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POLICIES ON

STORES &

PROCUREMENT -2026.

POLICY ON PROCUREMENT & TENDERING

LHMC-PROC/STORE-PROC-POL-2026-01-V1.0

Lady Hardinge Medical College & Associated Smt. Sucheta Kriplani And Kalawati Saran Children Hospital New Delhi-110001

(Applicable to LHMC, Smt. Sucheta Kriplani Hospital & Kalawati Saran Children Hospital)

GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
DIRECTORATE GENERAL OF HEALTH SERVICES
LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS
SHAHEED BHAGAT SINGH MARG, NEW DELHI-110001

Details of the Document

Document Name	POLICY ON PROCUREMENT AND TENDERING
Document No.	LHMC-PROC/STORE-PROC-POL-2026-01-V1.0
No. of pages:	08
Date created:	17/01/2026
Prepared By	Name: Dr. Banarsi Designation: Additional Medical Superintendent Signature
Reviewed by:	Name: Dr. Manoj B. Jais Designation: Medical Superintendent Signature
Approved by:	Name: Dr. Sarita Beri Designation: Medical Director Signature
Responsibility of updating:	Concerned AMS

POLICY ON PROCUREMENT & TENDERING

POLICY IDENTIFICATION

Field	Details
Policy Title	Policy on Procurement & Tendering
Policy Code	LHMC-Proc/Store-PROC-POL-2026-08-V1.0
Domain	Procurement / Finance / Administration
Category	Policy
Prepared By	Dr. Banarsi, Additional Medical Superintendent
Reviewed By	Medical Superintendents
Approved By	Director LHMC
Date of Approval	
Effective From	
Review Due On	
Version	V1.0
Supersedes	Nil
Confidentiality Status	Internal (Procurement)

1. PREAMBLE

Lady Hardinge Medical College & Associated Hospitals (LHMC, SSKH & KSCH) procure a wide range of goods, services and works essential for healthcare delivery, teaching and research. Procurement activities must be conducted in a transparent, fair, competitive and cost-effective manner, in compliance with Government of India rules and principles of probity.

This policy lays down a standardized framework for procurement and tendering processes to ensure efficiency, transparency, accountability and value for money.

2. OBJECTIVES

The objectives of this policy are to:

- Ensure transparent and competitive procurement processes
- Achieve value for money and timely availability of goods and services

- Promote fairness, integrity and accountability in procurement
- Prevent corruption, collusion and conflict of interest
- Ensure compliance with General Financial Rules (GFR), CVC and MoHFW guidelines

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3. SCOPE

This policy shall apply to:

- Lady Hardinge Medical College (LHMC)
- Smt. Sucheta Kriplani Hospital (SSKH)
- Kalawati Saran Children's Hospital (KSCH)

It shall cover procurement of:

- Goods (medical and non-medical equipment, consumables, drugs)
- Services (outsourced services, AMCs, CMCs, consultancies)
- Works (civil, electrical, maintenance works)

This policy shall apply to all officers and staff involved in procurement activities.

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4. DEFINITIONS

Procurement: Acquisition of goods, services or works by purchase, hiring or contracting.

Tender: Formal invitation to bidders to submit offers for procurement.

Bidder: Any entity submitting a bid in response to a tender.

Conflict of Interest: Situation where personal interest interferes with official duties.

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5. GOVERNANCE STRUCTURE

5.1 Competent Authority

The Director/ Medical Superintendents/ Principal, LHMC shall be the Competent Authority for approval of procurement proposals as per delegated financial powers.

5.2 Procurement Committees

Procurement activities shall be carried out through duly constituted committees such as:

- Purchase Committee
- Committee to scrutinize all demands of First time
- Technical Evaluation Committee
- Financial Evaluation Committee
- Tender Evaluation Committee

5.3 Nodal Officers

- Medical Superintendent (SSKH / KSCH)
- Head of Stores / Procurement Officer(Store Officer)
- Deputy Director Admin
- Finance & Accounts Officer

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6. PROCUREMENT PLANNING

- Annual Procurement Plan shall be prepared by departments
- Budget availability shall be ensured prior to initiation
- Specifications shall be generic, non-restrictive and need-based
- All items procured at LHMC & Associated Hospitals must be environment friendly

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7. MODES OF PROCUREMENT

Procurement shall be carried out through:

- GeM portal as per Government of India guidelines
- Open tender
- Limited tender
- Single tender / proprietary procurement (with justification)
- Emergency procurement (as per rules)

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8. TENDERING PROCESS

- Preparation of tender documents with clear terms and conditions
- Wide publicity through e-Procurement portals
- Pre-bid meetings wherever required
- Transparent bid opening and evaluation
- Award of contract to L1 / most responsive bidder

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9. BID EVALUATION

- Technical evaluation as per tender criteria
- Financial evaluation of technically qualified bids
- Reasoned recommendations and approval by competent authority

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10. CONTRACT MANAGEMENT

- Issue of work / supply orders
- Monitoring of delivery, performance and timelines
- Penalties for delays or non-performance
- AMC / CMC monitoring

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11. VIGILANCE, ETHICS & CONFLICT OF INTEREST

- Adherence to CVC guidelines
- Declaration of conflict of interest by committee members
- Zero tolerance to corruption or collusion
- Implementation of Integrity Pact through Independent External Monitors (IEM)

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12. RECORD KEEPING & TRANSPARENCY

- Maintenance of procurement files and registers
- Preservation of records for audit and vigilance
- RTI compliance

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13. COMPLAINT HANDLING & APPEALS

- Examination of procurement-related complaints
- Redressal as per CVC / GFR guidelines

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14. COMPLIANCE & ACCOUNTABILITY

Non-compliance with procurement procedures shall attract administrative and disciplinary action as per applicable rules.

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15. REVIEW & AMENDMENT

This policy shall be reviewed every three years or earlier if required due to changes in GFR, CVC or MoHFW guidelines.

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16. EFFECTIVE DATE

This policy shall come into force from the date of approval by the Competent Authority.

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17. APPROVAL

Dr. Sarita Beri,
Director, LHMC & Associated Hospitals, New Delhi.

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18. ANNEXURES

Annexure – I: Procurement Requisition Format

Department	Item Description	Quantity	Estimated Cost	Budget Head

Annexure – II: Tender Evaluation Committee Declaration (Conflict of Interest)

Name	Designation	Declaration	Signature

Annexure – III: Bid Evaluation Summary Format

Tender No.	No. of Bids	Technically Qualified	L1 Bidder	Recommendation

Annexure – IV: Contract Performance Monitoring Format

Vendor	Contract No.	Deliverables	Status	Remarks

All annexures form an integral part of this policy and shall be implemented and monitored by the Procurement Section.

CONDEMNATION & DISPOSAL POLICY LHMC-PROC/STORE-CD-POL-2026-002-V1.0

Lady Hardinge Medical College & Associated Smt. Sucheta Kriplani And Kalawati Saran Children Hospital New Delhi-110001

(Applicable to LHMC, Smt. Sucheta Kriplani Hospital & Kalawati Saran Children Hospital)

GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
DIRECTORATE GENERAL OF HEALTH SERVICES
LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS
SHAHEED BHAGAT SINGH MARG, NEW DELHI-110001

Details of the Document

Document Name	Condemnation & Disposal Policy
Document No.	LHMC-PROC/STORE-CD-POL-2026-002-V1.0
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Date created:	17/01/2026
Prepared By	Name: Dr. Banarsi Designation: Additional Medical Superintendent Signature
Reviewed by	Name: Dr. Manoj B Jais Designation: Medical Superintendent Signature
Approved by:	Name: Dr. Sarita Beri Designation: Medical Director Signature
Responsibility of updating:	Concerned AMS

CONDEMNATION & DISPOSAL POLICY

POLICY IDENTIFICATION DETAILS

Field	Description
Policy Code	LHMC-PROC/STORE-CD-POL-2026-002-V1.0
Domain	Finance / Stores / Administration
Category	Policy
Issuing Office	Additional Medical Superintendent
Approved By	Director, LHMC & Associated Hospitals
Date of Issue	
Effective From	
Review Due On	
Version	V1.0
Supersedes	Nil
Confidentiality Status	Internal Document

APPLICABILITY

This policy shall apply to all movable and immovable assets including medical equipment, non-medical equipment, furniture, vehicles, IT hardware, instruments, stores and consumables belonging to Lady Hardinge Medical College, Smt. Sucheta Kriplani Hospital and Kalawati Saran Children Hospital.

APPROVAL

Dr. Sarita Beri,
Director, LHMC & Associated Hospitals,
New Delhi.

1. PURPOSE

The purpose of this policy is to establish a transparent, standardised and compliant framework for identification, condemnation and disposal of obsolete, unserviceable, surplus or beyond-economic-repair assets of LHMC & Associated Hospitals, in accordance with Government of India rules.

2. SCOPE

This policy covers:

- Medical and non-medical equipment
- Furniture and fixtures
- IT hardware and electronics
- Vehicles
- Condemned stores and consumables
- Any other asset declared obsolete or unserviceable

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3. DEFINITIONS

Condemnation: Formal declaration that an asset is unserviceable, obsolete, surplus or beyond economic repair.

Asset: Any item procured or created at Government cost and recorded in stock/asset registers.

Condemnation Committee: A committee constituted to examine and recommend condemnation and disposal.

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4. POLICY STATEMENT

LHMC & Associated Hospitals shall ensure that condemnation and disposal of assets are carried out in a fair, transparent, economical and environmentally responsible manner, strictly adhering to **GFR 2017 (as amended)**, **DFPR 2024**, and other applicable Government guidelines.

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5. CONDEMNATION CRITERIA

Assets may be considered for condemnation if:

- They have completed prescribed life span
- Repair cost exceeds economic viability
- Technology has become obsolete
- They pose safety risks
- They are surplus to requirement
- They are damaged beyond repair

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6. CONDEMNATION COMMITTEE

6.1 Composition

The Competent Authority shall constitute a Condemnation Committee consisting of:

- Chairperson (Senior Administrative Officer)
- Technical Expert / User Department Representative
- Stores Officer
- Accounts Officer
- Engineering / Biomedical representative (where applicable)

6.2 Functions

- Physical inspection of items
- Verification with stock/asset registers
- Assessment of condition and residual value
- Recommendation for condemnation and mode of disposal

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7. PROCEDURE FOR CONDEMNATION

1. Proposal initiated by User Department with justification
2. Verification by Stores / Engineering / Biomedical wing
3. Inspection by Condemnation Committee
4. Preparation of Condemnation Report
5. Approval by Competent Authority
6. Entry in Asset Register and Condemnation Register

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8. MODES OF DISPOSAL

Disposal shall be carried out through:

- Public auction / e-auction (GeM or approved platform)
- Tender
- Transfer to other Government organisations
- Recycling through authorised agencies
- Destruction (where required for safety / confidentiality)

Disposal shall be conducted strictly as per applicable financial rules.

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9. ROLES & RESPONSIBILITIES

Authority	Responsibility
Director	Overall approval and oversight
Medical Superintendent	Implementation and monitoring
DD (Administration)	Administrative coordination
Stores Officer	Custody, records and disposal
Accounts Officer	Financial concurrence and adjustment
User Department	Initiation and justification

10. COMPLIANCE & MONITORING

- Periodic review of condemned items
- Internal audit and vigilance checks
- Maintenance of Condemnation Register

11. ENVIRONMENTAL & SAFETY CONSIDERATIONS

- Biomedical and hazardous waste shall be disposed as per statutory norms
- E-waste shall be handled through authorised recyclers
- Safety protocols shall be followed during destruction

12. DOCUMENTATION & RECORDS

- Condemnation proposals
- Committee inspection reports
- Approval orders
- Auction / disposal records
- Stock and asset register updates

13. REVIEW & AMENDMENT

This policy shall be reviewed every three years or earlier if required due to changes in rules or audit observations.

14. REFERENCES

- General Financial Rules (GFR), 2017 (as amended)
- Delegation of Financial Powers Rules (DFPR), 2024
- MoHFW / DGHS guidelines

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15. ANNEXURES

ANNEXURE – I

FORMAT FOR CONDEMNATION PROPOSAL

1. Name of Hospital / Unit:
2. User Department / Section:
3. Description of Item(s):

Sl. No.	Item Name & Specification	Make / Model	Asset / Stock Register No.	Year of Purchase	Original Cost (₹)	Present Condition	Reason for Condemnation

4. Justification for Condemnation:
(Obsolete / Beyond economic repair / Unsafe / Surplus / Other – specify)

5. Estimated Residual / Scrap Value (if any): ₹ _____

6. Recommended Mode of Disposal:
☐ Auction / e-Auction ☐ Tender ☐ Transfer to Govt. Organisation ☐ Destruction ☐ Recycling

7. Certified that the above items are not required for further use in the department.

Signature of HOD / In-charge: _____
Name & Designation: _____
Date: _____

ANNEXURE – II

CONDEMNATION COMMITTEE INSPECTION CHECKLIST

Sl. No.	Inspection Parameter	Observation	Remarks
1	Physical condition of item		
2	Verification with Asset / Stock Register		
3	Age / Life span completed		
4	Repair history & cost		
5	Safety risk involved		
6	Availability of spares / support		
7	Technological obsolescence		
8	Recommendation for condemnation		

Committee Recommendation:
☐ Recommended for Condemnation ☐ Not Recommended

Suggested Mode of Disposal: _____

Signatures of Committee Members:

1. _____
2. _____
3. _____
4. _____

Date of Inspection: _____

_____

ANNEXURE – III

DISPOSAL FLOWCHART

User Department identifies unserviceable / obsolete item
↓
Submission of Condemnation Proposal (Annexure-I)
↓
Verification by Stores / Engineering / Biomedical Wing
↓
Inspection by Condemnation Committee (Annexure-II)
↓
Approval by Competent Authority
↓
Entry in Condemnation & Asset Registers
↓
Disposal through approved mode (Auction / Tender / Transfer / Destruction)
↓
Financial adjustment & record closure

(End of Policy Document)

POLICY ON PROCUREMENT APPROVAL OF ITEMS FOR FIRST-TIME DEMANDS

LHMC-STORE/PROC-FTD-POL-2026-003-V1.0

Lady Hardinge Medical College & Associated Smt. Sucheta Kriplani And Kalawati Saran Children Hospital New Delhi-110001

(Applicable to LHMC, Smt. Sucheta Kriplani Hospital & Kalawati Saran Children Hospital)

GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
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LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS
SHAHEED BHAGAT SINGH MARG, NEW DELHI-110001

Details of the Document

Document Name	POLICY ON PROCUREMENT APPROVAL OF ITEMS FOR FIRST-TIME DEMANDS
Document No.	LHMC-STORE/PROC-FTD-POL-2026-003-V1.0
No. of pages:	08
Date created:	17/01/2026
Prepared By	Name: Dr. Banarsi Designation: Additional Medical Superintendent Signature
Reviewed By	Name: Dr. Manoj B. Jais Designation: Additional Medical Superintendent Signature
Approved by:	Name: Dr. Sarita Beri Designation: Medical Director Signature
Responsibility of updating:	Name: Chairperson Bio Medical Waste Committee Designation: HOD Microbiology

POLICY ON PROCUREMENT APPROVAL OF ITEMS FOR FIRST-TIME DEMANDS

POLICY IDENTIFICATION

Field	Details
Policy Title	Policy on Procurement Approval of Items for First-Time Demands
Policy Code	LHMC-STORE/PROC-FTD-POL-2026-003-V1.0
Domain	Procurement / Finance / Administration
Category	Policy
Prepared By	Dr. Banarsi, Addl. MS, Stores & Purchase Department
Reviewed By	Medical Superintendents (SSKH & KSCH)
Approved By	Director LHMC
Date of Approval	
Effective From	
Review Due On	(After 3 Years)

1. PREAMBLE

Lady Hardinge Medical College & Associated Hospitals (LHMC, SSKH & KSCH) procure a wide range of drugs, consumables, equipment, instruments and services to support patient care, teaching and research. In certain situations, departments may raise demands for items that have not been previously procured or indented by the institution.

To ensure transparency, financial prudence, standardization, clinical justification and compliance with General Financial Rules (GFR) and Government of India procurement norms, this policy establishes a structured approval mechanism for procurement of items for **first-time demands**.

2. OBJECTIVES

The objectives of this policy are to:

- Regulate and standardize procurement of first-time demanded items
- Ensure clinical, technical and financial justification of new items
- Prevent duplication and unnecessary procurement
- Ensure compliance with GFR, MoHFW and institutional norms
- Promote transparency, accountability and value for money

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3. SCOPE

This policy shall apply to:

- Lady Hardinge Medical College (LHMC)
- Smt. Sucheta Kriplani Hospital (SSKH)
- Kalawati Saran Children's Hospital (KSCH)

It shall be applicable to:

- Drugs, consumables, implants, instruments and equipment
- IT systems, software and services
- Any item not previously approved or procured by the institution

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4. DEFINITIONS

First-Time Demand: A demand for procurement of an item that has not been previously procured, rate-contracted or included in the approved inventory of LHMC & Associated Hospitals.

Competent Authority: Authority empowered to approve procurement as per delegation of financial powers.

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5. GOVERNING PRINCIPLES

- Clinical necessity and patient safety
- Standardization and interoperability
- Financial prudence and budgetary control
- Transparency and documentation
- Compliance with statutory and institutional rules

6. GOVERNANCE STRUCTURE

6.1 Competent Authority

The Director LHMC shall be the final approving authority for first-time procurement demands, subject to delegation of powers.

6.2 Advisory / Scrutiny Committees

Depending on nature of item, scrutiny shall be done by:

- Purchase Committee
- Technical Evaluation Committee
- Hospital Equipment Committee
- Drugs & Therapeutics Committee (for drugs/implants)
- IT Committee (for IT-related items)

7. INITIATION OF FIRST-TIME DEMAND

- Demand shall be initiated by Head of Department (HoD)
- Justification shall clearly mention:
    - Clinical / functional need
    - Non-availability of suitable alternative in existing inventory
    - Estimated annual requirement
    - Approximate cost
    - Impact on patient care and services

8. DOCUMENTATION REQUIREMENTS

Each first-time demand shall be accompanied by:

- Detailed justification note by HoD
- Technical specifications
- Budgetary implications and source of funding
- Compatibility with existing systems/equipment
- Training and maintenance requirements

9. SCRUTINY & EVALUATION PROCESS

- Preliminary scrutiny by Stores & Purchase Department
- Technical evaluation by concerned committee
- Scrutinized by the Committee for First Time Procurement approval Committee
- Financial concurrence by Finance Division
- Recommendation to Competent Authority

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10. APPROVAL MECHANISM

- All first items to be procured first time shall be approved by the Director on recommendation of concerned committee.

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11. PROCUREMENT PROCESS

- After approval, procurement shall be undertaken as per GFR 2017 and applicable rules
- Mode of procurement (GeM, open tender, limited tender, PAC) shall be justified

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12. POST-PROCUREMENT REVIEW

- Performance and utility review after defined period
- Feedback from user department
- Decision on regularization or discontinuation

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13. RECORD KEEPING & DOCUMENTATION

- Maintenance of First-Time Procurement Register
- Preservation of approval and evaluation records

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14. TRANSPARENCY & VIGILANCE

- All procurements shall be subject to audit and vigilance scrutiny
- Any deviation shall be recorded with justification
- Integrity Pact must be implemented.

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15. COMPLIANCE & ACCOUNTABILITY

Non-compliance with this policy shall attract administrative action as per institutional rules.

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16. REVIEW & AMENDMENT

This policy shall be reviewed every three years or earlier if required.

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17. EFFECTIVE DATE

This policy shall come into force from the date of approval by the Competent Authority.

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18. APPROVAL

Issued with the approval of the Director LHMC & Associated Hospitals.

ANNEXURES

Annexure – I: First-Time Procurement Demand Justification Form

Department	Item Name	Purpose	Estimated Cost	HoD Signature

Annexure – II: Technical Evaluation & Committee Recommendation Format

Item	Committee	Recommendation	Remarks

Annexure – III: First-Time Procurement Register

Sl. No.	Item	Dept	Approval Authority	Date	Remarks

All annexures form an integral part of this policy and shall be implemented and monitored by Stores & Purchase Department.

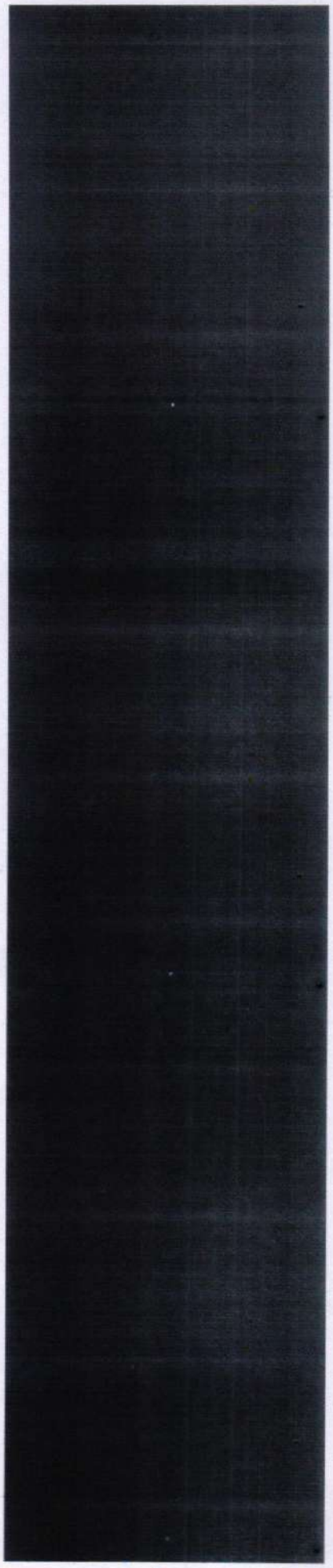
End of Policy Document

POLICY ON INVENTORY MANAGEMENT

LHMC-PROC/STORE-INV-POL-2026-004-V1.0

Lady Hardinge Medical College & Associated Smt. Sucheta Kriplani And Kalawati Saran Children Hospital New Delhi-110001

(Applicable to LHMC, Smt. Sucheta Kriplani Hospital & Kalawati Saran Children Hospital)



GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
DIRECTORATE GENERAL OF HEALTH SERVICES
LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS
SHAHEED BHAGAT SINGH MARG, NEW DELHI-110001

Details of the Document

Document Name	POLICY ON INVENTORY MANAGAEMENT
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Prepared By	Name: Dr. Banarsi Designation: Additional Medical Superintendent Signature
Reviewed by	Name: Dr. Manoj B. Jais Designation: Medical Superintendent Signature
Approved by:	Name: Dr. Sarita Beri Designation: Medical Director Signature
Responsibility of updating:	Name: Chairperson Bio Medical Waste Committee Designation: HOD Microbiology

POLICY ON INVENTORY MANAGEMENT

POLICY IDENTIFICATION

Field	Details
Policy Title	Policy on Inventory Management
Policy Code	LHMC-PROC/STORE-INV-POL-2026-004-V1.0
Domain	Stores / Inventory / Materials Management
Category	Policy
Prepared By	Stores & Inventory Management Section
Reviewed By	Medical Superintendents (SSKH & KSCH)
Approved By	Director / Principal, LHMC
Date of Approval	_____
Effective From	_____
Review Due On	_____ (After 3 Years)

1. PREAMBLE

Lady Hardinge Medical College & Associated Hospitals (LHMC, SSKH & KSCH) maintain large inventories of medical and non-medical items essential for uninterrupted patient care, teaching and administrative functioning. Efficient inventory management is critical to ensure availability of supplies, optimal utilization of resources, cost control and prevention of wastage or pilferage.

This policy establishes a standardized framework for procurement linkage, storage, issue, monitoring and control of inventory across LHMC and its Associated Hospitals.

2. OBJECTIVES

The objectives of this policy are to:

- Ensure uninterrupted availability of essential supplies
- Optimize inventory levels and reduce stock-outs and overstocking
- Prevent expiry, wastage, damage and pilferage of materials
- Improve transparency, accountability and record keeping
- Ensure compliance with audit, vigilance and financial rules

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3. SCOPE

This policy shall apply to:

- Lady Hardinge Medical College (LHMC)
- Smt. Sucheta Kriplani Hospital (SSKH)
- Kalawati Saran Children's Hospital (KSCH)

It shall cover inventory of:

- Drugs and pharmaceuticals
- Medical consumables and disposables
- Surgical items and implants
- Equipment spares and accessories
- Non-medical stores and stationery

This policy shall apply to all departments and staff involved in inventory management.

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4. DEFINITIONS

Inventory: Stock of goods and materials held for use or distribution.

Stock-out: Situation where an item is unavailable when required.

Expiry Management: Process of monitoring shelf-life and preventing use of expired items.

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5. GOVERNANCE STRUCTURE

5.1 Competent Authority

The Director / Principal, LHMC shall be the Competent Authority for implementation of this policy.

5.2 Inventory Management Committee

An Inventory Management Committee shall oversee policy implementation and monitoring.

5.3 Nodal Officers

- Medical Superintendent (SSKH / KSCH)
- Stores Officer / Inventory Manager
- Finance & Accounts Officer
- Departmental Store In-charges

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6. INVENTORY PLANNING & CONTROL

- Annual and periodic indents based on consumption patterns
- Maintenance of minimum, maximum and reorder levels
- ABC–VED analysis for criticality and value
- Just-in-time principles where feasible

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7. RECEIPT, STORAGE & ISSUE

- Verification of supplies against purchase orders
- Proper storage conditions (temperature, humidity, security)
- FIFO / FEFO principles for issue
- Authorized issue against approved requisitions

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8. EXPIRY & OBSOLESCENCE MANAGEMENT

- Regular monitoring of expiry dates
- Timely redistribution or return of near-expiry items
- Safe disposal of expired or obsolete items as per rules

---

9. RECORD KEEPING & DOCUMENTATION

- Maintenance of bin cards and stock registers
- Computerized inventory records where available
- Periodic reconciliation with accounts

10. STOCK VERIFICATION & AUDIT

- Periodic physical stock verification
- Surprise checks and internal audits
- Resolution of discrepancies

11. ROLES & RESPONSIBILITIES

- Stores Section: Central inventory control and reporting
- Departments: Accurate indents, proper usage and reporting
- Finance: Budget monitoring and reconciliation

12. SAFETY, SECURITY & LOSS PREVENTION

- Secure storage areas and access control
- Reporting of loss, theft or damage
- Accountability for entrusted inventory

13. COMPLIANCE & ACCOUNTABILITY

Non-compliance with this policy shall attract administrative and disciplinary action as per institutional rules.

14. REVIEW & AMENDMENT

This policy shall be reviewed every three years or earlier if required due to changes in operational or statutory requirements.

15. EFFECTIVE DATE

This policy shall come into force from the date of approval by the Competent Authority.

Non-compliance with this policy shall attract administrative action as per institutional rules.

16. REVIEW & AMENDMENT

This policy shall be reviewed every three years or earlier if required.

17. EFFECTIVE DATE

This policy shall come into force from the date of approval by the Competent Authority.

18. APPROVAL

Dr. Sarita Beri,
Director, LHMC & Associated Hospitals,
New Delhi.

POLICY ON ASSET MANAGEMENT

LHMC-PROC/STORE-AM-POL-2026-005-V1.0

Lady Hardinge Medical College & Associated Smt. Sucheta Kriplani And Kalawati Saran Children Hospital New Delhi-110001

(Applicable to LHMC, Smt. Sucheta Kriplani Hospital & Kalawati Saran Children Hospital)

GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
DIRECTORATE GENERAL OF HEALTH SERVICES
LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS
SHAHEED BHAGAT SINGH MARG, NEW DELHI-110001

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Prepared By	Name: Dr. Banarsi Designation: Additional Medical Superintendent Signature
	Name: Dr. Manoj B Jais Designation: Medical Superintendent Signature
Approved by:	Name: Dr. Sarita Beri Designation: Medical Director Signature
Responsibility of updating:	Name: Chairperson Bio Medical Waste Committee Designation: HOD Microbiology

POLICY ON ASSET MANAGEMENT

POLICY IDENTIFICATION

Field	Details
Policy Title	Policy on Asset Management
Policy Code	LHMC-PROC/STORE-AM-POL-2026-005-V1.0
Domain	Asset / Equipment / Infrastructure Management
Category	Policy
Prepared By	Dr. Banarsi, Additional Medical Superintendent
Reviewed By	Medical Superintendent
Approved By	Director LHMC
Date of Approval	_____
Effective From	_____
Review Due On	_____ (After 3 Years)

1. PREAMBLE

Lady Hardinge Medical College & Associated Hospitals (LHMC, SSKH & KSCH) possess extensive assets including medical equipment, non-medical equipment, furniture, infrastructure, IT systems and utilities essential for delivery of healthcare, teaching and research. Systematic asset management is critical to ensure optimal utilization, safety, longevity, accountability and compliance with audit and financial rules.

This policy provides a structured framework for planning, acquisition, identification, utilization, maintenance, verification and disposal of assets across LHMC and its Associated Hospitals.

2. OBJECTIVES

The objectives of this policy are to:

- Ensure optimal utilization and lifecycle management of assets
- Maintain accurate and up-to-date asset records
- Ensure timely maintenance, calibration and safety of equipment
- Prevent loss, misuse and unauthorized transfer of assets
- Ensure compliance with audit, financial and vigilance requirements

3. SCOPE

This policy shall apply to:

- Lady Hardinge Medical College (LHMC)
- Smt. Sucheta Kriplani Hospital (SSKH)
- Kalawati Saran Children's Hospital (KSCH)

It shall cover:

- Medical equipment and instruments
- Non-medical equipment and furniture
- IT hardware and networking assets
- Civil, electrical and mechanical infrastructure
- Vehicles and utilities (where applicable)

This policy shall apply to all departments and personnel responsible for custody or use of institutional assets.

4. DEFINITIONS

Asset: Any tangible or intangible item of value owned by the institution and used for its functioning.

Asset Register: Official record containing details of assets including identification, location and status.

Lifecycle Management: Management of assets from acquisition to disposal.

5. GOVERNANCE STRUCTURE

5.1 Competent Authority

The Director / Principal, LHMC shall be the Competent Authority for implementation of this policy.

5.2 Asset Management Committee

An Asset Management Committee shall oversee implementation, monitoring and review of this policy.

5.3 Nodal Officers

- Additional Medical Superintendent (SSKH / KSCH)
- Asset / Stores Officer
- Engineering / Biomedical Engineering Head
- IT Officer
- Finance & Accounts Officer

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6. ASSET ACQUISITION & IDENTIFICATION

- Assets shall be acquired through approved procurement processes
- All assets shall be tagged with unique identification numbers
- Details shall be entered in the Asset Register

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7. ASSET UTILIZATION & CUSTODY

- Assets shall be utilized strictly for official purposes
- Custody shall be assigned to designated officers or departments
- Transfer of assets shall be documented and approved

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8. MAINTENANCE, CALIBRATION & SAFETY

- Preventive and corrective maintenance schedules shall be followed
- AMC / CMC contracts shall be monitored
- Calibration and safety checks shall be conducted as per standards

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9. ASSET VERIFICATION & AUDIT

- Periodic physical verification of assets
- Annual reconciliation with asset registers
- Resolution of discrepancies and reporting

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10. LOSS, DAMAGE & MISUSE

- Any loss, damage or misuse shall be reported immediately
- Responsibility shall be fixed as per rules

- Recovery or disciplinary action shall be initiated where applicable

11. CONDEMNATION & DISPOSAL

- Unserviceable or obsolete assets shall be condemned through due process
- Disposal shall be carried out as per GFR and government guidelines
- Proper documentation and approvals shall be ensured

12. RECORD KEEPING & DOCUMENTATION

- Maintenance of asset registers and related records
- Preservation of documents for audit and vigilance purposes

13. COMPLIANCE & ACCOUNTABILITY

Non-compliance with this policy shall attract administrative and disciplinary action as per institutional rules.

14. REVIEW & AMENDMENT

This policy shall be reviewed every three years or earlier if required due to changes in statutory or institutional requirements.

15. EFFECTIVE DATE

This policy shall come into force from the date of approval by the Competent Authority.

16. APPROVAL

Dr. Sarita Beri,
Director, LHMC & Associated Hospitals,
New Delhi.

ANNEXURES

Annexure – I: Asset Register Format

Asset ID	Asset Description	Make / Model	Location	Custodian	Date of Purchase	Status

Annexure – II: Asset Transfer / Handover Format

Asset ID	From Dept	To Dept	Reason	Authorized By	Date

Annexure – III: Preventive Maintenance & Calibration Record

Asset ID	Maintenance Type	Date	Agency	Next Due	Remarks

Annexure – IV: Asset Condemnation & Disposal Proposal Format

Asset ID	Reason for Condemnation	Book Value	Recommended Action	Approval

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All annexures form an integral part of this policy and shall be implemented and monitored by the Asset Management Committee.

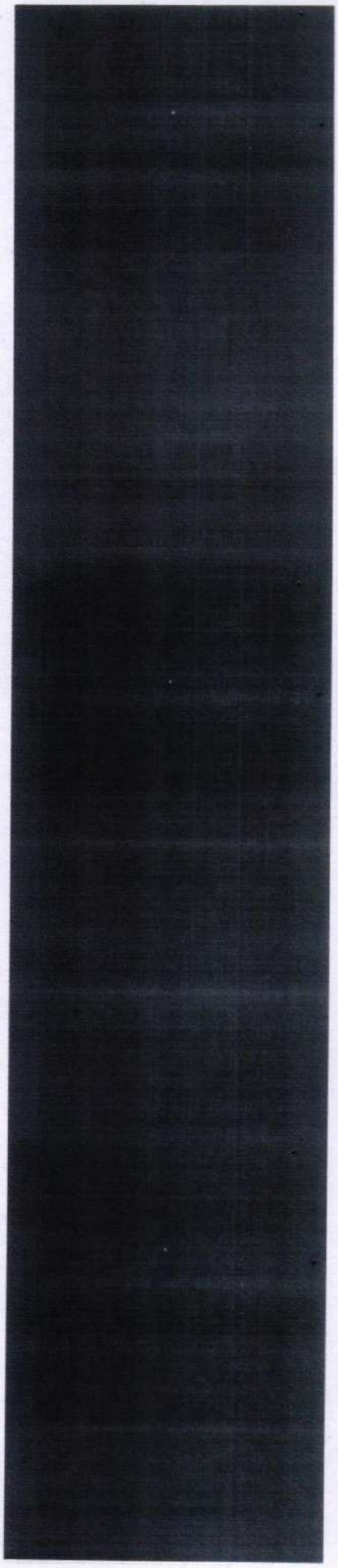
End of Policy Document

POLICY ON STORES & ISSUE CONTROL

LHMC-PROC/STORE-POL-2026-006-V1.0

Lady Hardinge Medical College & Associated Smt. Sucheta Kriplani And Kalawati Saran Children Hospital New Delhi-110001

(Applicable to LHMC, Smt. Sucheta Kriplani Hospital & Kalawati Saran Children Hospital)



GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
DIRECTORATE GENERAL OF HEALTH SERVICES
LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS
SHAHEED BHAGAT SINGH MARG, NEW DELHI-110001

Details of the Document

Document Name	POLICY ON STORES & ISSUE CONTROL
Document No.	LHMC-PROC/STORE-POL-2026-006-V1.0
No. of pages:	07
Date created:	17/01/2026
Prepared By	Name: Dr. Banarsi Designation: Additional Medical Superintendent Signature
Reviewed By	Name: Dr. Manoj B. Jais Designation: Medical Superintendent Signature
Approved by:	Name: Dr. Sarita Beri Designation: Medical Director Signature
Responsibility of updating:	Concerned Additional MS

POLICY ON STORES & ISSUE CONTROL

POLICY IDENTIFICATION

Field	Details
Policy Title	Policy on Stores & Issue Control
Policy Code	LHMC-PROC/STORE-POL-2026-006-V1.0
Domain	Stores / Materials Management
Category	Policy
Prepared By	Dr. Banarsi, Additional Medical Superintendents
Reviewed By	Medical Superintendent
Approved By	Director, LHMC
Date of Approval	_____
Effective From	_____
Review Due On	_____ (After 3 Years)

1. PREAMBLE

Lady Hardinge Medical College & Associated Hospitals (LHMC, SSKH & KSCH) manage large volumes of medical and non-medical stores to support uninterrupted patient care and institutional functioning. Effective stores management and controlled issue of materials are essential to ensure availability, prevent misuse, avoid wastage and maintain financial discipline.

This policy lays down a standardized framework for receipt, storage, custody and controlled issue of stores in LHMC and its Associated Hospitals, in alignment with Government of India rules, audit requirements and best practices.

2. OBJECTIVES

The objectives of this policy are to:

- Ensure systematic and secure storage of all stores items
- Regulate issue of materials strictly against authorized requisitions
- Prevent pilferage, misuse and unauthorized consumption
- Ensure proper documentation and traceability of issued items

- Support transparency, audit compliance and accountability

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3. SCOPE

This policy shall apply to:

- Lady Hardinge Medical College (LHMC)
- Smt. Sucheta Kriplani Hospital (SSKH)
- Kalawati Saran Children's Hospital (KSCH)

It shall cover:

- Central stores and sub-stores
- Medical and non-medical consumables
- Stationery, linen and general stores
- Equipment spares and accessories

This policy shall apply to all staff involved in storekeeping and issue of materials.

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4. DEFINITIONS

Stores: Materials and supplies kept in custody for issue and use.

Issue Control: System of regulating release of stores to ensure authorized and optimal use.

Indent: Authorized requisition for issue of stores.

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5. GOVERNANCE STRUCTURE

5.1 Competent Authority

The Director /Medical Superintendents/ Principal, LHMC shall be the Competent Authority for implementation of this policy.

5.2 Stores Management

The Stores In-charge shall be responsible for overall stores management and issue control.

5.3 Nodal Officers

- Additional Medical Superintendent (SSKH / KSCH)

- Stores Officer / Store Keeper/Store In-charges
- Departmental Store In-charges
- Finance & Accounts Officer

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6. RECEIPT & CUSTODY OF STORES

- All materials shall be received against valid supply orders
- Quantity and quality checks shall be conducted
- Entries shall be made in stock registers and bin cards
- Stores shall be kept under safe and secure custody

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7. STORAGE & PRESERVATION

- Proper storage conditions shall be maintained
- Segregation of items category-wise
- FIFO / FEFO principles shall be followed
- Restricted access to stores areas

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8. ISSUE CONTROL MECHANISM

- Issue shall be made only against approved indents
- Issue quantities shall adhere to approved norms
- Emergency issues shall be documented with justification
- Signature of receiving authority shall be obtained

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9. RECORD KEEPING & DOCUMENTATION

- Maintenance of stock registers and issue registers
- Updating of bin cards after each transaction
- Periodic reconciliation with inventory records

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10. RETURN, ADJUSTMENT & CONDEMNATION

- Unused or excess items shall be returned to stores
- Adjustments shall be properly documented
- Condemnation of unserviceable items as per rules

11. STOCK VERIFICATION & AUDIT

- Periodic physical stock verification
- Surprise checks by competent authority
- Resolution of discrepancies and reporting

12. ROLES & RESPONSIBILITIES

- Stores Officer: Custody, issue control and reporting
- Departmental In-charges: Judicious use and record keeping
- Finance: Audit support and reconciliation

13. COMPLIANCE & ACCOUNTABILITY

Any deviation from this policy shall attract administrative and disciplinary action as per institutional rules.

14. REVIEW & AMENDMENT

This policy shall be reviewed every three years or earlier if required due to changes in operational or statutory requirements.

15. EFFECTIVE DATE

This policy shall come into force from the date of approval by the Competent Authority.

16. APPROVAL

Dr. Sarita Beri,
Director, LHMC & Associated Hospitals,
New Delhi.

ANNEXURES

Annexure – I: Stores Issue Requisition (Indent) Format

Department	Item Description	Quantity	Purpose	Authorized Signature

Annexure – II: Stores Issue Register Format

Date	Item	Quantity Issued	Issued To	Signature

Annexure – III: Stores Return / Adjustment Form

Date	Item	Quantity	Reason	Authorized By

Annexure – IV: Monthly Stores Issue Summary Report

Month	Opening Balance	Issue	Return	Closing Balance

All annexures form an integral part of this policy and shall be implemented and monitored by the Stores & Inventory Management Section.

End of Policy Document