



**G.275 / WSSR – 431920 / 2019-20**

**WORK STUDY TO REVIEW THE  
STAFF STRENGTH AT  
HEALTH UNIT/MTP & ONR  
SALEM DIVISION**

**SOUTHERN RAILWAY**

**PLANNING BRANCH**

**G.275 / WSSR- 431920 / 2019-20**

**WORK STUDY TO REVIEW THE  
STAFF STRENGTH AT  
HEALTH UNIT/ MTP & ONR  
SALEM DIVISION**

**STUDIED BY**

**WORK STUDY TEAM  
OF  
PLANNING BRANCH**

**October 2019**

( i )

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**(i)**  
**ACKNOWLEDGEMENT**

The work study team acknowledges the valuable guidelines rendered by ADMO/HU/MTP (Co-ordinating Officer), Pharmacist/HU/ONR (Co-ordinating Supervisor), and other staff of HU/MTP & ONR for their valuable guidelines in conducting the work study.

**(ii)**  
**AUTHORITY**

Annual programme of work studies approved by SDGM for the year 2019-20

**(iii)**  
**TERMS OF REFERENCE**

Work Study to review the staff strength at HEALT Unit / MTP & ONR of Salem Division.

**(iv)**  
**METHODOLOGY**

The following methodology has been applied while conducting the study.

1. Collection and compilation of data.
2. Study, Indian Railway Manuals, Instructions and Yardsticks of Medical Department.
3. Observation of field activities and the present system of deployment.

### **SUMMARY OF RECOMMENDATIONS**

The following 8 posts are found excess to the requirement and the same may be surrendered and credited to the vacancy bank.

Sl.No.	Category	Grade pay (Rs.)	No. of posts
1	Dresser II	2400	1
2	Hospital Attendant	1800	3
3	House Keeping Assistant	1800	4
<b>Total</b>			<b>8</b>

**Total No. of Posts: 8**

## **CHAPTER – I**

### **1.0 INTRODUCTION**

- 1.1 The Nilgiri Mountain Railway runs from Mettupalayam to Udagamandalam (Ooty), Via Coonoor, in the Nilgiri hills of Tamil Nadu. It's the only metre gauge rake Railway in India. Also known as the COG Railway, it has a middle rail fitted with a rake that engages a pinion on the locomotive. This provides traction for the train to go up steep inclines. (Apparently it is the steepest track in Asia, increasing from 1069 feet to 7228 feet above sea level. The track length is 46 KMs with 13 stations. Built by the British in 1908 it is also a UNESCO World Heritage Site.
  
- 1.2 Evolution of Medical Department in Railways: Till 1947, the different Railway companies (numbering about 42) had their own policies, systems with regard to medico – social amenities. Some companies excluded Class IV staff from such facilities and some others the families of Railwaymen. Based on the recommendation of Dr. E. Somasekhar the then CMO/S.Rly, a separate cell was created under an OSD (later converted as JD and then Director / Health) an Organisation with unified procedures and rules was created in 1955. Dr. H.N. Kunzru (Kunzru committee report on Railways 1963) had appreciated the Railway medical service as “being second to none in the country”.
  
- 1.3 The service of Railways is a continuous, round the clock service, About 58 Lakhs serving employee and 5.6 lakhs retired employee scattered at various points and Places. Hence a separate medical establishment was considered as a welfare activity and it has grown into a large organization in Railways with 121 Railway hospitals (inclusive of Railway Hospital/Divisional Railway Hospital /Sub divisional Railway Hospital) and **586 Health units.**

- 1.4 Unlike other central and public sector organizations, Railways has its own fully fledged medical department to take care of the well being of the employees and their dependents. The days are not far off for the Railways to have its own Medical College a multi-storied building is being built at Perambur in-housing high standard facilities in par with leading private hospitals and enhanced ward capacity for in-patients, various specialties.
- 1.5 The need to maintain the organisation in a state of constant readiness to keep pace with exigencies of medical relief to passengers in the event of accidents by providing first aid to injured passengers and shift them to a nearby hospital for further treatment. The Railway Medical Department also ensures maintenance of higher order of sanitation in Railway Stations and colonies. It co-ordinates with the health organization of state government with regard to prevention of communicable diseases, family welfare programme etc., and conducts medical examination for candidates and employees so as to give their best output to the Railways. With the rapid advances in medical technology in the curative field, it has become necessary to update with advancement and ensures that the services rendered at Railway hospital are second to none of their kind. In-fact railway medical department has taken a lead over the others and in particular for treatment to cardio related diseases. The cardiology department not only treats railway employees and their wards but also attends non-railway people on nominal payment as the common public prefers treatment at Railway Hospital for the reason it is not only economical but also for the best services compared to other private hospitals.
- 1.6 Indian Railway Health care delivery system has to perform following two important functions. 1) Function related to Industrial medicine, 2) Function related to Medical treatment to Railway beneficiaries.

### 1.6.1 Function related to Industrial medicine

- To attend Railway Accidents & untoward Incidents
- To provide emergency medical treatment to travelling passengers
- Pre employment medical examination to allow only fit & suitable candidates to join services
- Pre medical examination (PME) of serving employee to allow fit person to continue in those job
- Medical board and other certificates of serving employee
- Control on loss of man-days on account of sickness (both normal & HOD) is kept under control by medical officer
- Safe water & food supply at Railway stations
- Ensuring factories act & Workman compensation act
- Certification of dead bodies at Railway stations, Yard lines and Railway lines

### 1.6.2 Function related to Medical treatment to Railway beneficiaries.

- Curative health care (Primary, Secondary and Tertiary levels)
- Preventive health care
- Promotive health care

1.7 The prime motto of the Planning Branch/HQ/Southern Railway is to right size the man power in all the areas of the Zone on the interest of enhancing the productivity and to make things to achieve the target operation ratio. RITES is also emphasized to conduct regular work studies for rightsizing the Man power and to justify the available Man power by Zero base budgeting.

1.8 The present trend of increasing Staff cost after implementation of the 7<sup>th</sup> Pay Commission will result the higher Operation Ratio further. Since the Staff costs alone took about 45% in the total expenditure, an urge is arise to identify the very optimum Man power in all the Units, in such a way this Work Study is conducted in the Health Unit / MTP & ONR and detailed further

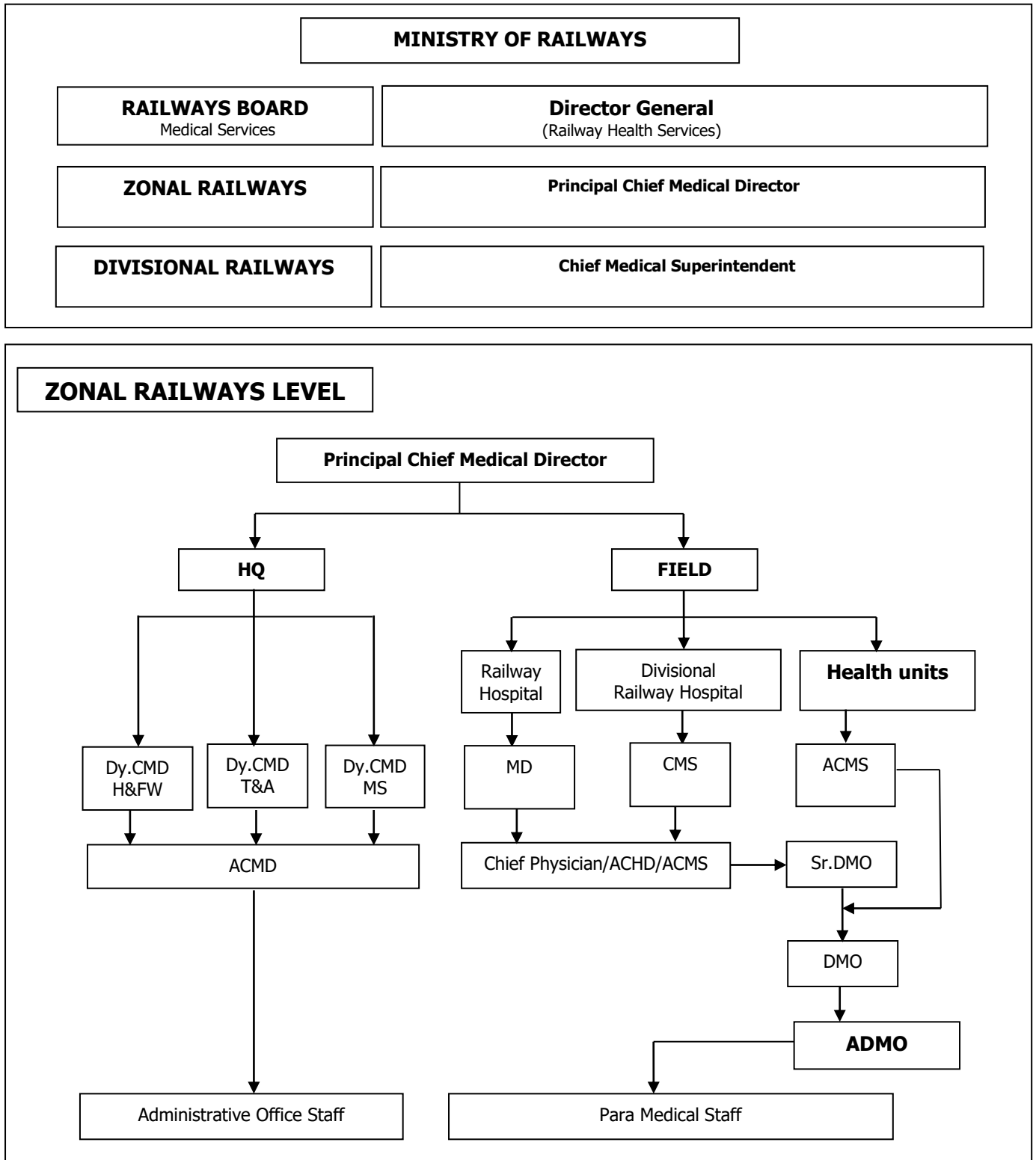


## **CHAPTER-II**

### **2.0 PRESENT SCENARIO**

2.1 ADMO is the in charge for both the Health Unit of MTP & ONR.

### **2.2 Hierarchical set up of Medical Department in Railways**



### 2.3 Statement of Sanction Actual Vacant & Excess in HU/MTP

S.No	Designation		Level	G.Pay (Rs)	S	A	V	E
1	Health & Malaria Inspector		7	4600	1	1	0	-
2			6	4200	0	1	-	1
3	Dresser II		4	2400	1	0	1	-
4	Hospital Attendant (Health Unit/MTP)		1	1800	5	1	4	-
5	House Keeping Assistant (Safaiwala)	(Health Unit/MTP)	1	1800	12	1	5	-
6		(Health Inspector/MTP)	1	1800		3		
7		(Health Inspector/ONR)	1	1800		3		
Total					19	10	10	1

#### 2.3.1 Statement of Sanction Actual Vacant & Excess in HU/ONR

S.No	Designation	Level	G.Pay (Rs)	S	A	V	E
1	Pharmacist III	5	2800	0	1	-	1
2	Hospital Attendant (Health Unit/ONR)	3	2000	0	1	-	1
3	House Keeping Assistant (Safaiwala)	3	2000	0	1	-	1
Total				0	3	-	3

#### 2.3.2 Composite Statement of SAVE at HU/MTP & HU/ONR

S.No	Designation		Level	G.Pay (Rs)	S	A	V	E
1	Health & Malaria Inspector		7	4600	1	1	0	-
2			6	4200	0	1	-	1
3	Pharmacist III		5	2800	0	1	-	1
4	Dresser II		4	2400	1	0	1	-
5	Hospital Attendant (Health Unit/MTP)		1	1800	5	1	4	-
6	Hospital Attendant (Health Unit/ONR)		3	2000	0	1	-	1
7	House Keeping Assistant (Safaiwala)	(Health Inspector/MTP)	1	1800	12	3	5	-
8		(Health Unit/MTP)	1	1800		1		
9		(Health Inspector/ONR)	1	1800		3		
10		(Health Unit/ONR)	3	2000	0	1	-	1
Total					19	13	10	4

#### 2.4 Population availing Medical care

S.No	Employee /Dependents	HU/MTP	HU/ONR
1	Serving Employee	162	290
2	Dependents of the Serving Employees	620	1100
3	Retired employees	84	42
4	Dependents of the Retired Employees	105	74
<b>Total number of beneficiaries in this Unit</b>		<b>971</b>	<b>1506</b>
<b>Total</b>		<b>2477</b>	

#### 2.5 Working Timing in HU/MTP & HU/ONR

<b>OP Timings</b>	
08.30 -12.30 Hrs and 15.30 – 17.30 Hrs	Monday to Friday
08.30 -12.30 Hrs	Saturday
Holiday	Sunday

#### 2.6 DETAILS OF HU/MTP & HU/ONR

S.No	Parmeter	HU/MTP	HU/ONR
1	Bed Availability	one	one
2	Shift	General	General
3	Area to be cleaned & sanitized	-	135.8 sq.m
4	No. of injection	05/Month	Nil
5	No. of dressings	05/Month	05/Month
6	Camps, Seminar & Classes	Once in 3 month	Once in 3 month
7	Treatment for outsiders	Nil	4 Emergency accident calls attended by pharmacist and send to GH/ONR
8	In patients	Nil	Nil
9	Lab Technician	Nil	Nil
10	Out sourcing activity	Nil	Nil
11	Proposal for expansion	Nil	Nil
12	Physiotherapy & Radiography	Nil	Nil
13	No. of child delivery	Nil	Nil
14	Ambulance vehicle & driver	Nil	Nil

### 2.7 Out-Patient Statistics Of HU/MTP For The Last 5 Years

<b>MONTH</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
JANUARY	245	143	61	278	256
FEBRUARY	191	162	93	78	310
MARCH	152	140	124	51	247
APRIL	164	164	80	76	216
MAY	158	121	145	136	349
JUNE	145	191	124	172	137
JULY	147	103	174	184	191
AUGUST	175	36	110	160	262
SEPTEMBER	184	99	169	151	244
OCTOBER	89	120	178	283	291
NOVEMBER	122	109	160	177	256
DECEMBER	93	67	151	154	276
<b>Total</b>	<b>1865</b>	<b>1455</b>	<b>1569</b>	<b>1900</b>	<b>3035</b>
<b>Per Month</b>	<b>155.42</b>	<b>121.25</b>	<b>130.75</b>	<b>158.33</b>	<b>252.92</b>
<b>Per Day</b>	<b>5.11</b>	<b>3.99</b>	<b>4.30</b>	<b>5.21</b>	<b>8.32</b>

#### 2.7.1 Out-Patient Statistics Of HU/ONR For The Last 5 Years

<b>MONTH</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
JANUARY	208	171	155	172	361
FEBRUARY	209	201	325	163	203
MARCH	193	156	189	327	168
APRIL	235	211	147	150	166
MAY	223	203	201	114	152
JUNE	190	283	204	156	148
JULY	213	170	142	407	388
AUGUST	189	167	130	181	147
SEPTEMBER	338	186	164	170	289
OCTOBER	195	144	162	152	123
NOVEMBER	193	291	156	162	240
DECEMBER	169	128	329	436	129
<b>Total</b>	<b>2555</b>	<b>2311</b>	<b>2304</b>	<b>2590</b>	<b>2514</b>
<b>Per Month</b>	<b>212.92</b>	<b>192.58</b>	<b>192</b>	<b>215.83</b>	<b>209.50</b>
<b>Per Day</b>	<b>7</b>	<b>6.33</b>	<b>6.31</b>	<b>7.10</b>	<b>6.89</b>

### 2.8 Details of Patients referred to other Hospitals

S.No	Medical Care	HU/MTP	HU/ONR
1	RH/Perambur	30	92
2	DRH/SA and DRH/PTJ	40	17
3	Government Hospital	90	32
4	Private Hospital	35	19

2.9 ADMO looking after both the health units HU/MTP & HU/ONR. Monday, Wednesday and Thursday at HU/MTP & Tuesday and Friday at HU/ONR

2.10 One Pharmacist available for both the health units HU/MTP & HU/ONR. Tuesday Wednesday and Friday at HU/ONR & Monday and Thursday at HU/MTP

### 2.11 WORKLOAD STATISTICS OF PHARMACISTS at HU/MTP

- Dispense review medicines in the absence of doctor for chronic Illness
- Check and refill hospital POMKA
- Refilling of FA Boxes ( 12 – FA Boxes)
- Attend accident calls
- Preparation of annual indent and supplementary indent for medicines
- Maintaining tools and plants, files and registers
- Maintaining stock register for medicines

### 2.11.1 **WORKLOAD STATISTICS OF PHARMACISTS at HU/ONR**

- Dispense, review medicines in the absence of doctor for chronic illness such Asthma, BP, Diabetic etc.,
- Check ARME Monthly once with ADMO and Attender
- Refilling of FA Boxes
- Attend accident calls
- (Attended Four accident calls and the patients are referred to GH/Coonoor last two years)
- Preparation of annual indent and supplementary indent for medicines
- Conducting pulse polio programme of HU/ONR
- Maintaining tools and plants, files and registers

Apart from the normal work load the pharmacist has to

- Rendering first aid in emergencies
- Maintain dispensing room in order and distribute medicines to patients
- Keep accounts of medicines, dressings, consumables and perishables received, consumed and distributed.
- Preparation of indents, condemnation of items and submission thereof.
- Receive stores from parcel / goods office or delivery clerk
- Make entries in all outdoor tickets and injury sheets
- Prepare sick and fit certificates
- Receive and process all applications for medical examination and take their weight / height and chest measurements of the candidates when required.
- Maintenance of Hospital Portable Medical Kit for Accident (POMKA) and VIP First Aid Box-Replacement of medicines.
- Issuance of various Certificates i.e Transfer Sick Certificate, WCA Sick and Fit Certificate, PMC, Food Handlers Certificate etc.

### 2.11.2 **Dressers**

Duties of the dresser are as follows

- Attend the dressings of all types of wounds and injuries
- Sterilization of equipments
- Auto-clave of dressing materials
- Preparation and application of splints and undertake cutting and rolling of bandages.
- Any other instructions assigned by superiors viz., staff nurse /nursing sister / matron / medical officer (Refer item No.10, Chapter – II, Vol.-I of IRMM).

### 2.11.3 **Hospital Attendants**

- Cleaning and Keep the ward neat and tidy
- Sponge the patients where there is no Nurse.
- Prepare beds and other arrangements for patient
- Assist Dressers, Nurses for their duty
- Take / assist temperature, pulse, respiration etc.
- Carry and transfer injured patients / sick patients
- Assist in X-ray unit, laboratories , stores, clinics and other needy areas
- Deliver letters, report to required places

### 2.11.4 **Duties of Hospital House Keeping Assistant (Safaiwalas)**

- Sweep the roads, ground, floor etc
- Frequent cleaning of the floors of the wards with wet clothes and also doors, windows, window panes etc
- Clean and bed pan, sputum cups, urinals, commodes, latrines etc
- Supply of bed pans, urine bottles to the patients and clean them after use
- Carry the patients and stretches in the hospitals and from station to hospital and back
- Carry hospital stores
- Carry out any other orders given by his / her supervisors.

**CHAPTER-III****3.0 CRITICAL ANALYSIS:**

- 3.1 The 7<sup>th</sup> Pay Commission implementation going to hit in the current year also. The staff cost in the part of Medical Department is about 4% in the total expenditure. Though medical department of Indian Railways was branded as a non core activity department by Malhotra and Rakesh Mohan Committee reports on Railway reforms, the policy initiated for health insurance & privatization of Health Department system for Railway men, Government of India and Ministry of Railways has not accepted due to the complexity of the issues. Instead, the optimum utilization of man power is initiated in medical department as like in other departments, which is carefully analyzed here for HU/MTP & HU/ONR.

To arrive man power requirement the criteria considered are;

1. Railway Board Yard stick – Man power requirement for Medical Department
2. Observing the present deployment and arrive optimum Manpower on need basis

- 3.2 HU/MTP & HU/ONR renders the general Medical facilities with the available one and only Additional Divisional Medical Officer (ADMO). The ADMO conduct general clinic, general medicine, and medical examination.

The patients are also moved to referral Hospital GH/MTP, GH/ONR, DRH/SA, DRH/PTJ, RH/PER and also to Private hospitals according to the requirement of treatment

**This study is confined to the man power requirement of Para-medical staff of HU/MTP & HU/ONR only.**



### 3.3 **Man Power Requirement as per Yardstick of ED/Health (P)/RB Ir.No.2013/H/14/5/1/Policy Dt. 11.03.2013**

The yardstick elaborately proposes the Man power requirement for Indian Railway Medical Department based on functional Unit under job requirement. In the Chapter C.2.3 of Executive Director, Health (P)/RB No.2013/H/14/5/1/Policy, Dt.: 11.03.2.013 The paramedical staff requirement is arrived from various factors like level of the Hospitals, no of beds, OPD & IPD statistics, availability of ICUs, No. of Clinics conducted, type of Laboratory units, Area of the buildings etc.,

The present number of Para-Medical staff actually available at HU/MTP & HU/ONR is 13 to cater the medical aid for about 2477 registered persons. **This is categories as Health unit (described in Chapter B (From B.1 to B.3.2) of Executive Director, Health (P)/RB No.2013/H/14/5/1/Policy, Dt.: 11.03.2.013.) Annexures**

As per the yardstick the man power has to be arrived to the Railway Health unit of MTP & ONR. The requirement of man power for the Para-medical staff & assistants is detailed below:-

### 3.4 **The Bare Minimum Requirement Para medical staff for Health Unit**

Yard stick Reference No.	Pharmacist	Dresser	Hospital Attendant		House Keeping Assistant (Safaiwala)
			Male	Female	
B.3.2.(i) (a)	1	-	-	-	-
B.3.2.(i) (b)	-	1	-	-	-
B.3.2.(i) (c)	-	-	1	1	-
B.3.2.(i) (d)	-	-	-	-	1
<b>Total</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>

- 3.5 As per Table 2.7 and 2.7.1 the Out Patients per day for 5 consecutive years are calculated as below

#### Out Patients Details

Year	HU/MTP		HU/ONR	
	Per Year	Per Day	Per Year	Per Day
2014	1865	5.11	2555	7.00
2015	1455	3.99	2311	6.33
2016	1569	4.30	2304	6.31
2017	1900	5.21	2590	7.10
2018	3035	8.32	2514	6.89
Total	9824	26.93	12274	33.63
<b>Avg/Day</b>	<b>5.386</b>		<b>6.726</b>	

From the above data it is very clear that the average out patients per day in HU/MTP & HU/ONR is approximately 6 & 7 respectively

- 3.6 From the data as well as the field study conducted by the Work study team the following aspects are found in HU/MTP & HU/ONR

S.No	Reference Table No	HU/MTP	HU/ONR
1	Average Out Patients (Table 3.5)	6/Day	7/Day
2	No. of injections (table 2.6 S.No 4)	5/Month	NIL
3	No. of dressings (Table 2.6 S.No 5)	5/Month	5/Month
4	In patients (Table 2.6 S.No 8)	NIL	NIL
5	Child Delivery (table 2.6 S.No 13)	NIL	NIL
6	Trivial Surgery (Observed on field study)	NIL	NIL

Keeping in mind about the right sizing of man power by optimum utilization of resources, the required paramedical staff distribution has been calculated on Need Basis instead of Yardstick of medical Manual.

3.7 In this context the requirement of Paramedical staff in HU/ MTP & HU/ONR  
**ON NEED BASIS**

3.7.1 **Pharmacist**

As per Yardstick of medical manual B.3.2.(i)(a) **One Post of Pharmacist** for a health unit as such **One Pharmacist, in each unit is allowed** to handle Medicines

3.7.2 **Dresser**

As per Yardstick of medical manual B.3.2.(i)(b) **One Post of Dresser/OT Assistant for a health unit** but the data collected as well as the field study it is found that **only 5 dressings done per month** in both the units this can be managed by the Hospital Attendant of that units

Hence **No Dresser is allowed in these Health units of MTP & ONR**

3.7.3 **Hospital Attendants**

As per Yardstick of medical manual B.3.2.(i)(c) **Two Posts of Hospital Attendants (One Male & One Female)** for a health unit, considering the in-patients as per data and field study **One Hospital Attendant, in each unit (Either Male or Female) is allowed**

3.7.4 **House Keeping Assistant (Safaiwala) in Health Unit**

As per Yardstick of medical manual B.3.2.(i)(d) **One Post of House Keeping Assistant** for a health unit as such **One House Keeping Assistant in each unit is allowed**

3.7.5 **House Keeping Assistant (Safaiwala) under Health Inspector**

At present there are six House Keeping Assistants working under the health Inspector/MTP (three in MTP and three in ONR). **These six House Keeping Assistants are allowed to continued**

- 3.8 The present Operation Ratio of Southern Railway is 162.36, Hence, Railway Board insisted to take swift action to control the Expenditures to make the Zone a profitable one. As pointed out earlier, the cost of Man power is about 45% in the total expenditure. The responsibility fixed upon Man Power Planning to identify the utmost optimum Man power, over each and every unit of the Zone. And also it is a policy, that to identify and surrendering the possible posts.

The aim of the Work Study is not to calculate the Man power as per the Yardstick, but to achieve the Optimum Man power to run the unit smoothly and to identify the excess force for the benefit of the Administration. The present deployment and the staff distribution are observed and the required man power is arrived on need basis.

Sanction	Category	Sanction	Actual	Requirement	Surplus	Vs
	Health & Malaria Inspector	1	2	1	0	
	Dresser II	1	0	0	1	
	Hospital Attendant (HU/MTP & HU/ONR )	5	2	2	3	
	House Keeping Assistant (HU/MTP & HU/ONR )	12	2	2	4	
	House Keeping Assistant (Health Inspector /MTP & ONR)		6	6		
		19	13	11	8	
	<b>Division to initiate</b>					
	Pharmacist III (HU/MTP & HU/ONR )	0	1	2*	-	
	<b>*Division may initiate to create the above 2 Pharmacist posts</b>					

#### Requirement

Sanction	Actual	Requirement	Surplus
<b>19</b>	<b>13</b>	<b>13</b> <b>11+(2 Shortfall Post)</b>	<b>8</b>

### SUMMARY OF RECOMMENDATIONS

The following 8 posts are found excess to the requirement and the same may be surrendered and credited to the vacancy bank.

Sl. No.	Category	Grade pay (Rs.)	No. of posts
1	Dresser II	2400	1
2	Hospital Attendant	1800	3
3	House Keeping Assistant	1800	4
<b>Total</b>			<b>8</b>

**Total No. of Posts: 8**

**VIEWS:**

## 5.0 FINANCIAL SAVINGS

5.1 If the recommendations made in the study report are implemented, the annual recurring financial savings will be as under:

Sl.No.	Category	G.Pay	No. of post	Money Value (Rs)	Annual Financial Savings (Rs.)
1	Dresser II	2400	1	62361	<b>7,48,332</b>
2	Hospital Attendant	1800	3	43817	<b>15,77,394</b>
3	House Keeping Assistant	1800	4	43817	<b>21,03,192</b>
<b>Total</b>			<b>8</b>		<b>44,28,918</b>

दक्षिण रेलवे/ SOUTHERN RAILWAY

No. SA/P.275/Work Study/Medical

मंडल कार्यालय/Divisional Office,  
कार्मिक शाखा/Personnel Branch,  
सेलम/Salem-636 005.  
दि /Date: 17.07.2019

Dy.CPLO/MAS

विषय/Sub: SAVE statement of HU/MTP of SA Division

संदर्भ/Ref: SDGM/MAS letter No. G.275/WSSR-431920/2019-20  
dtd. 15.07.2019

\*\*\*\*\*

SAVE statement of HU/MTP as on 17.07.2019 – SA Divn is furnished below:-

Sl. No.	Category	Level	G.Pay	Sanction	Actual	Vacancy	Excess
1	H & MI	L-7	4600	1	1	0	0
2	H & MI	L-6	4200	0	1	0	1
3	Dresser-II ✓	L-4	2400	1	0	1	0
4	Hospital Attndt.	L-1	1800	5	1	4	0
5	Safaiwala Jamedar	L-1	1800	12	7	5	0
	Total			19	10	10	1

(एन.वेलुमणि / N.Velumani)  
सहायक कार्मिक अधिकारी/टी  
Assistant Personnel Officer/T  
कृते मंडल कार्मिक अधिकारी/सेलम  
For Divisional Personnel Officer/SA



## दक्षिण रेलवे/ SOUTHERN RAILWAY

No. SA/P.275/Work Study/Medical

मंडल कार्यालय/Divisional Office

कार्मिक शाखा/Personnel Branch,

सेलम/Salem-636 005.

दि/Date: 19.07.2019

Dy.CPLO/MAS

विषय/Sub: SAVE statement of medical staff at ONR of SA Division

संदर्भ/Ref: 1.SBGM/MAS letter No. 6.275/WSSR-431920/2019-20  
dtd. 15.07.2019

2. This office letter of even no. dtd.17.07.2019


\*\*\*\*\*

SAVE statement of Medical staff at ONR as on 19.07.2019 - SA Divn is furnished below.

Sl. No	Category	Level	G Pay	Sanction	Actual	Vacancy	Excess
1	Pharmacist-III	L-5	5900	0	1	0	1
2	Hospital Attndt.	L-3	2000	0	1	0	1
3	Hospital Attndt / Salarwala Jamedar	L-3	2000	0	1	0	1
Total				0	3	0	3


(S. Thirumurugan)

Divisional Personnel Officer/SA




**G.275 / WSSR – 521819 / 2018-19**

**WORK STUDY TO REVIEW THE  
STAFF STRENGTH AT  
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MAS - DIVISION**



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MAS - DIVISION**



**G.275 / WSSR – 431920 / 2019-20**

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