



## **Travel norms for the External Assessors to undertake Rapid Assessment**

Dear Assessor,

We would like to acknowledge your active participation in conducting national level rapid assessments under NQAS. Regarding the rapid assessments, you are requested to refer the protocol given below:

### **1. General -**

- a. Communication with details of assessment will be e-mailed to the state and external assessor. The e-mail will also be marked to the permitting authorities to grant permission for the scheduled assessment. Therefore, the same mail to be considered as reliving/ invitation letter for assessment.
- b. Assessors need to contact State/ UT, prior to assessment for seeking support in boarding / lodging.
- c. Assessors are expected to maintain the confidentiality in the conduct of assessments.
- d. Post assessment kindly ensure that findings are disclosed to the facility, district & state so that they can develop time bound action plan to achieve the Quality certification.

### **2. Travel Norms -**

1. The rapid assessment cost (Honorarium, Travel cost, Boarding, Lodging, Local Travel) will be reimbursed by Certification unit, QPS division, NHSRC.
2. Assessors to book their Boarding and lodging themselves and submit their claim forms within 3 working days on completion of assessment.
3. Assessors can undertake their journey as per the defined protocols; however, assessor must ensure to opt for the shortest possible route between the stations.
4. Details to select the mode of travels are given below:



Mode of Journey	
By Air:	<ul style="list-style-type: none"><li>➤ Flight journey is applicable only when the distance between the stations is more than 500 Kms.</li><li>➤ Class Economy</li></ul>
By Rail	<ul style="list-style-type: none"><li>➤ For distance between 150 to 500 kms approved mode of travel is Train. Class: 1 AC/2 AC</li></ul>
By Road	<ul style="list-style-type: none"><li>➤ For distance between 0-150 Kms acceptable mode of transport is AC bus/AC taxi (Swift desire or equivalent)</li><li>➤ AC taxi fare will be reimbursed as per destination state NHM rules on submission of original attested bills and signed duty slips along with the toll tax receipt, vehicle number and the distance travelled in kilometre.</li><li>➤ In case of use of self-vehicle, prior approval from destination state NHM to be taken. Fare will be reimbursed as per destination state NHM travel norms with submission of toll tax receipt.</li></ul>
Accommodation, Per Diem & Honorarium	
Accommodation per day	<ul style="list-style-type: none"><li>• Upto ₹ 5,000/- only (taxes additional)</li></ul>
Per Diem	₹ 900/ day <b>No separate payment for food/beverages/laundry or others is reimbursable.</b>
Honorarium	₹ 4000/ day for staff of health department ₹ 7000/ day for other category (Non-Government) Additional allowance for one day travel Kindly refer DO No. NHSRC/ 14-15/ QI/01/ Assessment of Health Facilities – pt-1

Note:

4. Post Assessment-

- I. Assessor to submit honorarium & travel claim forms within 3 working days of completion of assessments in separate envelope. Title- Claim forms of surprise assessment.
  - a. Assessor to post the self -attested original bill of the local claim forms, tickets/ boarding passes of the air travel, tickets of the rail travel, Taxi bill, lodging bills & per diem in the claim form (**Form F/Adm-08/13 Rev 03 (Annexure 1)**) after reaching back to the base destination.
  - b. Honorarium claims is to filled in the **Form F/Adm-08/40 Rev 03 (Annexure II)**
  - c. The assessor should write “Bills of RAP of DH” at the top of the envelope.
  - d. Bills must be sent by post to the address given below:  
Claims with original bills to be sent by registered post/courier (**Title – NQAS Rapid Assessment Claims**) and marked to - Consultant, Certification Unit, Quality & Patient Safety Division, NHSRC Baba Gang Nath Marg, NIHFWS Campus Munirka, New Delhi- 110067, after reaching back the base destination.



- e. Reimbursement will be completed within 30 days of receipt of original bills at Certification Unit, NHSRC.
- f. All claim format/ bills must be self-attested.
- g. Claim should be accompanied with self-attested copy of PAN card and front page of bank account passbook.

**Following points may also be considered for further clarification related to reimbursement:**

**1. Air Tickets:**

Will be accepted only when the original boarding passes along with the self-attested e-ticket are attached with the claim.

**2. Road Travel Bills:**

Hired vehicle: Original attested bills and signed duty slips to be claimed for hired car along with the vehicle number and the distance travelled in kilometers. Toll bills/ Fastag receipt if any.

**3. Accommodation Bill:**

Must be duly signed by the Hotel Management and self-attested by Assessor in the letter head of the respective hotel, for the duration of the stay, which must not be more than ₹ 5,000/- per day.

**4. Food Bill:**

₹ 900/ day will be given to assessor. **No separate payment for food/beverages/laundry or others is reimbursable.**

Note: The claim will only be processed after the receipt of the Complete Assessment Report by the Certification Unit, NHSRC

## National Health Systems Resource Centre

TRAVEL CLAIM FORM FOR OTHER THAN NHSRC PERSONNEL

Name : \_\_\_\_\_ Designation: \_\_\_\_\_

Organisation &amp; address: \_\_\_\_\_

E-mail ID: \_\_\_\_\_ Mobile No. \_\_\_\_\_

Purpose of visit: \_\_\_\_\_

Travel Period: From (Date) \_\_\_\_\_ To (Date) \_\_\_\_\_

Date	Particulars					Amount (Rs.)
	From (Place)	To (Place)	Distance in kms	Mode of travel	Vehicle Number	
Total (in words): _____						(in Digits) :- _____

\* Original bills/receipts/tickets along with boarding passes (in case of air travel) are counter signed by me &amp; attached.

~ Separate undertaking provided for claim which is not supported with original bill.

^ Travel claim for taxi / own car will be restricted to prevailing rate of RTO / GFR.

# Bank account detail is given for the purpose of payment (see overleaf).

Name &amp; Signature of Claimant

Approved by

Verified by

Budget Head:

RECEIPT

Received the above payment with thanks from NHSRC.

Date:

Signature of Recipient

Bank account details:

1) Account name: .....

2) Account No.:

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3) Bank Name: .....

4) IFS Code: .....

5) Branch address: .....

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F/ADM/08/40

National Health Systems Resource Centre

HONORARIUM VOUCHER

Name \_\_\_\_\_ Designation \_\_\_\_\_ Date \_\_\_\_\_

Sl No.	Date	Description	Amount (Rs.)
		Total:-	

(Rupees in words) \_\_\_\_\_

Signature of Claimant

Verified by.

Approved by