

ADMINISTRATIVE REFORMS DEPARTMENT
GOVT. OF NCT OF DELHI
7TH LEVEL, C-WING, DELHI SECTT., NEW DELHI-110002

FN^o.1/51/2013/AR/ 737-896

Dated : 05/02/2015

To

All the Pr. Secretaries/Secretaries/Heads of Departments
Govt. of NCT of Delhi.

Subject: Regarding checklist for submitting proposals for creation of posts to AR Department.

Sir/Madam,

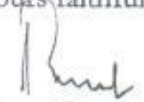
AR Department is assessing the proposals of different departments of NCT of Delhi for recommendation for creation of various categories of posts. This Department has issued guidelines, necessary for work assessment studies, and circulated checklist for submission of proposals by the Departments in order to facilitate the process and for expeditious assessment of the manpower requirement. It is, however, observed that Departments are not sending the proposals as per guidelines and checklist so circulated which resulted in delay.

In the aforesaid background, AR Department has looked into the reasons of delay and reviewed the process of receiving proposals and examination thereof and has accordingly devised a simplified checklist in a booklet form for sending the proposal. The enclosed checklist will enable the departments to furnish the requisite information /records in the first instance itself.

All the Departments are requested to kindly submit proposals in the checklist booklet for creation of posts in the soft as well as hard copies specified. The departments may also offer their valuable suggestions/comments, if any, on the checklist to enable AR department to improve the checklist further.

Encl: As Above.

Yours faithfully,


(Arun Baroka)

Secretary (Administrative Reforms)

011-23392065

**Administrative Reforms Department,
Govt. of NCT of Delhi, Delhi Secretariat,
New Delhi.**

Manpower Assessment
for Creation of Posts in
Govt. of NCT of Delhi

Checklist Booklet

INTRODUCTION

The Departments are submitting their proposals for creation of different posts to AR Department for assessment and recommendations in the matter but many times those are found incomplete and are returned for want of information. AR Department has issued guidelines and circulated checklist for submission of proposals by the Departments in order to facilitate the process and for expeditious assessment of the manpower requirement. Said guidelines and checklists are in fact regarding information and records necessary for work assessment studies. It is, however, observed that Departments are not sending the proposals as per guidelines and checklist so circulated which resulted in delay.

In the aforesaid background, AR Department has looked into the reasons of delay and reviewed the process of receiving proposals and examination thereof and has accordingly devised a simplified checklist in a booklet form for sending the proposal. The enclosed checklist will enable the departments to furnish the requisite information /records in the first instance itself.

The checklist has 08 parts "A to H". Part A and B are general information, common for all proposals and to be provided by the Administrative Departments. Whereas Part C is for the proposals from Hospitals only, Part D for Schools only, E for Colleges only, F for Sanitation services, G for Security services and H for Data Entry Operators. Further, the Departments are required to furnish the information in soft form in excel format and/or in word form as specified in the checklist itself besides submitting the hard copies of the proposals.

With regard to processing of the proposals and time limits, on receipt of a proposal, AR department will assign a unique token /registration number to each proposal. The number will be valid for six months i.e. during which the proposal will be processed as per its serial irrespective of repeat submissions for various reasons like incomplete checklist/information/records, additional information / records etc.

Further, a time of maximum 04 months will be observed at the part of AR Department to complete assessment, take final view regarding quantitative assessment and convey recommendations to the Department. This time limit will commence from the date of receipt of the complete proposal from the Department. A flow chart showing various stages of processing of a proposal is attached with the checklist booklet.



INDEX OF THE CHECKLIST

SL NO.	PART	CONTENTS	PAGE NO.
1.	PART-A	Common to all proposals	1-3
2.	PART-B	Common to all proposals	4
3.	PART-C	For Hospitals only	5
4.	PART-D	For Schools only	6-10
5.	PART-E	For Colleges only	11
6.	PART-F	For the creation of Security Guards only	12
7.	PART-G	For the creation of Sanitation staff only	13-17
8.	PART-H	For the creation of Data Entry Operator only	18
9.	PART-I	Flow Chart	19

**Check List for creation of posts
for submission to AR Deptt, GNCTD**

PART A		Common to all proposals			
Department's Name					
Nodal Officer		Name			
		Designation			
		Telephone No.			
S.NO.	Description of work	Please tick		Format	Page No.
		Yes	No		
1	Organization Chart <i>Existing</i>			MS word	A-1 ✓
2	Organization Chart <i>Proposed</i>			MS word	A-2
3	Write up on working of department			MS word	A-3
4	Sanctioned & Working Strength Category wise			MS Excel	A-4
5	Staff Deployment Chart <i>Present and Proposed</i>			MS Excel	A-5
6	Proposed additional posts with Pay scale and Grade Pay <i>for each post demanded</i>			MS Excel	A-4
7	Detailed Justification of each Post demanded for creation			MS word	A-6
8	Copy of norms / guidelines & qualitative as well as quantitative workload <i>(Copy attached or not)</i>			MS word	A-7
9	Whether the proposal has been duly vetted by the Admin. Deptt. and got the approval of HOD / Administrative Secretary and Copy of approval be attached or not				A-8
10	Paragraph numbering of note portion and paging on correspondence side				
11	Previous assessment files for creation of posts (attached or not)				
Signature of Head of Office					
		Name			
		Designation			

Name of the Organization :

A-5

Staff deployment chart (Present & Proposed)

S. No.	Name of the Department/ Branch/ Unit	Name of the Post	Scale of Pay	Grade pay	No. of persons Presently Deployed					No. of persons Proposed to be Deployed				
					Gen. Shift	Shift-I	Shift-II	Shift-III	Total	Gen. Shift	Shift-I	Shift-II	Shift-III	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	Total													

**Check List for creation of posts
for submission to AR Deptt, GNCTD**

PART B		Common to all proposals		
S.NO	Information to be provided by the Administrative Department	Please tick		page No.
		Yes	No	
1	Reasons for vacancies for more than 15% in respective categories of the proposed posts – provided or not			B-1
2	Steps taken by deptt. for filling up of the vacant posts. Details enclosed or not			B-2
3	Statement showing dates since when the posts are lying vacant. <i>(to be provided in Annexure IV of Part A)</i>			
4	Any in house exercise conducted by department to identify the posts which could easily be surrendered because of redundancy of work.			B-3
5	Whether it is feasible that proposed new posts could be handled by the existing functionary for making the post multi functional wherever possible.			B-4
6	Feasibility of short term training provision for existing functionary to handle new jobs.			B-5
7	Whether the proposal has been carefully scrutinized with the reference to prevailing norms if any.			
Signature and Authentication by the administrative Secretary		Signature		
		Name of the Officer		
		Department		
		Telephone No.		

**Check List for creation of posts
for submission to AR Deptt, GNCTD**

PART- C		For Hospitals Only			
S.NO	Details Sought	Please tick		Format	Details at Page No.
		Yes	No		
1	Month Wise/Discipline wise attendance OPD new and old (repeat) for the last 02 years – <i>provided or not</i>			MS-Excel	C-1
2	Month wise /Discipline wise IPD admissions no. of in the hospital for the last two years – <i>provided or not</i>			MS-Excel	C-2
3	Number of Major operations conducted during the last two years– <i>provided or not</i>			MS-Excel	C-3
	Number of Minor operations conducted during the last two years– <i>provided or not</i>			MS-Excel	C-4
4	Number of lab tests test conducted during the last two years. – <i>provided or not</i>			MS-Excel	C-5
5	Number of radiological test conducted during the last two years. – <i>provided or not</i>			MS-Excel	C-6
6	Availability of sanction / EFC for proposed expansion of services– <i>provided or not</i>			MS-Word	C-7
7	Availability of infrastructure regarding proposed expansion of services– <i>provided or not</i>			MS-Word	C-8
8	Whether any medical education is approved to be conducted– <i>provided or not</i>				C-9
9	If yes, then discipline wise total number of student intake per year – <i>provided or not</i>			MS-Word	C-10
Signature and Authentication by the Medical Supdt.		Signature			
		Name of the Officer			
		Name of the Hospital			

**Check List for Creation of Posts in Dte. Of Education for
submission to AR Department, GNCTD**

Part D		For Schools Only		
S No.	Description of Work	Please Tick		Details at Page No.
		Yes	No	
1	Total No. Of Schools covered under the Proposal (seperate list for new and existing) - Provided or not			D - 1
2	Details of streams (i.e. Science, Commerce & Humanities etc. in each school) - Provided or not			D - 2
3	Discipline wise total no. Of student (intake per year for the last 03 years) - Provided or not			D - 3
4	No. Of Section and Students per section - (Provided or not)			
5	No. Of Shifts maintained in the schools - Provided or not			
6	Details of availability / expansion of infrastructure like class room, lab & library etc. - Provided or not			D - 4
7	Details of availability of Sports/ NCC/ extra curricular infrastucture in teh Schools - Povided or not			
8	Applicable student teacher ratio. Copy of Norms provided or not.			

Signature and Authentication by the Director
of Education

Signature

Name of the DOE

D-1

Total No. Of Schools covered under the Proposal (separate list for new and existing)

S NO	Name of Existing School	School ID	District/Zone (Name & ID)	Present Teaching Staff (including Contract & Guest Teachers)			Student Strength		Detail of Administrative Staff	Proposed School/ Detail District Wise	Total No. Of Middle Schools in Distt. /Zones	Total No. Of Sr. Sec Schools in Distt. /Zones	Total No. Of Altdn./Unaided/ Pvt. Schools in Distt. /Zones
				Regular	Contract	Guest	No. Of Girls	No. Of Boys					

Signature and Authentication by the Director of Education

Signature

Name of the DOE

(2)

Details of streams (i.e. Science, Commerce & Humanities etc. in each school)

S NO	Name & ID of Existing School	District/ Zone (Name & ID)	Present Teaching Staff															Total Student Strength		No of Students																									
			No of Teachers for Science Stream					No. of Teachers for Commerce Stream					No. of Teachers for Humanities Stream					No. Of		Science	Commerce	Humanities	Others																						
			Regular			Contract		Guest		Regular			Contract		Guest		Girls	Boys																											
			Regular	Contract	Guest	Regular	Contract	Guest	Regular	Contract	Guest	Regular	Contract	Guest	Regular	Contract			Guest																										

Signature and Authentication by the Director of Education

Signature
Name of the DOE

Discipline wise total no. Of student (intake per year for the last 03 years) AND No. Of Section and Students per section -

D-3

Name, ID Of School, Detail of Dist./Zone (Whether school running in Shifts - Separate sheets for different shifts)

CLASS WISE DETAIL

S No.	Year	Class	Name of Section	Stream/ Wing	No. of Already Enrolled Students in section	No. of Student Newly Enrolled per section in a year	No. of Special Students i.e. PII/VII/HH	No. of School Dropouts in section	No. of Teachers in Section			Addl. Requirement
									Regular	Contract	Guest	

Signature and Authentication by the Director of Education

Signature
Name of the DOE

9

Details of availability / expansion of infrastructure like class room, lab & library, Sports/NCC/ Extra Curricular etc.

S No	Name & ID of School	Distt./ Zone	Total No. Of Class Rooms	Total No. Of Labs (Sci/Home Sci/ Sports)	Whether Equipped for Sports/NCC/Extra Curricular	No. Of Staff Deputed for its cleanliness/ maintenance	No. Of Addl. Reqd. Staff

Signature and Authentication by the Director of Education

Signature

Name of the DOE

**Check List for creation of posts
for submission to AR Deptt, GNCTD**

PART- E		For Colleges Only			
S.NO.	Details Sought	Please tick		Format	Details at Page No.
		Yes	No		
1	Name of the College (s) to be covered under the proposal <i>- List provided or not</i>			MS-Excel	
2	Details of under graduates/P.G. /others programme being taught in the college - <i>provided or not.</i>			MS-Excel	
3	Discipline wise total no. of student intake per year for the last 03 years <i>- provided or not</i>			MS-Excel	
4	Details of availability / expansion of infrastructure like class room, lab etc. <i>- provided or not</i>			MS-Word	
5	Student teacher ratio <i>copy of norms - provided or not</i>				
Signature and Authentication by the Director, Higher Education		Signature			
		Name of Director, Higher Education			

**Check List for creation of posts
for submission to AR Deptt, GNCTD**

PART- F		For the assessment of Security Guards only		
S.NO.	Details Sought	Please tick		Details at Page No.
		Yes	No	
1	Information consisting of each building/office location separately – <i>provided or not</i>			
2	Details of points of exit and entry separately – <i>provided or not</i>			
3	List of duty Roster indicating duty hours/shift separately – <i>provided or not</i>			
4	Point wise deployment per shift. Justification, if more than one person is deployed per point separately – <i>provided or not</i>			
5	Approximate cost of Assets (capital and non-capital) separately – <i>provided or not</i>			
6	Availability of Bio-metric attendance system separately – <i>provided or not</i>			
7	Availability of Baggage scanner installed separately – <i>provided or not</i>			
8	Frisking arrangements/ metal detector installed separately – <i>provided or not</i>			
9	Detail of CCTV cameras installed separately – <i>provided or not</i>			
Signature and Authentication by the HOO		Signature		
		Name of the HOO		

**Check List for creation of posts
for submission to AR Deptt, GNCTD**

PART- G		For the Creation of Sanitation Staff Only		
S.NO.	Details Sought	Please tick		Details at Page No.
		Yes	No	
1	Measurement of sweepable area/place, duly verified from concerned J.E. of PWD Section separately -provided or not (in Annexure G-1- for all departments including Hospital)			
2	Measurement of sweepable area/place, duly verified from concerned J.E. of PWD Section separately -provided or not (in Annexure G-2- for Hospitals only)			
2	Summary/total of all similar space/unit/ area(s) as per annexure- above separately - provided or not (in Annexure G-3)			
Signature and Authentication by the HOO		Signature		
		Name of the HOO		

Annexure G-I (Common to every Department)

Name of the Department/Institution : _____

Details of area to be swept at regular intervals _____

S.No.	Details of Identified areas	Minimum Frequency at which cleaning is to be done	Area in Sq. Meters (duly verified by JE)	Remarks
A. General Offices/School Rooms/Lecture Hall				
1 (a)	Office Rooms/Class Room/Lecture Hall	Once per day		
(b)	Committee Room	Once per day		
(c)	Reception Room	Thrice per day		
(d)	Record Room/Stationery Room	Once per week		
(e)	Hostels	Once per day		
(f)	Labs/Workshops/Educational Institutions	Once per day		
II. Varandah/Stair Case etc.				
(a)	Varandah	Twice per day		
(b)	Stair case	Twice per day		
(c)			
III. Open Space				
(a)	Roads	Once per day		
(b)	Court Yards	Twice per week		
(c)	Garages	Once per week		
IV. Other Areas				
(a)	Lawn	Once per week		
(b)	Play Ground	Once per week		
(c)				
V. Walls with tile work				
(a)	Varandah, where wall tiles are installed	Once per day		
(b)	Rooms, where wall tiles are installed	Once per fortnight		
(c)	Glass walls/Window pans	Once per fortnight		

B. Items to be swept regularly

S.No.	Details of Item	Minimum frequency at which to be cleaned	No. of Items	Remarks
1	Latrines/Bath room	Thrice per day		
2	Urinal Pots	Thrice per day		
3	Mirrors/Wash Basin	Once per day		
4	Other Articles	Once per day		

Note :-

- 1 The area should be got measured from the J.E.s of PWD.
- 2 For assessment of manpower requirement the area will be multiplied by the frequency at which cleanliness is to be
- 3 The frequency could be changed under compelling circumstances with due justification with the approval of HOD
- 4 Some Skelton staff should be available for emergent cleaning ever after 3 P.M.
- 5 Strict supervision and control should be kept over the staff deployed by contractor.

Additional ANNEXURE G- 2 (Applicable to Hospitals)

Name of the Hospital/Medical Institution

Details of area to be swept at regular intervals

S.No.	Details of Items	Minimum frequency at which to be cleaned	Area in Sq. Meters (duly verified by JE)	Remarks
I	Casualty/Emergency/Trauma	Thrice per shift during day shift, Twice per shift during evening shift, Twice per shift during night shift		
II	ICU	Twice per shift in each of 3 shifts		
III	Registration Block/OPD Block/Pharmacy/Dressing room and other rooms having one shift operation such as	Twice per shift during day shift		
IV	Wards	Thrice per shift during day shift, Twice per shift during evening; Twice per shift during night.		
V	Burns Ward	As per actual requirement		
VI	Ots	Twice per shift per day as per number of shifts operated in OT		
VII	Units providing roun the clock services like Labs/Blood Bank etc.	Twice per shift per day in each of the 3 shifts		
VIII	Hostels and its varandah/Stair Cae/Lift etc.	Once per day		
IX	KitcheN	Twice per shift (for two shifts)		

B. Items to be swept regularly in Hospital

S.No.	Details of item	Minimum frequency at which to be cleaned	No. of Items	Remarks
1	Latrines/Bathroom	Thrice per shift		
2	Urinal Pots	Thrice per shift		
3	Mirrors/Wash Basin	Once per day		
4	Other Articles	Once per day		

Note :-

- 1 The area should be got measured from the J.E.s of PWD.
- 2 For Assessment of manpower requirement the area will be multiplied by the frequency at which cleanliness is to be done and them divided by norms fixed by SIU for each item
- 3 The frequency could be changed under compelling circumstances with due justification with the approval of HOD
- 4 Some skelton staff should be available for emergeny cleaning ever after 3 P.M.
- 5 Strict supervision and control should be kept over the staff deployed by contractor.

Annexure to checklist for assessment of Sanitation Staff

PART G-3 Total of similar areas as per Annexure G-1 & G 2 (if provided for > one section) - (illustrative)							
S.No.	Description of Area	Section-1	Section-2	Section-3	Section-4	Section-Nth	Total (Section-1 to Section-Nth)
1	Office Rooms/Class Room/Lecture Hall						
2	Committee Room						
3	Reception Room						
4	Record Room/Stationary Room						
5	Hostels						
6	Labs/Workshops of Educational Institutions						
7	Verandah						
8	Stair Case						
9	Roads						
10	Court Yards						
11	Garages						
12	Lawn						
13	Play Ground						
14	Verandah. Where wall tiles are installed						
15	Rooms where wall tiles are installed						
16	Class walls/Window pans						
17	Latrines/Bathroom						
18	Urinal Pots						
19	Mirrors/Wash Basin						
20	Other Articles, if any						

Note : Department may indicate any other relevant input/information as a note/remarks to this sheet

**Check List for creation of posts
for submission to AR Deptt, GNCTD**

PART- H		For the assessment of Data Entry Operator Only		
S.NO.	Details Sought	Please tick		Details at Page No.
		Yes	No	
1	Nature of the work/data to be handled by the DEO – <i>provided or not</i>			
2	Justification, i.e. Whether any increase in Work Load or additional service is proposed to be started – <i>provided or not</i>			
3.	Proposal is vetted by the IT department or not			
Signature and Authentication by the HOO		Signature		
		Name of the HOO		

WORK STUDY-FLOW CHART

