

ANNUAL REPORT

2012-2013



Population Research Centre
Department of Statistics
Patna University
Patna - 800 005
Bihar, INDIA

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FOREWORD

As desired by the Department of Family Welfare, Ministry of Health and Family Welfare, Government of India, we hereby submit the Annual Report of the Population Research Centre, Department of Statistics, Patna University, Patna for the financial year 2012-2013. The report, in short, highlights the history, the functioning and the various activities of the Population Research Centre, Patna, in broad terms. It also provides information regarding sources of funding and the audited statement of the expenditure for the year 2012-2013.


11.07.13

(Amarendra Mishra)
Hony. Director
Population Research Centre
Department of Statistics
Patna University, Patna.

POPULATION RESEARCH CENTRE
DEPARTMENT OF STATISTICS
PATNA UNIVERSITY
PATNA - 800005

ANNUAL REPORT 2012-2013

Short History and Description

The Population Research Centre has originated out of the Demographic Research Centre which was established in the Department of Statistics, Patna University, way back in September, 1966. It was, then ranked as an undeveloped Centre and had a skeleton staff with only two senior posts, namely; Assistant Chief and Research Officer, besides a few junior posts. It was further upgraded to the rank of a fully developed Centre know as Population Research Centre in 1980. With the change in the status of the Centre financial assistance was also consequently raised. The staff position as on 31.3.2013 is as follows:

	<u>Name of the Post</u>	<u>No. of Post</u>	<u>Name of the person working against the post</u>
1.	Additional Director	1	Vacant
2.	Joint Director	1	Dr. Dilip Kumar
3.	Research Officer	1	Vacant
4.	Social Scientist	1	Vacant
5.	Analyst/Computer	8	(1) Dr. Ravi Ranjan Sinha (2) Sri Uma Kant Sahay (3) Sri Sushil Kumar Pandey (4) Sri Dhanesh Kumar (5) Dr. Krishna Nandan Singh (6) Vacant (7) Vacant (8) Vacant
6.	Investigator	4	(1) Vacant (2) Vacant (3) Vacant (4) Vacant

7.	Office Superintendent	1		Vacant
8.	Senior Assistant	1		Vacant
9.	U. D. Assistant	1		Sri Om Prakash
10.	L.D. Assistant/Typist	1	(1)	Sri Arun Kumar Sinha
			(2)	Mrs. Anjali *
			(3)	Mrs. Sumita Mukherjee**
11.	Librarian	1		Vacant
12.	Peon	1		Vacant
13.	Driver-cum- Peon	1		Sri Ravindra Kumar

* Mrs. Anjali is working against the vacant post of Librarian.

** Mrs. Sumita Mukerjee is working against the vacant post of Investigator.

As the Ministry of Health and Family Welfare, Government of India has sponsored the Centre; it continues to provide full financial assistance in the form of grant-in-aid. The grant is release in three installments. The annual financial allocations for contingent items, besides the salary of the approved staffs, are as follows:-

<u>Item</u>	<u>Annual Grant</u>
T.A/D.A	1, 50,000.00
Data processing, stationery, printing Contingency, POL and maintenance of Vehicle, etc.	1, 50,000.00
Books and Journals	40,000.00

Recruitment of Staffs:

The Staffs of the Centre are recruited by the University under the guidelines of the concerned Ministry. Senior staffs are recruited by the University as per uniform prerequisite qualification and experiences prescribed time-to-time by the Department of Family Welfare. The Director (E) or his nominee is directly associated with the recruitment process.

Benefits Available to staff:

The employees of the PRC neither get full benefits of Patna University service conditions nor of the concerned Ministry; rather, they simply get the benefits of the CPF, gratuity and leave encashment upon superannuation from service. The benefit of Pension is not in practice on the line of Patna University employees. LTC and medical reimbursement are also not available here. There is no provision for loan/advances for purchase of the vehicle or for the construction of house.

Objective and functions of the Centre:

The objective of the Centre is to carry out research on demographic, social and economic aspects of Population and Health status in the States of Bihar and Jharkhand. In addition, the Centre also takes up certain specific studies considered or suggested relevant and important from programme view points.

Research Progress:

The progress of research is communicated to the Ministry of Health and Family Welfare, Government of India, New Delhi in its quarterly reports. The consolidated annual report of progress is prepared at the end of the year and submitted to the Department of Family Welfare, Government of India. So far more than 286 research papers / reports / articles have been published / mimeographed by the Center.

The progress report for the year 2012-2013 is enclosed, herewith, in Annexure-I.

The annual statement of receipt and expenditure during the year duly audited by a Chartered Account is appended as Annexure-II.

Other Activities:

1. Dr. Dilip Kumar, Joint Director of the Centre participated in the PIP and HMIS meeting of the MOHFW, New Delhi at Nirman Bhawan, New Delhi during 5-6th June 2012.
2. Dr. Dilip Kumar, Joint Director of the Centre participated in the SAS training hosted by the MOHFW, New Delhi at NIHFW, New Delhi during 26-30th June 2012.
3. Dr. Damodar Tiwary, Social Scientist, Sri Ram Babu Mehta, Dr. Ravi Ranjan Sinha, Sri Uma Kant Sahay, Sri Sushil Kumar Pandey, Sri Dhanesh Kumar, Dr. Krishna Nandan Singh, Analysts of the Centre participated in the "Statistics Day" organized by the Department of Statistics, Patna University, Patna and the N.S.S.O, Govt. of India, Patna at the auditorium of the Department of Geology, Patna University, Patna on 29th June, 2012.
4. Dr. Dilip Kumar, Joint Director, Dr. Damodar Tiwary, Social Scientist, Sri Ram Babu Mehta, Dr. Ravi Ranjan Sinha, Sri Uma Kant Sahay, Sri Sushil Kumar Pandey, Sri Dhanesh Kumar, Dr. Krishna Nandan Singh, Analysts of the Centre participated in the seminar on the House listing and the Census of India, Patna at Bihar Chambers of Commerce, Patna on 28th July, 2012.
5. Dr. Dilip Kumar, Joint Director of the Centre attended three days service meeting on NRHM and other schemes of the Department of Health and Family Welfare, Govt. of India, New Delhi at Vigyan Bhawan, New Delhi, during 11th to 13th Sept. 2012.
6. Dr. Dilip Kumar, Joint Director of the Centre delivered lecture on the sources of demographic data, measures of fertility and mortality in the orientation training in Health Information Management for Non- Medical Personnel organised by the Regional Office of the MoHFW, (GOI), Patna on 14th Sept. 2012.
7. Dr. Dilip Kumar, Joint Director of the Centre attended the review meeting with State & District level Programme Managers of NRHM for State of Bihar in Patna on 26th Sept. 2012.
8. Dr. K.N. Singh, Analyst of the Centre delivered lecture on the different Statistical Methods for data analysis in the orientation training in Health Information Management for Non- Medical Personnel organised by the Regional Office of the MoHFW (GOI), Patna on 11th Sept. 2012.
9. Dr. Dilip Kumar, Joint Director of the Centre Participated in the seminar on the Census House listing and the Census data on the different demographic indicators, 2011 organised by the Census of India, Patna at Hotel Chankya during 28-29th Dec, 2012.

10. Dr. Dilip Kumar, Joint Director, Dr. R. R. Sinha, Sri U.K. Sahay, Sri S.K. Pandey, Sri Dhanesh Kumar, Dr. K.N. Singh, Analysts of the Centre participated in the 49th Annual Conference of the "Indian Econometric Society", organised by the Department of Statistics, Patna University, Patna during 9-11th January, 2013.
11. Dr. Dilip Kumar, Joint Director of the Centre had given orientation training on Health information Management for Non-Medical Personnel organised by the Regional Office of Health and Family Welfare, GOI, Patna during 18-22nd March, 2013.

Library:

The Centre has a library of its own. It has a good collection of books and journals on Demography, Statistical and other Social Sciences. The present annual grant of library is Rs. 40,000. The current stock position of books, reprints and journals as on 31.3.2013 is as follows:

Books	4863	(Approx)
Reprints	2058	(Approx)

Vehicle:

The Centre was provided with a Bajaj Matador way back in April, 1980. But the vehicle in its broken conditions is dumped in the garage. The Centre is in urgent need of a vehicle for supervision of field work and during some other official work.

RESEARCH ACTIVITIES

Progress of work done during April, 2012-March, 2013

(A) Projects/Research Papers completed at the Centre during 2012-2013.

(1) Evaluation of Programme Implementation Plan (PIP) under NRHM in Bihar State (Dilip Kumar, R.R. Sinha, K.N. Singh, B.B. Sinha and Kishor Kumar)

The objective of the study was to map the progress of the PIP under NRHM in the two selected districts namely; Nalanda and East Champaran in Bihar State. Some of the important findings are as follows:

Strong points: Many health facilities have improved their infrastructure and logistics availability due to proactive Rogi Kalyan Samiti (RKS). The system for improving reporting of maternal deaths is now initiated. The state has already initiated trainings of IMNCI. A new programme called 'MUSKAAN' to track pregnant women and Newborn Child has been launched in 2007. Under this programme ASHA, AWW and ANM hold meeting with Mahila Mandals in AWCs. Toll free number 102 was launched during 2006-07 and is running in all the six regional headquarters successfully. HMIS has been strengthened right up to the HSC level and daily reporting from nearly all the blocks has been ensured through the Monitoring and Evaluation Officers. The agencies for undertaking the task of Bio-Waste Management and Treatment have been identified. The state has outsourced the Biomedical Waste Management system for all the Government hospitals. All the programme officers implement the BCC activity as per their respective programmes. All the Primary Health Centres (PHCs) are reported to be working as 24x7.

Weak Points: There is shortage of gynecologists and obstetricians to provide maternal health services at PHC level. The public health facilities providing obstetric and gynecological care at district and PHC levels are inadequate. Most of the HSCs are not in good condition and require the renovation and new construction. There is lack of supply of essential items such as disposable gloves, bandages, antibiotics, OPs, IUD insertion kit etc. at the PHCs. There is inadequate training to ANMs on operating baby warmer machines. There are no regular camps as such for maha-dalit tola. Beti Bachao Abhiyan. As female foeticide is a concern both in rural and urban areas. The district hospital and the selected PHCs use to burn the waste material in the open space and buried some of the waste outside the campus of the health centre. Proper supervision is lacking.

(2) Evaluation of Programme Implementation Plan (PIP) under NRHM in Jharkhand State (Dilip Kumar, R.B. Mehta, Dhanesh Kumar and B.B. Sinha)

The objective of the study was to map the progress of the Programme Implementation Plan under NRHM in the two selected districts namely; Dhanbad and Gumla in Jharkhand State. Some of the important findings are as follows:

Strong Points: The Jharkhand Rural Health Mission Society has been working for all inter-sectoral and intra-sectoral convergence. Specific capacity building initiatives have been undertaken to orient the health providers at various levels to specific necessities of the ARSH program like;

adolescent vulnerability to RTI/ STI/ HIV/ AIDS, communication with adolescents, and gender related issues etc. at the district level. The State Co-ordination Committee has adopted the procedure for increasing the number of couples adopting family planning measures. There are mobile health care services for curative, preventive and rehabilitative in nature at the district and PHC levels. Training of personnel like; pre service IMNCI training, safe abortion methods, skill birth attendant training and newborn care unit have been completed at the district level. All the programme officers implement the BCC activity as per their respective programmes. The state has outsourced the Biomedical Waste Management system for all the Government hospitals.

Weak Points: Out of 330 existing PHCs, 180 PHCs are reported to be working as 24x7. Most of the HSCs are not in good condition and need renovation. There is a short fall of medical specialists and paramedical staff in the state. The public health facilities providing obstetric and gynecological care at district and PHCs levels are inadequate. There is shortage of gynecologists and obstetricians to provide maternal health services at PHC level.

There is a poor monitoring team constituted at district level as well as at block level to monitor the implementation of the HMIS activities of the NRHM. It needs more training on the HMIS activities. There is no access to information on Adolescent Reproductive & Sexual Health (ARSH) through services at PHC and HSC levels.

(3) Evaluation of Programme Implementation Plan (PIP) under NRHM in Begusarai and Sitamarhi districts in Bihar State

(Dilip Kumar, U. K. Sahay and Kishor Kumar)

The study was undertaken to map the progress of the PIP under NRHM in the two selected districts in Bihar State. Some of the important findings are as follows:

Strong Points: There are three minimal essential services on a 24x7 basis like; safe delivery services, emergency newborn care and referral transport. 24x7 health services are available in 533 PHCs, 29 SDHs and 36 DHs of the State. State wide system for improving reporting of maternal deaths is planned for the effective implementation. The toll free number 102 and 108 were launched and are running in all the regional headquarters. State has accepted HMIS as one source of data for monitoring as well as the basis for planning. There is a provision of incentives/ awards etc. to ANMs (Muskaan Programme-incentives to ASHA and ANM) for promotion of more ANC and immunization in the selected districts. RKS has been formed in all the health facilities till PHC level. The NBCC is functioning in the selected district hospitals. The system for improving reporting of maternal deaths is now initiated. The state has already initiated trainings of IMNCI. The state has outsourced the Biomedical Waste Management system for all the Government hospitals.

Weak Points: There is shortage of medical officers, gynecologists and obstetricians to provide maternal health services at PHC level. The public health facilities providing obstetric and gynecological care at district and PHC levels are inadequate. Most of the HSCs are not in good condition and require the renovation and new construction. The OT and its condition with OT table are not good condition in the selected PHCs of Begusarai district. There is inadequate supply of all of the drugs except IFA, OPs, IUD 380, ORS packets and Vitamin A in the selected PHCs. C-Section deliveries are not conducted in health institution of Sitamarhi. The public health facilities providing

obstetric and gynecological care at district and PHCs level are inadequate. There is inadequate training to ANMs on operating baby warmer machines. There is lack of awareness in the community about the importance of Zinc & ORS through various BCC & Social Mobilization activities. The District Health Society is not monitoring the progress adequately and neither have the committees at the Block and Gram Panchayat levels. Verbal Autopsies (Maternal, Neo-natal, Infant & Child Death audits) are carried out at the PHC level is inadequate.

The health institutions use to burn the waste material in the open space and buried some of the waste outside the campus of the health centre. Proper supervision is lacking.

(4) Evaluation of Programme Implementation Plan (PIP) under NRHM in Dumka and Palamu districts in Jharkhand State

(Dilip Kumar, Dhanesh Kumar and B. B. Sinha)

The study was undertaken to map the progress of the PIP under NRHM in the two selected districts in Jharkhand State. Some of the important findings are as given below:

Strong Points: There are 330 existing PHCs and 3958 Sub Centres in the state. About 180 Primary health Centres (PHCs) are reported to be working as 24x7. The district hospital and the selected PHCs are functioning from the own building. The NBCC is functioning in the hospital as well as in the selected PHCs of Dumka district. All reported Rogi Kalyan Samiti constituted in the selected districts and members meet quarterly. Under the Bitiya Versh & Bachpan Bachao Programme ASHA, AWW and ANMs jointly track the pregnant mothers and Newborn Child and hold meeting with Mahila Mandals in AWCs. The District Health Society received Untied Fund & AMG for HSCs and distributed to ANMs and available Medical officers of the PHC and CHC. District BCC plan has been developed and implemented. There are mobile health care services for curative, preventive and rehabilitative in nature at the district and PHC levels. The state has outsourced the Biomedical Waste Management system for all the Government hospitals.

Weak Points: There is a short fall of medical specialists, Nurses, ANMs, male health workers and other paramedical staff in the state. The public health facilities providing obstetric and gynecological care at district and PHCs levels are inadequate. In the selected PHCs of Dumka and Palamu districts, the training of the ANMs was inadequate. In the selected PHCs, Medical Officers and other Para-medical staff were not taking special attention for spacing methods like distribution of Oral Pills, Nirodh and Cu.T under F.W. Programme at HSC level. There is a poor monitoring team constituted at district level as well as at block level to monitor the implementation of the HMIS activities. It needs more training on the HMIS activities. There was no functional NBCC in the PHCs of Palamu district. There is no access to information on Adolescent Reproductive & Sexual Health (ARSH) through services at PHC and HSC levels. There is no sensitisation on safe and early abortion in the community by the front line health workers. There is also lack of access to functional reproductive health services and most deliveries are still carried out by untrained birth attendants especially in the rural areas. Waste management based on segregation of wastes with proper disposal of each category of biological waste is a relatively untouched area of intervention.

(5) Underlying Causes for data error in some districts in Bihar State

(Dilip Kumar)

The objectives of the study are a) to identify whether all service providing units are reporting for HMIS or not, if yes, since when b) to identify the units which are not reporting for

HMIS? c) whether the reporting units are providing data based on all indicator as per HMIS d) whether reporting units are regular in reporting or not and reasons for the missing data thereof e) whether proper mechanism to collect data from hospitals in the public/private sector exists in the system and f) system of record maintenance of services rendered.

Under the study four districts namely; Nalanda, East Champaran, Sitamarhi and Begusarai in Bihar State have been evaluated. In the study it was found that mechanism should be introduced for monitoring effectiveness of supervision using performance indicators instead of number of supervision visits etc. State level and national health assemble should be organised annually to review progress, suggest course corrections and set the agenda for future programmes.

Districts hospitals should be substantially strengthen so that they can provide a wide range of services and reduce referral to high-cost hospitals. The village, block and district hospitals which are designated as channels of community participation, under NRHM, should be empowered to play the role of health council.

(6) Underlying Causes for data error in some districts in Jharkhand State (Dilip Kumar)

The objectives of the study are a) to identify whether all service providing units are reporting for HMIS or not, if yes, since when b) to identify the units which are not reporting for HMIS? c) whether the reporting units are providing data based on all indicator as per HMIS d) whether reporting units are regular in reporting or not and reasons for the missing data thereof e) whether proper mechanism to collect data from hospitals in the public/private sector exists in the system and f) system of record maintenance of services rendered.

Under the study four districts namely; Dhanbad, Gumla, Palamu and Dumka in Jharkhand State have been evaluated. This study has established that knowledge of the HMIS concepts and presence of a focal person earmarked to deal with HMIS issues on daily basis had an influence of improving the quality of HMIS data. This describes for the revival of medical recorders cadre whose duties includes day to day management of data in health facilities. However, this strategy should go hand in hand with developing capacity for health managers to utilize HMIS data for performance improvement. Otherwise, there is a danger of generating data for the sake of it and creating complacency among health managers who might feel that HMIS is the responsibility of the medical recorders alone. State level and national health assemble should be organised annually to review progress, suggest course corrections and set the agenda for future programmes. Districts hospitals should be substantially strengthen so that they can provide a wide range of services and reduce referral to high-cost hospitals. The shortage of well trained data entry operator, poorly internet connectivity and troubles in logging due presumably to server problem should be diminish shortly. The village, block and district hospitals which are designated as channels of community participation, under NRHM, should be empowered to play the role of health council.

(7) An Assessment of Maternal Health Care Services base on HMIS data in Gaya district in Bihar
(R. R. Sinha)

The study investigates the quality of HMIS data collected from HSCs to the respective PHCs, from the PHCs to the concerned district and from all districts to the State level. Mother's health and child survival are highly associated characteristics, which, in turn, taken together help to reduce morality of a population. In the present study five main indicators of utilization of maternal health service were considered. These included antenatal care, place of delivery, type of delivery, outcome of pregnancy and postnatal care for the study purposes. It was found that giving birth in the medical institution under the care and supervision of trained health professional promoted child survival and reduces the risk of maternal mortality.

Policy Implications: Front line health workers should motivate the women in the first ANC visit and motivate the women in the community about the benefits of the ANC visits through behaviour change communication (BCC). Women should be encouraged for the regulation of TT injections for the safe delivery. Women who are visiting for ANC should encourage for the intake of IFA tablets provided by the health institution for effective reduction of anemia among them.

(8) An Assessment of Maternal and Child Health Care based on HMIS data of Rohtas District in Bihar.
(U. K. Sahay and Dhanesh Kumar)

The specific aims of this paper is to understand whether location does matter in the utilization at antenatal care services and State variation in antenatal care, deliveries etc. Selections of indicators are based on the HMIS-portal had taken for study. It was found that a dropout status from ANC1 to ANC3 is 71.1 percent in Rohtas while in Bihar, it is 86.7 percent and dropout from ANC1 to all ANC is 97.6 percent in Rohtas and 97.7 percent in Bihar. A dropout rate from TT1 to TT2 is 21.9 percent in Rohtas while in Bihar, it is 52.2 percent. It shows a good result, but dropout status from TT1 to TT booster is 89.5 percent in Rohtas and 94.9 percent in Bihar which is very high.

Policy Implications: District and sub-district team should monitor the indicators and look for consistencies of data. Encourage institutional deliveries and improve reporting of home deliveries. Improve quality of care for children through health workers at home. Strategy for providing ANC needs to be reviewed periodically to increase access and to increase awareness through front line health workers as ASHA and ANM.

(B) Project/ Studies in Progress of the Centre during April, 2012-March, 2013

1. Evaluation of Programme Implementation Plan (PIP) under NRHM in Jamui and Purnia districts of Bihar State.
(Dilip Kumar, B.B. Sinha and Kishore Kumar)
2. Evaluation of Programme Implementation Plan (PIP) under NRHM in Bokaro and Deoghar districts of Jharkhand State.
(Dilip Kumar, R.R. Sinha and Dhanesh Kumar)
3. Analysis of ANC Coverage and JSY Beneficiaries in Bihar based on HMIS data.
(Dilip Kumar and S.K. Pandey)
4. Trend Analysis of Current user of Family Planning Methods across the different districts of Bihar with special reference of HMIS data.
(S.K. Pandey and K.N. Singh)
5. Utilization Pattern of Antenatal and Delivery Care Services in Bihar.
(R.R. Sinha)
6. Trend Analysis of current user of Family Planning Methods across the different districts of Jharkhand with special reference of HMIS data.
(U. K.Sahay, Dhanesh Kumar and K.N. Singh)
7. Trend Analysis of Safe Delivery and Institutional Delivery across the districts of Bihar (1998- 99 to 2007 -08).

AUDITOR'S REPORT

On Account Of

**M/S POPULATION RESEARCH CENTRE, DEPARTMENT OF STATISTICS,
PATNA UNIVERSITY, PATNA – 800005**

RECEIPT & PAYMENT ACCOUNT FOR THE YEAR ENDED ON 31-03-2013

It is certified that we have audited the annexed receipt and payment account for the year ended on 31st march 2013, of Population Research Centre, through electronic fund transfer with the book of accounts, vouchers, bank statement and other relevant documents produced before us.

- A. The salary of staff and other benefits of Rs.89,44,397/- (Rupee Eighty Nine Lacs Forty Four Thousand Three Hundred Ninety Seven only) was paid from February 2012 to February 2013.
- B. During the financial year P.R.C has taken loan from RHS-RCH fund of PRC amounting to Rs.36,72,441.00 for making payment of salary and returned back during the financial year.
- C. Bank Folio charges Rs 134/- is included in contingency expenses.
- D. During the financial year a Grant-in-Aid of Rs 97,14,414.00 taken in receipt and payment account, which was released by the ministry as recurring grant-in-aid for the financial year 2012-13.

E. It is further stated that :-

1. These financial statements are the responsibility of the management of the organization. Our responsibility is to express an opinion on these financial statements based on our audit.
 2. We conducted our audit in accordance with auditing standards generally accepted in India, those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining on a test basis evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principle used and significant estimates made by management, as well as evaluating the overall presentation of the financial statements. We believe that our audit provided a reasonable basis for our opinion.
- And on the basis of information & explanations provided to us, in our opinion they exhibit a true and fair view of the state of the affairs of the above named society in respect of

- A. Receipt and Payment Account for the year ended on 31.03.2013

PLACE : PATNA

DATE : 23/04/2013

for SHAILENDAR RASTOGI & CO.

ASHUTOSH KUMAR
PARTNER



UTILISATION CERTIFICATE

Certified that out of total amount of the grant-in-aid received from the Director (Statistics Division) Ministry of Health and Family Welfare, Govt. of India, New Delhi released through electronic fund transfer from time to time in 2012-2013 for meeting regular expenditure through letters as below :-

- | | |
|---|------------------|
| 1. Letter No. G/20011/2/2012 Stats (PRC) dated 20.04.2012,
1 st Installment of Recurring grant -in-aid for the year 2012-13. | Rs. 10,00,000.00 |
| 2. Letter No. G-20011/2/2012 Stats (PRC) dated 22.10.2012, 2 nd
Installment of Recurring Grant in aid for the year 2012-2013. | Rs.44,00,000.00 |
| 3. Letter No. G-20011/2/2012 Stats (PRC) dated 01.03.2013,
As 3 rd installment of grant in aid for the year 2012-13. | Rs 34,43,000.00 |
| 4. Letter No. W-11011/41/2011 Stats (PRC) dated 22.10.2012,
As arrear payment of late Lalit Kumar Das former analyst
of the centre from 7.10.2004 to 13.11.2007 | Rs 8,71,414.00 |

To the Honorary Director, Population Research center Department of Statistics, Patna University,
Patna, (Bihar) has been utilized for the purpose for which it was received.

PLACE : Patna

DATED : 23/04/2013

For SHAILENDRA RASTOGI & CO

ASHUTOSH KUMAR
PARTNER



Dilip Kumar
17.6.13
Joint Director
Population Research Centre
Department of Statistics
Patna University, Patna

Ashutosh Kumar
17.06.13
Hony. Director
Population Research Centre
P.U., Patna

Ashutosh Kumar
12/06/13

Ashutosh Kumar
17/06/2013

POPULATION RESEARCH CENTRE
DEPARTMENT OF STATISTICS, PATNA UNIVERSITY, PATNA - 800005

RECEIPTS AND PAYMENTS ACCOUNT FOR THE YEAR ENDED ON 31-03-2013

RECEIPTS	Amount (Rs.)	PAYMENTS	Amount (Rs.)
To <u>Opening balance b/d:-</u>		By Salary of Staff & Other benefits	
1. Allahabad Bank		Other increment to the staff:	8,944,397.00
(a) Opening balance (P.R.C)	203,723.81	(February 2012 to February 2013	
		& arrear of Lalit Kumar Rs 8,71,414)	
	<u>2,03,723.81</u>		
	2,03,723.81		
To <u>Grant-in-Aid :-</u>			
Received from the Under Secretary		By TA. & DA : (P.R.C)	1,34,336.00
(C&G), Ministry of Health and Family			
Welfare, Govt of India, New Delhi,			
released through electronic fund transfer		By Contingency expenses (P.R.C)	1,42,604.00
from time to time in 2012-13, for regular		(Including Data Processing, Stationary printing,	
		Contingency, POL and maint. of	
		vehicle & bank charges etc.)	
1. Letter No. G. 20011/2/2012		By Books and journals (P.R.C)	39,646.00
Stats (PRC) dt. 20.04.2012			
as 1st installment of recurring			
grant-in-aid for the year 2012-13	10,00,000.00		
2. Letter No. G. 20011/2/2012			
Stats (PRC) dt. 22.10-2012			
as 2nd installment of recurring			
grant-in-aid for the year 2012-13	44,00,000.00		
3. Letter No. G. 20011/2/2012			
stats (PRC) dt. 01-03-2013			
as 3rd installment of recurring			
grant-in-aid for the year 2012-13	34,43,000.00		
4. Letter No. W. 11011/41/2011			
stats (PRC) dt. 22-10-2012			
as 4th installment of recurring			
grant-in-aid for the year 2012-13	8,71,414.00		
	<u>9,918,137.81</u>		
			<u>9,918,137.81</u>

DATE: 23/04/2013
PLACE: PATNA

For : SHAILENDRA RASTOGI & CO

ASHUTOSH KUMAR
PARTNER (M NO: 402498)



Delip Kumar
17.6.13
Joint Director
Population Research Centre
Department of Statistics
Patna University, Patna

Amul P
17.06.13
Hony. Director
Population Research Centre
P.U., Patna

Adh
17/6/13

Adh
17/06/2013

