additional 5,000 annual tests, one additional LT, subject to the maximum of three LTs, may be appointed	<ul style="list-style-type: none"> • Perform HIV tests as per national guidelines Participating in proficiency testing and quality control activities Participate in training activities conducted by SRLs • Ensure that the laboratory premises and workstation are maintained as per the infection control protocols. • Ensure maintenance of all laboratory equipment including cold chain of test kits • Conduct testing for HIV as per NACO testing protocols following SOPs • Follow internal and external quality assurance procedures • Follow universal safety precautions and strictly adhere to biomedical waste management guidelines

5. CONNECTION TO CARE, SUPPORT AND TREATMENT

Connections/Linkages is defined as a process of actions and activities that support people testing for HIV and people diagnosed with HIV to engage with prevention, treatment and care services as appropriate for their HIV status. For people with HIV, it refers to the period beginning with HIV diagnosis and ending with enrolment in care or treatment.

II. ROLE OF NACO IN CAPACITY BUILDING WHICH CAN BE UTILISED FOR ESIC MEDICAL COLLEGES/ HOSPITALS

1. ESIC medical colleges/ hospitals should get in touch with the respective SACS for conducting the training courses for medical officers, LTS, counsellors in ESIC medical colleges/ hospitals.
2. Services of State AIDS Control Society (SACS) can be utilised for efficient planning, implementation, coordination, monitoring, reporting and ensuring timely corrective measure in respect of training programs in the respective ESIC medical colleges/ hospitals.
3. SACS may ensure an appropriate involvement of the State Reference Laboratory, DAPCUs, identified training centres and suitable master trainers as per subject needs for training courses.
4. In situ trainings for hospital staff can also be conducted as per requirement of the institute.
5. The training courses currently offered by NACO which can be utilised by ESIC are as follows:

TRAININGS CONDUCTED BY NACO FOR CAPACITY BUILDING :I

S. No	Training Program	Eligible HCTS staff	Level of conducting training	Training Module	Trainer	Duration
1	Counsellors' Integrated Induction Training	New and untrained Counsellors of FICTC,PPP-ICTC,CBS,PITC, SA-ICTC, ARTC and DSRC/STI	State /UT at Identified Institutions	Integrated Induction Training Module	Master Trainers	Eight days
2	Counsellors' Integrated Refresher Training (Refresher I – after two years of induction training and Refresher II- after two years of Refresher I training)	Counsellors of FICTC, PPP-ICTC, CBS,PITC, SA-ICTC, ARTC and DSRC/STI, those who have already Undergone Induction Training	State /UT at Identified Institutions	Integrated Refresher Training Module	Master Trainers	Refresher I – Three days; Refresher II – Two days
3	HIV/TB Collaborative Training	SA-ICTC Medical Officer* ART Medical Officer * SA-ICTC Counsellor** District ICTC Supervisor** RNTCP – STS / STLS** DR - TB HIV Supervisors**	State/UT/ District	Integrated HIV / TB Training Module	Master Trainers	*Two days for Medical Officers **One day for others
4	Lab Technicians' Induction Training	New and untrained Lab technician at SA - ICTC, F-ICTC & PPP- ICTC	State/UT	Induction Training Module	State Reference Laboratory (SRL)- In charge and Technical Officer	Five days

S. No	Training Program	Eligible HCTS staff	Level of conducting training	Training Module	Trainer	Duration
5	Lab Technicians' Refresher Training After two years of Induction Training	In-service Lab Technicians at SA - ICTC, F-ICTC, & PPP-ICTC	State/UT	Refresher Training Module	SRL - In charge and Technical Officer	Three days
6	F - ICTC Staff' Hands on Sensitization and Orientation	Nurses / LHV / ANM / MPW Male / LT / Pharmacist RNTCP – LT / STS / STLS TI NGO Staff	District / SA - ICTC	Hands on Sensitization and Orientation Module	DAPCU / SA - ICTC Medical Officer, Counsellor and LT	One day
7	District ICTC Supervisors' Training	District ICTC Supervisors	State/District	DAPCU Training Module	Master Trainers	Three days
8	SA – ICTC Staff' Team Training	Medical Officer, Counsellor, Lab Technician from SA -ICTC and Labour Room Staff Nurse of the Health Facility where SA-ICTC is located	State	Team Training Module	Master Trainers	Three days
9	Full Site Sensitization on NACP	Medical, Nursing and Paramedical Staff of the Health Facility where SA-ICTC is located	At respective Health Facility where SA – ICTC is located	Sensitization Module	DAPCU/ District HIV Nodal Officer/ SA-ICTC MO, Counsellor & LT	One day
10	Training on PLHIV - ART Linkage System (PALS)	SA - ICTC Counsellor, ART Data Manager and DAPCU and SACS M&E and Data Managers	State/District/ Facility	Password Protected Software and Web -based User Manual	Master Trainers	One day
11	Training on SIMS	SA-ICTC – Counsellor and Lab Technician F-ICTC/PPP-ICTC/ TI functionary conducting HIV screening tests, DAPCU, District supervisor and SACS officials	State/District/ Facility	SIMS Training module Web -based User Manual	Master Trainers	One day

III. PROVISION FOR AVAILABILITY OF ART IN ESIC INSTITUTIONS/ HOSPITALS FOR USE IN SPECIAL CIRCUMSTANCES

1. As per NACO guidelines 2021, treatment for HIV with anti retroviral therapy (ART) has to be initiated irrespective of CD- 4 count.

Current NACO guidelines on when to start ART

All persons diagnosed with HIV infection should be initiated on ART regardless of the CD4 count or WHO Clinical Stage or age group or population sub-groups

2. The various Anti-Retroviral drugs approved for HIV treatment are as follows:

Nucleoside reverse transcriptase inhibitors (NsRTI)	Non-nucleoside reverse transcriptase inhibitors (NNRTI)	Protease inhibitors (PI)
Zidovudine (AZT)*	Nevirapine (NVP)*	Saquinavir (SQV)
Stavudine (d4T)	Efavirenz (EFV)*	Ritonavir (RTV)*
Lamivudine (3TC)*	Delavirdine (DLV)	Nelfinavir (NFV)
Abacavir (ABC)*	Rilpivirine (RPV)	Amprenavir (APV)
Didanosine (ddl)	Etravirine (ETV)	Indinavir (INV)
Zalcitabine (ddC)	Doravirine (DOR)	Lopinavir (LPV)*
Emtricitabine (FTC)	Integrase Inhibitors	Fosamprenavir (FPV)
Nucleotide reverse transcriptase inhibitors (NtRTI)	Dolutegravir (DTG)*	Atazanavir (ATV)*
	Raltegravir (RGV)*	Tipranavir (TPV)
	Elvitegravir (EVG)	Darunavir (DRV)*
Tenofovir Disoproxil Fumarate (TDF)*	Bictegravir (BIC)	
Tenofovir Alafenamide (TAF)	Cabotegravir (CAB)	
Fusion inhibitors (FI)	CCR5 entry inhibitor	Post attachment maturation inhibitor
Enfuvirtide (T-20)	Maraviroc (MVC)	Ibalizumab (IBA)
*Available in the national programme		

3. The usual first line ART approved by NACO is:

Tenofovir (TDF 300 mg) + Lamivudine (3TC 300 mg) + DOLUTEGRAVIR (DTG 50 mg) regimen (TLD) as FDC in a single pill once a day (at a fixed time every day as per patient's convenience)

4. A linkage with nearest NACO registered ART centre may be established by respective ESIC hospitals/ medical colleges for initiation and continuation of ART including monitoring tests such as CD4 count and viral load for patients newly diagnosed for HIV. For this purpose, patient will be referred for ART to these centres. The ART centre will also provide the following monitoring facilities as per NACO guidelines :

Monitoring Tool	When to Monitor
Body weight Height / length in children	Every visit
Treatment adherence	Every visit
Clinical monitoring and T-staging	Every visit
4-symptom TB screening	Every visit
Screening for common NCD; Hypertension, Diabetes mellitus	Every 6 months or symptom directed
Laboratory evaluation based on ART regimen	Every 6 months or symptom directed
CD4 Count	CD4 must be done every 6 months*
Viral load	At 6 months, 12 months and then every 12 months**

5. In case of those ESIC medical colleges/ hospitals with a substantial HIV patient LOAD can approach their respective SACS to establish ART centre in their premises.
6. However, for management of rest of the comorbidities/ infections and investigations as required from time to time, patients to be managed at their respective ESIC hospitals.
7. Provision for indent of certain quantity of ART drugs at ESIC hospitals from ART centres can be arranged for potential use in special circumstances like for Post Exposure Prophylaxis (PEP) for healthcare workers and for any contingency situations. These medicines can be stocked in casualty department of ESIC hospitals for potential use in special contingent circumstances.

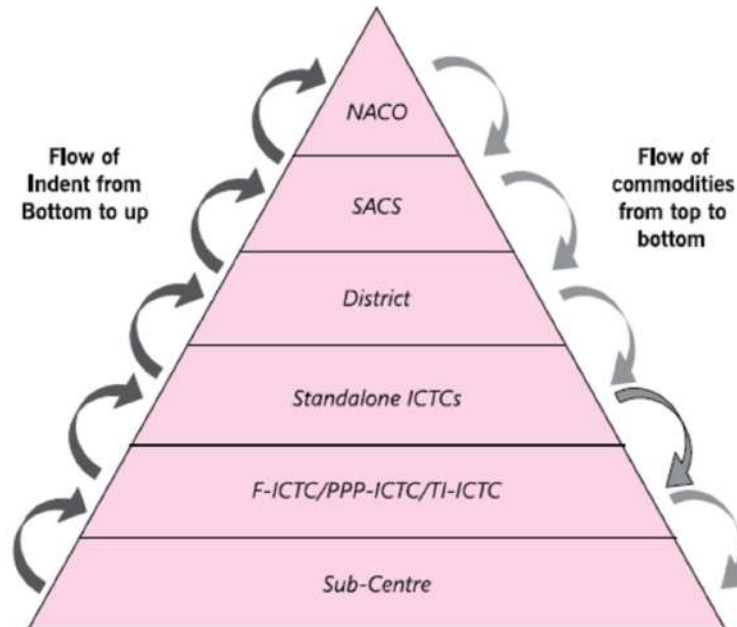
Exposed Person	Preferred Regimen for PEP Drugs and Dosages	Remarks
Adults (>30 kg weight)	Tenofovir (300 mg) + Lamivudine (300 mg) + Dolutegravir (50 mg) (FDC: One tablet OD)	PEP for HIV should ideally begin within 2 hours of exposure as it is essential to act immediately. There is little benefit if more than 72 hours have elapsed. The prophylaxis needs to be continued for 28 days.

The PEP drugs should be kept at the casualty where they are available round the clock. A casualty medical officer may be designated nodal officer to assess the need for PEP in cases of accidental needle stick injury or exposure to blood/ body fluids.

IV. INFORMATION, EDUCATION AND COMMUNICATION (IEC) ACTIVITIES FOR AWARENESS REGARDING PREVENTIVE PRACTICES

1. The available display and IEC materials to be used at testing centres, OPD's, waiting areas such as information panels, posters, flip charts, booklets, pamphlets, etc. can be procured SACS.
2. Signs and signages should be ensured within the facility premises for easy access to services.
3. Provision of people-friendly services should be prominently displayed in the hospital / service centre.
4. Local branding of services may be considered to build confidence in the facility (appropriate ambience, good posters, etc.).
5. Awareness activities for prevention of the disease may be undertaken such as lectures and nukkad nataks in OPDs for general public.

V. ESTABLISHING LINKAGES BETWEEN ESIC INSTITUTES AND RESPECTIVE SACS



A BRIEF OVERVIEW OF FLOW OF SERVICES FROM NACO TO PERIPHERAL HEALTH CENTRES.

Many of the ESIC hospitals come in the category of SA-ICTC and need to develop linkages with their designated SACS for delivery of HIV related services.

