

F.No. R.13020/1/2015-NI(AIIH)  
GOVERNMENT OF INDIA  
MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND  
HOMOEOPATHY



**EXPENDITURE FINANCE COMMITTEE (EFC)**

**MEMO ON THE PROPOSAL OF**

**ALL INDIA INSTITUTE OF HOMOEOPATHY**

**(AIIH)**

**EXPENDITURE FINANCE COMMITTEE (EFC) MEMO  
ON THE PROPOSAL OF All India Institute of Homoeopathy (AIIH),  
Narela, New Delhi**

**1. Proposal Identification**

**1.1 Title of the proposal:**

Establishment of All India Institute of Homoeopathy (AIIH), Narela, New Delhi

**1.2 Name of the Sponsoring agency (Ministry/ Department/ Autonomous body/  
Central PSE):**

Ministry of AYUSH, Government of India.

**1.3 Proposed duration of the Proposal:**

The project will be for five years but will continue in future as an autonomous All India Institute

**1.4 Total cost of the proposal over proposed duration:**

The total cost of the project is 302.16 Crores for five years period.

**1.5 Nature of scheme:**

Central Sector Scheme

**2. Proposal Category**

Please indicate which category the proposal belongs to:

**(a) Continuing scheme from past Plan periods and included in current Plan period.**

Not Applicable

**(b) New Plan Proposal included in the current Plan period:**

The All India Institute of Homoeopathy (AIIH) is conceived as an apex institution for Homoeopathy. It would aim at bringing a valid and useful synergy between established practices of Homoeopathy and modern tools and technology in modern health care. The institute would offer postgraduate and doctoral courses in various disciplines of Homoeopathy and focus on fundamental research, drug development, standardization, quality control, safety evaluation and scientific validation of Homoeopathy medicine and

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practices. It will have a 100-bed referral hospital for facilitating clinical research. The patient care will be provided mainly through Homoeopathy at secondary and tertiary levels. Once fully established, the Institute will have 10 Departments, 10 Specialty clinics with interdisciplinary research laboratories wherein 60 Scholars will have access to Post Graduate and Doctoral (MD and PhD/ DM) programs every year. This institute shall also function as an International Collaborative Centre for global promotion and research in Homoeopathy.

All India Institute of Homoeopathy (AIIH) is to be established in the XII<sup>th</sup> Five Year Plan, with the objective to promote the growth and development of Homoeopathy. The land requirement for AIIH is around 10 acres. A decision has been taken to establish the Institute in Delhi and a plot has been identified and finalized in sector VIII, Narela, New Delhi.

**(c) New Plan scheme not included in the current Plan period**

Not Applicable

**2.2 If proposal pertains to category 2.1 (a), then please indicate the benefits already accrued and expenditure already incurred.**

Not Applicable.

**2.3 If the proposal pertains to category 2.1 (c), please indicate whether in-principle approval of Planning Commission has been obtained.**

All India Institute of Homoeopathy (AIIH) is to be established in the XII<sup>th</sup> Five Year Plan. Token provision has already been made available in the Annual Plan Budget.

**2.4 Please indicate in case of new Centrally Sponsored Scheme or Major change in ongoing CSS, whether States/UTs have been consulted and their consent obtained to implement the scheme with proposed sharing of funds.**

Not Applicable.

**3. Justification for the proposal**

**3.1 The justification for taking up new/ continuing the ongoing proposal may be provided in terms of:**

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(i) Demand and supply analysis to identify gaps: Homoeopathy today is a rapidly growing system and is being practiced almost all over the world. In India it has become a household name due the safety of its pills and gentleness of its cure. A rough study states that about 10% of the Indian population relies on Homoeopathy for their Health care needs and is considered as the Second most popular system of medicine in the Country.

(ii) Conformity with the Plan Priorities and National objectives: Homoeopathy has grown as a National System of Medicine and enjoys Government support at national and state levels. Now a significant percentage of the people opt for Homoeopathy for their ailments. Besides, there is a vast infrastructure of hospitals, dispensaries, research institutions, medical colleges, registered medical practitioners and reputed pharmacies all over India. Thus, India has become the world leader in Homoeopathy with tremendous potential of manpower. Therefore, an institution for establishing a Center of Excellence, dedicated to tertiary healthcare and advanced research in Homoeopathy has been felt for a long time. The Ministry of AYUSH, Government of India has decided in principle to set up an All India Institute of Homoeopathy (AIIH) focused on research and development and high quality teaching and training at postgraduate and doctoral level.

### **3.1.1. Background**

(i) It is more than a century and a half now that Homoeopathy is being practiced in India. It has blended so well into the roots and traditions of the country that it has been recognized as one of the National System of Medicine and plays a very important role in providing health care to a large number of people. Its strength lies in its evident effectiveness as it takes a holistic approach towards the sick individual through promotion of inner balance at mental, emotional, spiritual and physical levels.

(ii) The word 'Homoeopathy' is derived from two Greek words, 'Homois' meaning 'similar' and 'pathos' meaning suffering. Thus the word 'Homoeopathy' connotes treating diseases with remedies that are capable of producing symptoms similar to the diseases on healthy people. Simply means treating diseases with remedies, prescribed in minute doses, which are capable of producing symptoms similar to the disease when taken by healthy people.

(iii) Homoeopathy was introduced in India when some German missionaries and physicians started distributing homoeopathic medicines amongst local inhabitants. However, Homoeopathy took roots in India in 1839 when Dr. John Martin Honigberger successfully treated Maharaja Ranjit Singh for the paralysis of

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Vocal Cords. Dr. Honigberger settled in Kolkata (then Calcutta) and became popular as Cholera-doctor. Later, Dr. M.L. Sirkar, a reputed Physician of his time, also started practicing Homoeopathy. He edited the first Homoeopathic Journal 'Calcutta Journal of Medicine' in the year 1868. In 1881, many renowned physicians including Dr. P.C. Mujumdar and Dr. D. N. Roy established first Homoeopathic College - the 'Calcutta Homoeopathic Medical College'. Dr. Lahiri, Dr. B. K. Sarkar and many others made personal efforts in establishing Homoeopathy as a profession. They are well known for their contribution to the growth of Homoeopathy not only in West Bengal but also in the whole country.

(iv) Over the years, the number of amateur homoeopathic practitioners grew steadily and most of them approached the Government to accord recognition to Homoeopathy. The turning point came in 1937 when the Central Legislative Assembly resolved, "That this Assembly recommends to the Governor General of the Council that he may be pleased to introduce Homoeopathic treatment in government hospitals and give homoeopathic colleges in India the same status and recognition as in the case of allopathic colleges". Later, in the year 1948, the same Assembly adopted yet another resolution about Homoeopathy, which was followed by constitution of the Homoeopathic Enquiry Committee. In 1949, this Enquiry Committee submitted its report recommending that Central Homoeopathic Council be constituted. In 1952, a Homoeopathic ad-hoc Committee (later re-christened as 'Homoeopathic Advisory Committee' in 1954) was constituted, which was to advise the Government on all matters related to Homoeopathy, namely homoeopathic education, homoeopathic research, regulation of practice, pharmacopoeia, rural medical aid, drug manufacture, family planning, financial aid to homoeopathic colleges, dispensaries, hospitals and cooperation with International Homoeopathic Medical League. In 1973, the Parliament passed the Homoeopathy Central Council Act for regulating homoeopathic education and practice in the country.

(v) The Institute will have Post-Graduate Training in Homoeopathy with annual intake of 60 Post-graduate students. It will also impart re-orientation training and continuing Medical Education to Homoeopathic Physicians and Teachers. A fully populated Hospital and Teaching faculty including Administrative resources will have strength of approx. 208 personnel excluding outsourced staff. AIIH will have a referral OPD & IPD, with 100 bed hospital and Specialty Clinics providing tertiary care.

**3.2 The alternatives that have been considered before firming up the design of the project may be stated. (This should also include alternate modes of project delivery, e.g. outsourcing PPP etc. that have been considered).**

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The proposed Institute is the first and only proposed All India Institute of Homoeopathy (AIIH).

**3.3 Please state whether the project proposal has objectives and coverage which overlap with projects/schemes being implemented by the same or another agency (Ministry/Department/State Government). In cases of overlap, please state why project scheme needs to be considered as a separate standalone effort.**

Since the proposal of establishment of All India Institute of Homoeopathy (AIIH) is a new proposal, and this will be the first All India Institute of Homoeopathy, therefore, the objectives and coverage of this proposal will not overlap with projects/schemes being implemented by the same or another agency (Ministry/Department/State Government).

#### **4. Proposal Objectives and targets**

**4.1 The objectives of the proposal may be mentioned. These objectives should flow from the proposal justification**

- i. To set up benchmarks of Postgraduate and Doctoral Education (MD and PhD) in Homoeopathy and to promote it at national and international level.
- ii. To establish a state-of-the-art tertiary care hospital with facilities for clinical research.
- iii. To create standards for education, research and therapy at its highest level so that other institutes can use it as a model.
- iv. To undertake interdisciplinary research primarily focused on:
  - v. Identification of best Homoeopathy treatments - including their Standard Operating Procedures (SOPs) - within the framework of traditional Homoeopathy principles and possible correlation with bio-molecular Western Medicine.
  - vi. Validation of fundamental principles of Homoeopathy using - wherever needed - modern tools and technology, appropriate to the traditional character of Homoeopathy.
  - vii. Standardization and Quality Control of Homoeopathy Drugs and Drug Development.
- viii. To improve the understanding of the traditional character of Homoeopathy by undertaking appropriate Philosophical and Historical Research, including comparative philosophical study of bio-molecular Western Medicine.

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- ix. To bring a valid synergy between ancient wisdom of Homoeopathy and advantages of modern diagnostics, technology and management, wherever needed.
- x. To highlight Homoeopathy principles and guidelines and to optimize the latter for maintenance of health and prevention of disease by Diet, Exercise, Seasonal Regimens, Age-related Regimens etc.
- xi. To develop principles and outline of research objectives and methodology, that are useful for traditional Homoeopathy.
- xii. To develop a Knowledge Center for research and therapy monitoring, recording, evaluating and feed-back providing regarding appropriate and needed research objectives and methodology and therapy improvements.
- xiii. To promote collaborative research with various R&D institutions at national and international level institutes.
- xiv. To function as an apex body for international collaboration.

**4.2 The specific targets proposed to be achieved of the proposal may be mentioned. These targets should be necessarily measurable. These should also be monitorable, against baseline data. The baseline may be indicated. The targets should be in tabular form as shown below.**

(i) The establishment of All India Institute of Homoeopathy (AIIH) will fulfill the demand of setting up of a quality Education and Research Institute for Homoeopathy.

(ii) The proposed All India Institute of Homoeopathy (AIIH) would be developed as Centre of Excellence, focused on fundamental research, Drug safety evaluation, standardization, quality control and scientific validation of Homoeopathy and post-graduate and doctoral education related to these disciplines.

The Project is proposed for Five year period. It is expected that the completion of the activities proposed could be completed by the stipulated time period provided the projected funds are made available. The activities with the required outlay for the five years period is indicated in Annexure– IV

**4.3 The outcomes of the proposal to be achieved should be indicated. These outcomes should be in the form of measurable indicators which can evaluate the proposal on quarterly/half yearly/annual/plan basis:**

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A 100 bed Research & tertiary care Hospital and 60 PG and PhD scholars annually would be trained along with research on Homoeopathy. The Institute will initially be set up as an autonomous registered body of Ministry AYUSH fully funded by the Central Government.

**4.4 Briefly explain the objectives of the other programs/projects undertaken by Ministry/Dept. which are in convergence with the objectives of proposed proposal.**

The construction of the AIIH is in consonance and in convergence with the objects of the Ministry of AYUSH as below:

- To upgrade the educational standards in Indian Systems of Medicines and Homoeopathy colleges in the country.
- To strengthen existing research institutions and ensure a time-bound research programme on identified diseases for which these systems have an effective treatment.
- To draw up schemes for promotions, cultivations and regeneration of medicinal plants used in these systems.
- To evolve Pharmacopoeial standards for Indian Systems of Medicine and Homoeopathy drugs.

**4.5 Please indicate whether the proposal is for current Plan only or will continue in next Plan also.**

The proposal is for current plan.

**5. Gender Analysis of the Proposal:**

Health care and related education is envisaged as equal opportunity for women as well as for men.

**5.1 Briefly explain the specific objectives of the proposal relating only to women:**

Not Applicable

**5.2 In case the proposal has gender components, please provide the following information in tabular form as shown below:**



Not Applicable

## **6. Proposal design**

### **6.1 Briefly explain the Project Design. This should include all components of the proposal including:**

#### **a. Scope of the project:**

(i) It is proposed to establish a post graduate teaching All India Institute of Homoeopathy having an annual intake capacity of around 60 students. The hospital attached with this institute will be used for clinical education and providing tertiary healthcare. The proposed institute shall be named as All India Institute of Homoeopathy and will be managed with the trained and qualified staff. The Institute shall have Sections/Departments as given in Annexure-I. The manpower requirement is given in Annexure-II and equipment and other items required for the proposed Institute is given in Annexure-III.

(ii) The institute will be a registered society on the pattern of the other All India Institutes under the Ministry of AYUSH. The Institute would function under the supervision and control of the Governing Body, whose Chairman shall be the Hon'ble Minister of AYUSH. The Chief Executive of the Institute would be the Director, who would be assisted by the staff, experts, other committees etc. in running the Institute.

(iii) The establishment, maintenance and future expansion of the Institute would be fully funded by the Central Government. Adequate financial and administrative power would be delegated to the Institute for its proper functioning in conformity with the General Financial Rules.

(iv) Financial provision required is estimated at Rs. 302.16 crores for the next five years, out of which Rs.288.16 crores is towards non-recurring expenditure on capital works and Rs.20.00 crores is towards recurring expenditure on salary and wages, consumables, medicine, maintenance etc. The funds would be utilized through the Director of the institute. The year wise breakup of financial requirements is given in Annexure-IV.

#### **b. Assumptions used**

It is assumed that adequate talent is available as trained pool of Homoeopathy practitioners as PG students and research scholars.

**c. Technology**

State-of-the-Art technology for construction, Equipment, Diagnostic, research and furniture would be deployed.

**d. Size/ Specifications/ Layout Plan**

The AIIH would be built on a 10 Acres plot with applicable FSR in NCR. Specs and Layout will be planned by qualified architects in Detailed Project report (DPR).

**e. Plant & Machinery**

Plant and machinery would be as per MSRs promulgated by CCIM, New Delhi in respect of Homoeopathic institutes in the country.

**6.2 In case the proposal is specific to any location, area and segment of population please state the basis for selection. Details regarding special physical features, technology, etc., may be given.**

Narela in New Delhi is the border area of Delhi in proximity to town of Sonipat, in the State of Haryana. Area does not have any research Institutes in health care. High per capita income and higher population density qualify the location for AIIH. The Ministry of AYUSH has sourced 10 Acres of land from DDA for construction of the Institute. The availability of most of the herbs and processing units makes this location ideal for building such an Institute. Proximity to Delhi & NCR ensures good number of patients as well as research scholars and Homoeopathy practitioners.

**6.3 Please indicate whether the proposal is secured against natural/ man-made disasters like floods, cyclones, earthquakes, tsunamis, etc. If the proposal involves creation/ modification of structural and engineering assets or change in land use plans, disaster management concerns should be assessed.**

Adequate measures would be inbuilt in the design of the Institute which would make it earthquake resistance and help to manage disaster situations.

**6.4 In case of beneficiary oriented proposal, the mechanism for identification of the beneficiary and the linkage of beneficiary identification with UID numbers, on a voluntary / non-mandatory basis, may be indicated.**

Not applicable.

**6.5 Wherever possible, the mode of delivery should involve the Panchayati Raj Institutions and Urban Local Bodies. Where this is intended, the preparedness and the ability of the Panchayats for executing the proposal may be indicated. If exceptions are to be made, the reasons may be explained.**

Not applicable.

**6.6 Whether the land required for the proposal is in possession of the agency. In case the proposal involves land acquisition or environmental clearances, the specific requirements and the status in this regard may be indicated.**

Yes, the land is in the possession of the Ministry of AYUSH. Only routine clearances are need during the construction of the Institute and no specific Environmental clearances are needed.

**6.7 The legacy arrangements after the scheduled proposal duration may be mentioned. In case the proposal creates assets, arrangements for their maintenance and upkeep may be stated. (For example the proposal assets may be taken over and maintained by the State Government/ PRIs, ULBs).**

The assets created out from the funding for this project comes under the purview of Government of India. The establishment, maintenance and future expansion of the Institute would be fully funded by the Central Government. Adequate financial and administrative power would be delegated to the Institute for its proper functioning.

**6.8 Please indicate:**

**1. Inter-linkages with other schemes mainly in terms of coverage, impact, outcomes, etc.**

It's a standalone project leading to creation of the autonomous body.

**2. Steps taken towards convergence with other schemes to achieve the intended outcomes may also be stated.**

**3. Steps taken towards convergence in flow of funds from other schemes.**

Not applicable

**7. Proposal cost**

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**7.1 Please provide the proposal cost estimate for its scheduled duration along with a break-up of year-wise, component-wise expenses segregated into non-recurring and recurring expenses.**

Financial provision required is estimated at Rs. 302.16 crores for the next five years, out of which Rs.288.16 crores is towards non-recurring expenditure on capital works and Rs.20.00 crores is towards recurring expenditure on salary and wages, consumables, medicine, maintenance etc. The funds would be utilized through the Director of the institute. The year wise break up of all components with non-recurring and recurring financial implications is enclosed at **ANNEXURE-IV**.

**7.2 In case the land is to be acquired, the details of cost of land and cost of rehabilitation/resettlement may be provided.**

The Ministry of AYUSH is already in possession of the Land for the proposal.

**7.3 Estimated expenditure on proposal administration (including expenses on consultants, monitoring, evaluation, IEC, etc.) may be separately indicated.**

It is given in **Annexure-IV**.

**7.4 The basis of these cost estimates along with the reference dates (it should not be more than six months old) for normative costing may be provided. Please indicate the firmness of the estimates, component wise, with the extent (+ / -) of the expected variation.**

The proposed cost estimates are less than six months old. The proposal has been formulated based upon the current WPI.

**7.5 In case the proposal involves payout of subsidy, the year wise and component wise expected outgo, up to the last year of payout, may be indicated.**

Not Applicable.

**7.6 In case the proposal intends to create capital assets, employ specialized manpower or involves other activities that necessitate a Recurring Cost of Capital Expenditure (RCCE) (e.g., maintenance and upkeep costs of assets, salary costs of manpower, etc.) over the lifetime of the asset, such expenditures, on an annual basis, may be indicated in the proposal.**

The assets and salary costs for the manpower requirements is given in the **Annexures II, III and IV** for the project period.

**7.7 It may also be stated whether the agency which would be assigned this legacy responsibility has been consulted and has agreed to bear the continuing recurring expenditure. (e.g., the State governments may need to incur the maintenance and upkeep costs of assets created under Plan schemes).**

Not Applicable.

**7.8 The cost towards salary/ fees/ emoluments of the proposal human resources as being proposed should be indicated (procedure for seeking approval for human resource requirements is detailed at para-9 below).**

The deployment of manpower is based on local demand and as specified as MSR by CCH. The details are furnished at **ANNEXURE-II**

**7.9 The component of the costs mentioned at 7.1-7.8, that will be shared by the state governments/PRI/User Beneficiaries may be indicated.**

Not Applicable as the institute is proposed to be an Autonomous Body under the Ministry of AYUSH.

**7.10 In the event of fund transfer being made to State Govts/ local bodies or other organisations, “grants for creation of capital assets” may be indicated separately.**

Not Applicable.

## **8. Proposal: Financing**

**8.1 The source of financing for the proposal may be indicated. In case of proposal already included in the FYP, the specific earmarking may be mentioned.**

The proposal will be funded by the Ministry of AYUSH.

**8.2 Whether the funding requirements have been fully tied up with Planning Commission may be indicated. The quantum of the Plan allocation may be indicated.**

A token amount of Rs 25 Cr has been allocated for the proposal in XIIth Plan.

**8.3 If there are gaps in the financing of the proposal, the sponsoring agency may indicate how such gaps in FYP as well as the Annual Plans will be addressed.**

Not applicable.

**8.4 If external sources are intended, the sponsoring agency may indicate whether such funds have been tied up. In case firm commitment is not available, alternative plans for arranging funds may be indicated.**

Not Applicable

**8.5 In case of partial allocation of funds for the proposal, then the components which may be removed/reduced may be indicated.**

Not Applicable

**8.6 Please provide the following details in respect of project proposal:**

- **Debt-equity ratio along with justification.**

Not Applicable

- **In case of, funding from internal resources (IR), availability of IR may be supported by projections and their deployment on various projects.**

Not Applicable

- **Please indicate funding tie-ups for loans components both domestic and foreign, along-with terms and conditions of loan based on consent/ comfort letters.**

Not Applicable

## **9. Proposal: Human Resources**

**9.1 In case posts (permanent or temporary) are intended to be created, a separate proposal may be sent on file to Personnel Division of Department of Expenditure. Such proposals may be sent only after the main proposal is recommended by the appropriate appraisal body (SFC, EFC, etc.).**

The proposal for the creation of the post shall be sent accordingly after the Cabinet's approval; to the concerned Division of the Department of Expenditure. However, approval for creation of the post of Director and his office shall be sought from the cabinet in the note for approval of the cabinet.

**9.2 In case outsourcing of services or hiring of consultants is intended, brief details of the same may be indicated. It may also be certified that the relevant GFR provisions will be followed while engaging the agency/ consultant.**

Manpower required such as for facility maintenance, security staff, labour, data entry operator, J.R.F, S.R.F, technical maintenance and consultant etc. will be out sourced or hired on contractual basis. Provision of GFR will be adhered while outsourcing the services or hiring the consultants.

**9.3 In case additional manpower requirement, please indicate the phased requirement over the proposal timeline (i.e. year-wise break-up of the manpower requirement)**

The proposed manpower requirement as in Annexure-II will be met at the beginning of the operations and will be synchronized with the needs of the proposal.

## **10. Proposal viability**

**10.1 In case of proposals which have identified stream of financial returns, the financial internal rate of return may be calculated. The hurdle rate is considered at 12%:**

Not Applicable

**10.2 In case of proposals where financial returns are not readily quantifiable (typically social development proposals), the measurable benefits/ outcomes may be indicated:**

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About 60 scholars will have access to the PG and PhD programs annually. In addition about 600 patients will be treated in the OPD daily and about 2500 will be treated in IPD annually.

## **11. Proposal implementation and monitoring**

### **11.1 Implementing agency (s) may be indicated.**

The proposal will be implemented through a relevant Govt. PSU in the field of construction of similar Institutes.

**11.2 The administrative structure for implementing the proposal may be stated. Usually new structures/ entities, etc. Are, by and large, to be avoided. In case new structures are intended to be created for administering the scheme, the details of such structures and specific justification for the same may be provided. Such new structure should be proposed only if it has been established after due analysis, that existing structures cannot be levered for the proposed/additional work.**

The project will be implemented through existing organizational structure in the Ministry of AYUSH.

### **11.3 The completion schedule of the proposal indicating timelines of activities should be provided in PERT/Bar Chart along with critical milestones:**

The expected date of Project Completion, i.e. All India Institute of Homoeopathy shall be five years from the date of release of funds. It is expected that the completion of the activities proposed could be completed by the stipulated time period provided the projected funds are available. The activities with the required outlay for the five years period are indicated in Annexure– IV.

### **11.4 Mode of implementation: Departmental/ Contract/ Turnkey contract/ EPC/ PPP, etc. with justification may be given:**

Execution of the proposal is planned through a turnkey contract. The proposal is high tech and needs expert knowledge and experience in the relevant area.

**11.5 Nodal officer identified / appointed for being directly in charge and overseeing progress of the proposal may be indicated. Details about his status, past experience in executing similar proposals and balance tenure left for steering the**



**proposal may also be mentioned. He/ She should normally be appointed for entire duration of the proposal.**

Nodal Officer for overseeing the project will be the Project Consultant in the Ministry of AYUSH. A post graduate in Engineering with specialization in Projects, Project Consultant has around 30 years of experience in executing the projects in Govt. sector. Though on a two years of contract with this Ministry, expiring in August 2016, he is likely to be available for the entire tenure of the project. After appointment of Director AIIH, he will be the nodal officer.

**11.6 The monitoring framework preferably on MIS for the proposal may be indicated. The arrangements for audit/social audit of the proposal may also be stated.**

The project will be monitored at various levels. PMC chaired by the Secretary of the Ministry of AYUSH will review the progress of the proposal implementation on periodic basis. At working level Nodal Officer will monitor the project for Cost, Quality and Schedule. Nodal officer will act as the conduit between implementing agency and the ministry of AYUSH.

## **12. Proposal sensitivities/uncertainties**

**12.1 Any foreseeable constraints/ uncertainties which can affect the technical design, costing and implementation of the proposal may be indicated.**

No constraints are foreseeable at this stage of the proposal.

**12.2 The likely impact of these constraints/uncertainties on the proposal parameters may be stated. In particular, the sensitivity of the proposal cost, proposal schedule and proposal viability towards the possible constraints/ uncertainties may be mentioned.**

Not Applicable

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**13. Mandatory approvals / clearances:**

The details regarding the requirement of mandatory approvals / clearances of various local, state and national bodies and their availability may be indicated in a tabular form:

S.No	Approvals / Clearances	Agency concerned	Availability (Y/N)
1.	APPROVAL IS REQUIRED FROM THE LOCAL BODY /AUTHORITY	MCD	Y
2	APPROVAL FROM CHIEF FIRE OFFICER	Fire Department	Y
3	APPROVAL IS REQUIRED FROM THE POWER DISTRIBUTING / SUPPLY AGENCY	Tata Power Delhi Distribution (TPDDL)	Y
4	APPROVAL / NOC /ASSURANCE IS REQUIRED FROM THE WATER SUPPLY AGENCY	DJB	Y
5	APPROVAL / NOC IS REQUIRED FROM THE & SEWERAGE & DRAIN DEPARTMENT	DJB	Y
6	PERMISSION IS REQUIRED FROM THE CENTRAL GROUND WATER AUTHORITY (CGWA)	CGWA, New Delhi	Y
7	APPROVAL FROM THE LIFT INSPECTOR	Lift Inspector, MCD	Y
8	APPROVAL FROM AIRPORT AUTHORITY OF INDIA	AAOI, New Delhi	Y

**14. Consultations with the Public, State Governments, External Research Agencies, Think Tanks, etc.**

Not Applicable. However, for preparation of the preliminary estimates help of a Govt. PSU has been solicited

**14.1 To the extent possible and practicable, such consultations may be done by the Administrative Ministries. The draft Proposals may be placed on the web site of the sponsoring Ministries and comments invited from the general public. The draft proposals may be formulated / finalized taking into account such comments. Details in this regard may be indicated in the EFC /PIB memo.**

The draft Proposals will be placed on the web site of the Ministry of AYUSH and comments will be invited from the general public. Comments will be considered for inclusion in the final EFC memo.

#### **15. Concurrence of Financial Advisor**

Concurrence of FA will be solicited at appropriate stage of proposal processing.

**15.1 Comments/Concurrence of Financial Adviser may be indicated along with reply of the Administrative Ministry.**

Comments/Concurrence of Financial Adviser will be indicated along with reply of the Ministry of AYUSH.

#### **16. Approvals:**

**16.1 Please indicate the specific points on which approval of EFC / PIB is sought.**

**Approval of EFC is sought on the following points for the construction of All India Institute of Homoeopathy (AIIH) as below:**

- i. Budgetary Proposal**
- ii. Time schedule**
- iii. Faculty/Staff/manpower**

(-----)  
**Joint Secretary to the Government of India**  
**Tel. No. \_\_\_\_\_**

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**Annexure-I**

**Sections/Departments for the proposed All India Institute of Homoeopathy**

<b>S.No.</b>	<b>Section/ Department</b>	<b>Particulars</b>
1	The College section	The college in the Institute is planned for Postgraduate and Doctoral Education (M.D/M.S and Ph.D./DM) in Homoeopathy, about 60 Scholars will have access to Post graduate and Doctoral (MD/MS and Ph.D. /DM) programs every year. The college will also promote skill development in Homoeopathy paramedics' skills. It will skill around 500 health workers annually while fully functional
2	The Hospital section	A 100-bed state of art Homeopathy Hospital with the entire ancillary medical and technical infra-structure will be established to provide the following Out-patient and In-patient Department for patient care based on standard treatment protocols. Once fully established, the Institute will have at least 20 Departments, 10 Specialty Clinics excluding interdisciplinary research laboratories. The hospital will be equipped with traditional therapeutic and interventional Infra structure, and state of the art diagnostic tools and techniques, which will be used in therapy, teaching, training and research. The patient care will be done through Homoeopathy at tertiary level. Specialty clinics e.g. Geriatric Clinic, Diabetes Clinic, Obesity and metabolic Disorders Clinic, Dermatology and Cosmetics Clinic, Hypertension and Heart Clinic, Chest Clinic, Arthritis, Musculoskeletal and Neuromuscular Disorders Clinic, Nephrology and Urology Clinic, Infertility and Family Welfare Clinic, Immunology Clinic, General Clinics

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		include General Medicine Clinic, Eye Clinic, ENT Clinic, Pediatrics Clinic, Gynecology Clinic, Community Medicine Clinic, General Surgery Clinic, Antenatal and Obstetrics Clinic, other Departments, e.g. Department of Casualty & ICU, Department of IT, Department of Blood Bank, Department of Radio-imaging Department: Radiology, Ultrasonography, Department of Other Diagnostics: Electrocardiograph, Echocardiography, Stress Echocardiography, Pulmonary Function Test, EEG, Uro-flowmetry, etc.
3	Research and Development Department	There will be a Department of Research & Development which will be equipped with an Physiology Lab, Pathology Lab, Pharmacy Lab, Hygiene Lab, Library, Herbal garden and Museum

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**Annexure II**

**Required Manpower for AIIH**

S. No.	Name of the Post	Posts proposed	Pay Band	Grade Pay
<b>(i) TEACHING FACULTY</b>				
1	Director	1	Rs.37400-67000+NPA+	GP Rs.10000/-
2.	Professor (in different Departments)	7	Rs.37400-67000+NPA+	GP Rs.8700/-
3.	Associate Professor (in different Departments)	7	Rs.15600-39100+NPA	GP Rs.7600/-
4.	Assistant Professor (in different Departments)	7	Rs.15600-39100+NPA+	GP Rs.6600/-
5.	Lecturer	7	Rs.15600-39100+ NPA	GP Rs.5400/=
5.	<b>Total</b>	<b>29</b>		
<b>(ii) HOSPITAL STAFF</b>				
1.	Medical Superintendent	1	Rs.37400-67000+NPA+	GP Rs.8700/-
2.	Senior Medical Officer (Casualty)	1	Rs.15600-39100+NPA+	GP Rs.6600/-
3.	Dy. Medical Superintendent	2	Rs.15600-39100+NPA+	GP Rs.6600/-
4.	Microbiologist	1	Rs.15600-39100+ NPA +	GP Rs.7600/-
5.	Endocrinologist	1	Rs.15600-39100 + NPA +	GPRs.7600/-
6.	Bio Statistician	1	Rs.15600-39100 +NPA +	GP Rs.7600/-
7.	Bio Chemist	1	Rs.15600-39100 + NPA +	GP Rs.7600/-
8.	Histopathologist	1	Rs.15600-39100 + NPA+	GP Rs.7600/-
9.	Consultant General Medicine	1	Rs.15600-39100+ NPA +	GP Rs.7600/-
10.	Consultant General Surgery	1	Rs.15600-39100 + NPA +	GP Rs.7600/-
11	Consultant Gynecology and Obstetrics	1	Rs.15600-39100 + NPA +	GP Rs. 7600/-
12.	Consultant Radiologist	1	Rs.15600-39100 +NPA +	GP Rs.7600/-
13.	Consultant Pediatric Medicine	1	Rs.15600-39100 +NPA +	GP Rs.7600/-
14.	Audiometrist	1	Rs.15600-39100 +NPA +	GP Rs.7600/-
15	Consultant Pathologist	1	Rs.15600-39100 + NPA +	GP Rs.7600/-
15.	Medical Officer (Blood Bank)	2	Rs.15600-39100 + NPA +	GP Rs.5400/-
17.	Consultant Anesthesiology	2	Rs.15600-39100 +NPA +	GP Rs.7600/-
18.	Nursing Superintendent	2	Rs.15600-39100 +	GP Rs.6600
19	Supervising Physiotherapist	1	Rs.15600-39100 +	GP Rs.5400/-
21.	Dy. Nursing Superintendent	2	Rs.15600-39100 +	GP Rs.5400/-
22.	Chief Medical Record Officer	1	Rs.15600-39100 +	GP Rs.5400/-
23.	Dietician	2	Rs.15600-39100 +	GP Rs.4600/-
24.	Asstt. Nursing Superintendent	6	Rs.9300-34800 +	GP Rs.4800/-
25.	Senior Physiotherapist	2	Rs.9300-34800 +	GP Rs.4600/-
26.	Nursing Staff	10	Rs.9300-34800 +	GP Rs.4600/-
27.	Statistician	2	Rs.9300-34800 +	GP Rs.4600/-
28.	Assistant Dietician	4	Rs.9300-34800	GP Rs.4200/-
29.	CSSD Officer	1	Rs.9300-34800 +	GP Rs.4600/-
30.	Physiotherapist	4	Rs.9300-34800 +	GP Rs.4200/-
31.	Yoga Instructor	2	Rs.9300-34800 +	GP Rs.4200/-
32.	Nursing Gr.II	15	Rs.9300-34800 +	GP Rs. 4200/-
33.	Sr. Medical Record Officer	1	Rs.9300-34800 +	GP Rs. 4200/-
34.	CSSD Supervisor	2	Rs.9300-34800 +	GP Rs. 4200/-
35.	Radiographer	2	Rs.9300-34800 +	GP Rs. 4200/-
36.	MRI Technician	1	Rs.9300-34800 +	GP Rs. 4200/-
37.	Lab Technician	10	Rs.9300-34800 +	GP Rs. 4200/-

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38.	Waste Management Technician	1	Rs.9300-34800 +	GP Rs. 4200/-
39.	Operation Theatre Technician	3	Rs.9300-34800 +	GP Rs.4200/-
40.	Technical Assistant	10	Rs.9300-34800 +	GP Rs.4200/-
41.	Statistical Assistant	4	Rs.5200-20200 +	GP Rs.2800/-
42.	Anesthesiology Assistant	4	Rs.5200-20200 +	GP Rs.2800/-
43.	CSSD Assistant	4	Rs.5200-20200+	GP Rs.2800/-
44.	Radiology Assistant	3	Rs.5200-20200+	GP Rs.2800/-
45.	Receptionist	2	Rs.5200-20200 +	GP Rs.2800/-
46.	Lab Assistant	15	Rs.5200-20200 +	GP Rs.2400/-
47.	ECG Technician	2	Rs.5200-20200 +	GP Rs.2800/-
48.	Operation Theatre Assistant	4	Rs.5200-20200+	GP Rs.2800/-
49.	Sonography Assistant	2	Rs.5200-20200 +	GP Rs.2800/-
50.	Registration Clerk	2	Rs.5200-20200 +	GP Rs.2400/-
51.	Medical Record Clerk	1	Rs.5200-20200+	GP Rs.1900/-
52.	Lab Attendant	10	Rs.4440-7440+	GP Rs.1900/-
	<b>Total</b>	<b>157</b>		
<b>(iii) LIBRARY POSTS</b>				
1	Library & Information Officer	1	Rs.15600-39100 +	GP Rs.6600/-
2.	Library & Information Asstt	1	Rs.9300-34800 +	GP Rs.4200/-
3.	Library Clerk	2	Rs.5200-20200 +	GP Rs.1900/-
	<b>Total</b>	<b>4</b>		
<b>(iv) PHARMACY (SAIDLA)</b>				
1.	Pharmacy Superintendent	1	Rs.37400-67000 + NPA +	GP Rs.8700/-
2.	Dy. Pharmacy Superintendent	2	Rs.37400-67000 +NPA +	GP Rs.7600/-
3.	Assistant Pharmacy Superintendent	2	Rs.16000-39100 + NPA +	GP Rs.6600/-
4.	Pharmacy Manager	4	Rs.9300-34800+	GP Rs.4600/-
5.	Pharmacist Manager	4	Rs.9300-34800 +	GP Rs.4600/-
6.	Machine Operator	3	Rs.5200-20200+	GP Rs.4200/-
	<b>Total</b>	<b>16</b>		
<b>(v) QUALAITY CONTROL LAB RESEARCH &amp; OTHER LABS</b>				
1.	Quality Control Officer (R&D)	1	Rs.37400-67000 +NPA +	GP Rs.8700/-
2.	Physiologist (Neuro)	1	Rs.15600-39100 +NPA +	GP Rs.7600/-
3.	Immuno Biologist	1	Rs.15600-39100+ NPA +	GP Rs.7600/-
4.	Phyto Chemist	1	Rs.15600-39100 +NPA +	GP Rs.7600/-
5.	Geneticist	1	Rs.15600-39100 + NPA +	GP Rs.7600/-
6.	Toxicologist	1	Rs.15600-39100 NPA+	GP Rs.7600/-
7.	Inorganic Chemist	1	Rs.15600-39100 +NPA+	GP Rs.7600/-
8.	Analytical Chemist QC	1	Rs.15600-39100 +NPA +	GP Rs.7600/-
9.	Pharmacognocist	2	Rs.15600-39100 +NPA +	GP Rs.7600/-
10.	Mineralogist	1	Rs.15600-39100 + NPA +	GP Rs.7600/-
11.	Veterinarian Officer	1	Rs.15600+39100 NPA +	GP Rs.7600/-
12.	Technical Assistant Animal House	5	Rs.9300-34800 +	GP Rs.5400/-
13.	Curator	2	Rs.9300-34800 +	GP Rs.4800/-
14.	Animal House Attendants	6	Rs.5200-20200+	GP Rs.1800/-
	<b>Total</b>	<b>25</b>		
<b>ADMINISTRATIVE POST * OTHER</b>				
1.	Joint Director(Admn. & Account)	1	Rs.37400-67000 +	GP Rs7600/-
2.	Deputy Dir.(Admn)	1	Rs.15600-39100	GP Rs.6600/-
3.	System Analyst	1	Rs.15600-39100 +	GP Rs.7600/-
4.	Finance Adviser	1	Rs.15600-39100 +	GP Rs.6600/-
5.	Senior Store Officer	1	Rs.15600-39100 +	GP Rs.6600/-
6.	Computer Programmer	1	Rs.15600-39100 +	GP Rs.6600/-

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7.	Sr. Accounts Officer	2	Rs.15600-39100 +	GP Rs.6600/-
8.	Administrative Officer	2	Rs.15600-39100 +	GP Rs.5400/-
9.	Store Officer	2	Rs.15600-39100 +	GP Rs.5400/-
10.	Hindi Officer	1	Rs.15600-39100 +	GP Rs.5400/-
11.	Accounts Officer	3	Rs.15600-39100 +	GP Rs.5400/-
14.	Chief Security Officer	1	Rs.15600-39100 +	GP Rs.5400/-
15.	Engineers for maintenance	2	Rs.9300-34800 +	GP Rs.5400/-
16.	Assistant Administrative Officer	3	Rs.9300-34800+	GP Rs.4600/-
17.	Museum Chief	1	Rs.9300-34800+	GP Rs.4600/-
18.	Private Secretary	8	Rs.9300-34800+	GP Rs.4600/-
19.	Assistant Store Officer	4	Rs.9300-34800+	GP Rs.4600/-
20.	Sr. Hindi Translator	1	Rs.9300-34800+	GP Rs.4600/-
21.	Jr. Accounts Officer	4	Rs.9300-34800+	GP Rs.4600/-
22.	Assistant Security Officer	2	Rs.9300-34800+	GP Rs.4600/-
23.	Assistant	10	Rs.9300-34800+	GP Rs.4200/-
24.	Personal Assistant	10	Rs.9300-34800+	GP Rs.4200/-
25.	Store Keeper	10	Rs.9300-34800+	GP Rs.1900/-
26.	Jr. Hindi Translator	1	Rs.9300-34800+	GP Rs.4200/-
27.	Accountant	6	Rs.9300-34800+	GP Rs.4200/-
28.	Security Officer	4	Rs.9300-34800+	GP Rs.4200/-
29.	Fire Officer	1	Rs.9300-34800+	GP Rs.4200/-
30.	UDC	25	Rs.5200-20200+	GP Rs.2400/-
31.	Stenographer	10	Rs.5200-20200	GPRs.2400/-
32.	LDC	25	Rs.5200-20200+	GP Rs.1900/-
33.	Hindi Typist	2	Rs.5200-20200+	GP Rs.1900/-
34.	Security cum Fire Guards	10	Rs.5200-20200+	GP Rs.1900/-
35.	Electrician	3	Rs.5200-20200+	GP Rs.1900/-
36.	Plumber	2	Rs.5200-20200+	GP Rs.1900/-
	<b>Total</b>	<b>161</b>		
	<b>Grand Total</b>	<b>392</b>		



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**Annexure III Required equipment and other items for AIIH**

<b>SUMMARY OF COST</b>				
<b>PRELIMINARY COST ESTIMATE</b>				
<b>PROPOSED CONSTRUCTION OF</b>				
<b>ALL INDIA INSTITUTE OF HOMEOPATHY, NARELA</b>				
<b>S. NO</b>	<b>DESCRIPTION</b>	<b>NO. OF UNITS</b>	<b>COST PER UNIT</b>	<b>TOTAL AMOUNT</b>
<b>Main Building</b>				
1	TEACHING HOSPITAL AND ADMIN BLOCK (G+4)	1	1243075981.43	1243075981.43
2	MULTIUTILITY BASEMENT FOR PARKING & SERVICES	1	376599705.00	376599705.00
<b>TOTAL</b>			<b>[ i ]</b>	<b>1619675686.43</b>
<b>Residential Buildings</b>				
3	GIRLS HOSTEL (G+6)	1	197988665.06	197988665.06
4	BOYS HOSTEL (G+4)	1	144162478.01	144162478.01
5	TYPE-II (G+7) (32 UNITS)	1	72615349.38	72615349.38
6	TYPE-III (G+4) (20 UNITS)	1	50233216.01	50233216.01
7	TYPE-IV (S+6) (12 UNITS)	1	73682423.25	73682423.25
8	TYPE-V (S+3) (6 UNITS)	1	52900363.35	52900363.35
9	BUNGLOW (G+1)	1	14981958.69	14981958.69
10	GUEST HOUSE (G+1)	1	51245187.20	51245187.20
<b>TOTAL</b>			<b>[ ii ]</b>	<b>657809640.93</b>
<b>TOTAL [ i + ii ]</b>			<b>[A]</b>	<b>2277485327.37</b>
<b>B DEVELOPMENT WORKS &amp; BULK SERVICES</b>				
11	SITE DEVELOPMENT WORKS (Leveling, Internal Roads and Paths, Sewer, Filter Water Supply, Storm Water Drains, Horticulture Operations & Exit Sign Board)			61844744.36
12	Boundary Wall & Entrance Gateway (2 Gates)			25175616.79
13	Pump Room & Under Ground Tank (350 KLD Domestic & 350KLD for Fire)	1	16168941.20	16168941.20
14	Electric Sub Station Building	1	1643378.76	1643378.76
15	Tube Well 400 LPM	2	900000.00	1800000.00
16	Sewage Treatment Plant (125 KLD)	1	8000000.00	8000000.00
17	Rain Water Harvesting	10	243327.98	2433279.79
18	Water Softening Plant	1	2500000.00	2500000.00
19	External Electrification Work			57500000.00
20	Grina 3 star and above rating @ 6% on total [A]			136649119.64
<b>TOTAL [A+B]</b>			<b>[B]</b>	<b>313715080.54</b>
<b>TOTAL [A+B]</b>			<b>[X]</b>	<b>2591200407.90</b>
ADD CONTINGENCIES @ 3% ON 'X'				77736012.24
<b>TOTAL COST OF PROJECT</b>				<b>2668936420.14</b>
				<b>SAY 266.89 CRORE</b>

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**ANNEXURE-IV**

**PROJECTION FOR YEAR WISE FINANCIAL REQUIREMENT(0 - 5 YEARS)**

<b>A. CAPITAL COST ( RS. In Crores)</b>						
	2015-16	2016-17	2017-18	2018-19	2019-20	Total
DPC, Construction and capital goods	0.75	109.50	94.00	72.00	5.91	288.16
Sub Total (A)	0.75	109.50	94.00	72.00	5.91	288.16
<b>B. RECURRING COST (Rs. In Crores)</b>						
Recurring Expenditure	Nil	0.50	1.00	3.00	15.50	20.00
Sub Total(B)	Nil	0.50	1.00	3.00	15.50	20.00
<b>GRAND TOTAL (A+B)</b>	<b>0.75</b>	<b>110.00</b>	<b>95.00</b>	<b>75.00</b>	<b>21.41</b>	<b>302.16</b>
<b>A. CAPITAL COST DETAILS</b>						
	2015-16	2016-17	2017-18	2018-19	2019-20	Total
DPC, Construction and capital goods	Payment to DPR consultant	Mobilisation advance, Balance of payment to DPR Consultant, Payment to the construction agency	Balance of payment to DPR Consultant, Payment to the construction agency, Procurement of Equipment	Balance of payment to DPR Consultant, Payment to the construction agency, Procurement of Equipment	Balance of payment for construction agency, Material Procurement, Project closure costs	288.16
<b>B. RECURRING COST DETAILS</b>						
Recurring Expenditure	Nil	Admin, Salary, Travel Expenditure	Admin, Salary, Travel Expenditure	Admin, Salary, Travel Expenditure	Admin, Salary, Travel Expenditure	20.0

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**PHYSICAL TARGET BASE LINE**

Sr No	Component	1 <sup>st</sup> Year	2nd year	3rd Year	4th Year	5th Year
1.	Approval of concept plan, Master Plan, & prelim Architectural Design	<input checked="" type="checkbox"/>				
2.	Clearances and Approvals from statutory Bodies and submission of approved Drawings	<input checked="" type="checkbox"/>				
3.	Submission of DPR with Tender documents and Drawings	<input checked="" type="checkbox"/>				
4.	Checking and Approval of DPR	<input checked="" type="checkbox"/>				
5.	Submission of structural drawings after vetting from third party	<input checked="" type="checkbox"/>				
6.	Award of work to implementation Agency	<input checked="" type="checkbox"/>				
7.	Construction up to plinth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
8.	Construction up to Superstructure		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

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9.	Construction up to finishing works, all services horticulture & landscaping			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
10.	Testing and commissioning				<input checked="" type="checkbox"/>	
11.	Taking over, Obtaining of occupancy certificate clearances from DFS and other statutory NOCs					<input checked="" type="checkbox"/>

**EXECUTIVE SUMMARY**

**EXPENDITURE FINANCE COMMITTEE (EFC) MEMO ON THE PROPOSAL OF ALL  
INDIA INSTITUTE OF HOMOEOPATHY (AIIH), NARELA, NEW DELHI**

**BACKGROUND AND JUSTIFICATION**

The All India Institute of Homoeopathy (AIIH) is conceived as an apex institution for Homoeopathy. It would aim at bringing a valid and useful synergy between established practices of Homoeopathy and modern tools and technology in modern health care. The institute would offer postgraduate and doctoral courses in various disciplines of Homoeopathy and focus on fundamental research, drug development, standardization, quality control, safety evaluation and scientific validation of Homoeopathy medicine and practices. It will have a 100-bed referral hospital for facilitating clinical research. The patient care will be provided mainly through Homoeopathy at secondary and tertiary levels. Once fully established, the Institute will have 10 Departments, 10 Specialty clinics with interdisciplinary research laboratories wherein 60 Scholars will have access to Post Graduate and Doctoral (MD and PhD/ DM) programs every year. This institute shall also function as an International Collaborative Centre for global promotion and research in Homoeopathy.

All India Institute of Homoeopathy (AIIH) is to be established in the XIIth Five Year Plan, with the objective to promote the growth and development of Homoeopathy. The land requirement for AIIH is around 10 acres. A decision has been taken to establish the Institute in Delhi and a plot has been identified and finalized in sector VIII, Narela, New Delhi.

Demand and supply analysis to identify gaps: Homoeopathy today is a rapidly growing system and is being practiced almost all over the world. In India it has become a household name due the safety of its pills and gentleness of its cure. A rough study states that about 10% of the Indian population relies on Homoeopathy for their Health care needs and is considered as the Second most popular system of medicine in the Country.

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Conformity with the Plan Priorities and National objectives: Homoeopathy has grown as a National System of Medicine and enjoys Government support at national and state levels. Now a significant percentage of the people opt for Homoeopathy for their ailments. Besides, there is a vast infrastructure of hospitals, dispensaries, research institutions, medical colleges, registered medical practitioners and reputed pharmacies all over India. Thus, India has become the world leader in Homoeopathy with tremendous potential of manpower. Therefore, an institution for establishing a Center of Excellence, dedicated to tertiary healthcare and advanced research in Homoeopathy has been felt for a long time. The Ministry of AYUSH, Government of India has decided in principle to set up an All India Institute of Homoeopathy (AIIH) focused on research and development and high quality teaching and training at postgraduate and doctoral level.

**PROJECT FACT SHEET**

i.	Objective	<p>The establishment of All India Institute of Homoeopathy (AIIH) will fulfill the demand of setting up of a quality Education and Research Institute for Homoeopathy.</p> <p>The proposed All India Institute of Homoeopathy (AIIH) would be developed as Centre of Excellence, focused on fundamental research, Drug safety evaluation, standardization, quality control and scientific validation of Homoeopathy and post-graduate and doctoral education related to these disciplines.</p>
ii.	Scope	<p>The Institute will have Post-Graduate Training in Homoeopathy with annual intake of 60 Post-graduate students. It will also impart re-orientation training and continuing Medical Education to Homoeopathic Physicians and Teachers. A fully populated Hospital and Teaching faculty including Administrative resources. AIIH will have a referral OPD &amp; IPD, with 100 bed hospital and Specialty Clinics providing tertiary care.</p>
iii.	Estimated Cost	<p>Financial provision required is estimated at Rs. 302.16 crores for the next five years, out of which Rs.288.16 crores is towards non-recurring expenditure on capital</p>

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		works and Rs.20.00 crores is towards recurring expenditure on salary and wages, consumables, medicine, maintenance etc.
iv.	Completion Schedule	The project is envisaged to be completed in 60 Months including 36 months of construction work in the project.
v.	Financing	The project is to be funded 100% from Gol funding through Ministry of AUysh
vi.	Land Acquisition	10 Acres of land has been earmarked by DDA at Narela, New Delhi. Payment for the land has been made to DDA.
vii.	Consultancy fee	5% of the total construction cost and 2% of the procurement cost is admissible as consultancy fee to the Detailed Project Report (DPR) and Project Management Consultant (PMC)
viii.	Owners of the project	Ministry of AYUSH, Gol will be the owner of the project.
ix.	Pending Issues	Selection of Consultant for DPR and PMC for the project is under process