

F.No. R.13016/1/2015-NI  
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 UNANI MEDICINE**

**(AIUM)**

F.No. R.13016/1/2015-NI  
GOVERNMENT OF INDIA  
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HOMOEOPATHY

**EXPENDITURE FINANCE COMMITTEE (EFC) MEMO ON THE PROPOSAL OF  
ALL INDIA INSTITUTE OF UNANI MEDICINE (AIUM)**

**1. Project Identification**

**1.1 Title of the project/scheme:**

Establishment of All India Institute of Unani Medicine (AIUM) at Ghaziabad (UP)

**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 Project:**

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

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

The total cost of the project is Rs. 389.91 Crores for five years period.

**1.5 Nature of scheme:**

Central Sector Scheme

**2. Proposal Category**

**2.1 Please indicate which category the project 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 Unani Medicine is conceived as an apex institution for Unani Medicine. It would aim at bringing a valid and useful synergy between Traditional Wisdom of Unani Medicine and Modern tools and technology. The institute would offer postgraduate and doctoral courses in various disciplines of Unani Medicine and focus on fundamental research, drug development, standardization, quality control, safety evaluation and scientific validation of Unani Medicine. It will have a 200-bed referral hospital for facilitating clinical research. Once fully established, the Institute will have 28 Departments, 14 Specialty clinics with interdisciplinary research laboratories wherein 120 Scholars will have access to Post

**F.No. R.13016/1/2015-NI**  
**GOVERNMENT OF INDIA**  
**MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND**  
**HOMOEOPATHY**

Graduate and Doctoral (MD and PhD/ DM) programs every year. The hospital will be equipped with traditional therapeutic and interventional infra-structure, such as traditional Hammams and state-of-the-art diagnostic tools and techniques, which will be used in therapy, teaching, training and research. The patient care will be provided mainly through Unani Medicine at secondary and tertiary levels.

This institute shall also function as an international collaborative Centre for global promotion and research in Unani Medicine

**(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.**

Not Applicable.

**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:**

- (i) Demand and supply analysis to identify gaps: Unani system of medicine is quite popular among the masses. The practitioners of Unani Medicine, scattered all over the country, form an integral part of national health care delivery structure. Registration of the Unani practitioners is maintained by the State Boards of Indian Medicine. The Central Register is maintained by the Central Council of Indian Medicine (CCIM), New Delhi. Registration of the practitioners is renewed at intervals and Central Register updated. Establishment of the Institute envisages bringing synergy between traditional

**F.No. R.13016/1/2015-NI**  
**GOVERNMENT OF INDIA**  
**MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDHA AND**  
**HOMOEOPATHY**

wisdom of Unani medicine and modern science. Development and documentation of best practices, safety and efficacy aspects and standard treatment protocols of Unani medicine will be focused upon. The Institute would emphasis to give quality post graduate education to practitioners in traditional and alternative medicine.

(ii) Conformity with the Plan Priorities and National objectives: The setting up of the All India Institute of Unani Medicine would provide an impetus for the promotion of Unani medicine in the Indian Sub-continent. The Institute will also provide opportunities for practitioners of Unani medicine not only in India but also in the neighbouring regions such as Iran, Afghanistan, Bangladesh, UAE, and other Middle Eastern countries. Unani medicine being specialized in use of indigenous medicinal plants and minerals can provide a valuable input on medicinal plants to Institutions working on Indian medicinal plants

The establishment of All India Institute of Unani Medicine will fulfill the long pending demands to establish a quality Education and Research Institute for Unani medicine. It is envisaged to develop it as a **Centre of Excellence for Unani medicine** in the future and focus will be on fundamental research, drug safety evaluation, standardization, quality control and scientific validation, post-graduate and doctorate degree level of studies.

(iii) Problems to be addressed at local/regional/national levels, as the case may be, through scheme/project. Development of the Institute would render significant contribution in mainstreaming Unani medicine graduates in the formal healthcare sector.

### **3.1.1. Background**

(i) The Unani system of medicine owes, as its name suggests, its origin to Greece. It was the Greek philosopher-physician Hippocrates (460–377BC) who freed Medicine from the realm of superstition and magic, and gave it the status of Science. The theoretical framework of Unani Medicine is based on the teachings of Hippocrates. After Hippocrates, a number of other Greek scholars enriched the system considerably. Of them, Galen (131–210AD) stands out as the one who stabilized its foundation, on which Arab and Persian physicians like Rhazes (850–925AD) and Avicenna (980–1037AD) constructed an imposing edifice. Unani Medicine got enriched by imbibing what was best in the contemporary systems of traditional medicine in Egypt, Syria, Iraq, Persia, India, China and other Middle East and Far East countries.

**F.No. R.13016/1/2015-NI**  
**GOVERNMENT OF INDIA**  
**MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDDHA AND**  
**HOMOEOPATHY**

(ii) Unani system of medicine was introduced to India by the Arabs, and soon it took firm roots in the Indian soil. The system found immediate favour with the masses and soon spread all over the country. Keeping in view the recommendation of different committees established by the Government of India for the development of the Indian System of Medicines, the Government of India established a Central Council for Research in Indian Medicine and Homoeopathy (CCRIMH) in 1969 to develop scientific research in Unani Medicine, Ayurveda, Siddha, Yoga, Naturopathy and Homoeopathy. In 1978, it was split into four separate research councils for each system, i.e. Central Council for research in Unani Medicine (CCRUM). Similarly, the National Institute of Unani Medicine (NIUM), Bangalore (Karnataka) has been set up by the Central Government to conduct postgraduate education and research program in Unani System of Medicine and develop benchmark standards of training and healthcare.

(iii) All India Institute of Unani Medicine will be developed as an Apex Institute for education and research in Unani Medicine. It will provide a bridge between traditional knowledge of Unani Medicine and Modern technology. Besides post-graduation, doctoral courses in various disciplines of Unani Medicine, the institute will focus on fundamental aspects, drug development, standardization, quality control, safety evaluation and scientific validation of Unani medicine.

**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).**

The proposed Institute is the first and only All India Institute of Unani Medicine on the lines of All India Institute of Ayurveda Institute operational in Sarita Vihar, New Delhi. The new Institute will operate as autonomous Institute under the Ministry of AYUSH.

**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.**

This will be the first All India Institute of Unani Medicine in the country similar to the other Institute in Indian Medicine such as All India Institute of Ayurveda in New Delhi. 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).

**F.No. R.13016/1/2015-NI**  
**GOVERNMENT OF INDIA**  
**MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDDHA AND**  
**HOMOEOPATHY**

#### **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 Ph.D) in Unani Medicine 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:
  - a. Identification of best Unani treatments - including their Standard Operating Procedures (SOPs) - within the framework of traditional Unani principles and possible correlation with bio-molecular Western Medicine.
  - b. Validation of fundamental principles of Unani Medicine using – wherever needed - modern tools and technology, appropriate to the traditional character of Unani Medicine.
- v. Standardization and Quality Control of Unani Drugs and Drug Development.
- vi. To improve the understanding of the traditional character of Unani Medicine by undertaking appropriate Philosophical and Historical Research, including comparative philosophical study of bio-molecular Western Medicine.
- vii. To bring a valid synergy between ancient wisdom of Unani Medicine and advantages of modern diagnostics, technology and management, wherever needed.
- viii. To highlight Unani principles and guidelines and to optimize the latter for maintenance of health and prevention of disease by Diet, Exercise, Massage, Seasonal Regimens, Age-related Regimens etc.
- ix. To develop principles and outline of research objectives and methodology which are useful for traditional Unani Medicine and in consonance with its character and principles.
- x. To develop a research and therapy monitoring, recording, evaluating and feedback providing Centre regarding appropriate and needed research objectives and methodology and therapy improvements.
- xi. To promote collaborative research with various R&D institutions at national and international level institutes.

**F.No. R.13016/1/2015-NI**  
**GOVERNMENT OF INDIA**  
**MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDHA AND**  
**HOMOEOPATHY**

xii. To function as a model Centre 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 Unani Medicine will fulfill the demand of setting up of a quality Education and Research Institute for Unani Medicine

(ii) The proposed All India Institute of Unani Medicine would be developed as Centre of Excellence focused on fundamental research, Drug safety evaluation, standardization, quality control and scientific validation of Unani medicine and post-graduate and doctoral teaching would be confined 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 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:**

A 200 bed Research & tertiary care Hospital and 120 PG and 10 PhD scholars annually would be trained and research on Unani Medicine. 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.**

National Institute of Unani Medicine (NIUM) is currently operational at Bangalore providing PG courses and Doctoral studies in Unani Medicine.

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

**F.No. R.13016/1/2015-NI**  
**GOVERNMENT OF INDIA**  
**MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDHA AND**  
**HOMOEOPATHY**

The proposal is for the 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 Unani Medicine having an annual intake capacity of around 120 students. The hospital attached with this institute will be used for clinical education & research and providing tertiary healthcare. The proposed institute shall be named as All India Institute of Unani Medicine (AIUM) 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 staffs, 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.



**F.No. R.13016/1/2015-NI**  
**GOVERNMENT OF INDIA**  
**MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND**  
**HOMOEOPATHY**

(iv) Financial provision required is estimated at Rs. 386.91 crores for the next five years, out of which Rs.369.91 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 Unani practitioners as PG students and research scholars.

**c. Technology**

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

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

The AIUM would be built on a 10 Acres plot with applicable FSR. Specs and Layout will be planned by qualified architects in Detailed Project Report (DPR). This plot of land is already available and in possession of the Ministry of AYUSH, therefore will lead to overall reduction in cost of the project.

**e. Plant & Machinery**

Plant and machinery would be as per MSRs promulgated by CCIM, New Delhi in respect of Unani Medicines. Changes would be made to adjust the MSR to align to the function of the proposed Institute.

**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.**

The proposed AIUM would be a premier institute of Unani Medicine for conducting collaborative research with international research organizations and teaching Institutions for Post Graduate/ Doctorate research. Hence ideally this institution should have been located in NCR. The availability of most of the herbs/ processing units and the following factors make this location ideal for building such an Institute in this region.

- (i) Ten Acres of land is already available and in possession of the Ministry of AYUSH in prime area of Ghaziabad. The cost of the land at official rates is

**F.No. R.13016/1/2015-NI**  
**GOVERNMENT OF INDIA**  
**MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND**  
**HOMOEOPATHY**

around Rs 40 Crores. Building this Institute on this land will accrue a saving of this amount.

- (ii) As the Institute is planned to be established in Ghaziabad, which is part of NCR, it will have the advantage of Indian Medicine Pharmacopeia Limited (IMPL) in Ghaziabad for Unani drug testing and development.
- (iii) The plot of land proposed for the Institute has excellent connectivity in geographical as well as cyber terms, needed to collaborate with other apex bodies in Delhi and NCR besides to have close liaison with the administrative Ministry i.e. Ministry of AYUSH.
- (iv) Institute once established will act as referral Institute for all Unani institute as well as clinics for Unani practice and research for sizable population of the region.
- (v) On academic front, the institute will act as guiding edifice for development and modification of the curriculum and processes of education and training in Unani Medicine on national level.
- (vi) Most of the international collaboration, promotion of Indian medicines, trade fares etc happen in NCR, and therefore, AIUM to be established in Ghaziabad will be benefited immensely from such activities taking place just in its vicinity.

**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.

**F.No. R.13016/1/2015-NI**  
**GOVERNMENT OF INDIA**  
**MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND**  
**HOMOEOPATHY**

**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 needed 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.**

This can only be carried out after the Institute is put to operations.

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

Not applicable

**F.No. R.13016/1/2015-NI**  
**GOVERNMENT OF INDIA**  
**MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND**  
**HOMOEOPATHY**

**7. Proposal cost**

**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. 389.91 crores for the next five years, out of which Rs.369.91 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**

**F.No. R.13016/1/2015-NI**  
**GOVERNMENT OF INDIA**  
**MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND**  
**HOMOEOPATHY**

manpower, etc.) over the lifetime of the asset, such expenditures, on an annual basis, may be indicated in the proposal.

The assets and salary cost 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 projected work load and as specified in MSR by CCIM. 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.**

**F.No. R.13016/1/2015-NI  
GOVERNMENT OF INDIA  
MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND  
HOMOEOPATHY**

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 100 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

**F.No. R.13016/1/2015-NI**  
**GOVERNMENT OF INDIA**  
**MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND**  
**HOMOEOPATHY**

**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, posting of the Director, PA to the Director, Chief Administrative Officer, Chief Engineering Officer, Accounts officer may be considered by EFC and Cabinet for carrying on establishment of the Institute.

**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

**F.No. R.13016/1/2015-NI**  
**GOVERNMENT OF INDIA**  
**MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND**  
**HOMOEOPATHY**

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

About 120 scholars will have access to the PG and PhD programs annually. In addition about 1000 patients will be treated in the OPD daily and about 5000 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 is 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 Unani Medicine 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 planned to exploit state-of-the-art technology and therefore needs expert knowledge and experience in the relevant area.



**F.No. R.13016/1/2015-NI**  
**GOVERNMENT OF INDIA**  
**MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND**  
**HOMOEOPATHY**

**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. However, after appointment of the Director, 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

**F.No. R.13016/1/2015-NI**  
**GOVERNMENT OF INDIA**  
**MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND**  
**HOMOEOPATHY**

**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:

<b>S.No</b>	<b>Approvals / Clearances</b>	<b>Agency concerned</b>	<b>Availability (Y/N)</b>
1.	APPROVAL IS REQUIRED FROM THE LOCAL BODY /AUTHORITY	GDA	Y
2	APPROVAL FROM CHIEF FIRE OFFICER	Fire Department	Y
3	APPROVAL IS REQUIRED FROM THE POWER DISTRIBUTING / SUPPLY AGENCY	PVCCL, Lucknow, UP	Y
4	APPROVAL / NOC /ASSURANCE IS REQUIRED FROM THE WATER SUPPLY AGENCY	Jal Nigam, Ghaziabad	Y
5	APPROVAL / NOC IS REQUIRED FROM THE & SEWERAGE & DRAIN DEPARTMENT	Jal Nigam, Ghaziabad	Y
6	PERMISSION IS REQUIRED FROM THE CENTRAL GROUND WATER AUTHORITY (CGWA)	CGWA, New Delhi	Y
7	APPROVAL FROM THE LIFT INSPECTOR	Lift Inspector, GDA	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

**F.No. R.13016/1/2015-NI**  
**GOVERNMENT OF INDIA**  
**MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND**  
**HOMOEOPATHY**

**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 Unani Medicine (AIUM) as below:**

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

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

**F.No. R.13016/1/2015-NI**  
**GOVERNMENT OF INDIA**  
**MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND**  
**HOMOEOPATHY**

**Annexure-I**

**Sections/Departments for the proposed All India Institute for Unani Medicine**

<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 Unani Medicine about 120 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 Unani Medicinal skills. It will skill around 1000 health workers annually while fully functional
2	The Hospital section	A 200-bed state of art Unani Medicine & Referral 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 28 Departments, 14 Specialty Clinics with interdisciplinary research laboratories. The hospital will be equipped with traditional therapeutic and interventional Infra structure, such as Traditional Hammams 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 Unani Medicine at tertiary level. Specialty clinics e.g. Geriatric Clinic, Hepatic - biliary Clinic, Diabetes Clinic, Obesity and metabolic Disorders Clinic, Dermatology and Cosmetics Clinic, Hypertension and Heart Clinic, Chest Clinic, Psychiatric Clinic, Neurology Clinic, Male Sexual Disorders Clinic, Arthritis, Musculoskeletal and

**F.No. R.13016/1/2015-NI**  
**GOVERNMENT OF INDIA**  
**MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDHA AND**  
**HOMOEOPATHY**

		Neuromuscular Disorders Clinic, Nephrology and Urology Clinic, Infertility and Family Welfare Clinic, Immunology Clinic, General Clinics 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, CT Scan, MRI, Nuclear scan, Department of Ilaj Bit Tadbeer (Regimental therapy), 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 a Physiology Lab, Pathology Lab, Pharmacy Lab, Hygiene Lab, Library, Herbal garden and Museums.

**F.No. R.13016/1/2015-NI**  
**GOVERNMENT OF INDIA**  
**MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND**  
**HOMOEOPATHY**

**Annexure II**

**Required Manpower for AIUM**

<b>S. No.</b>	<b>Name of the Post</b>	<b>Posts proposed</b>	<b>Pay Band</b>	<b>Grade Pay</b>
<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)	14	Rs.15600-39100+NPA+	GP Rs.6600/-
5.	Lecturer	14	Rs.15600-39100+NPA+	GP Rs.5400/-
	<b>Total</b>	<b>43</b>		
<b>(ii) HOSPITAL STAFF</b>				
1.	Medical Superintendent	1	Rs.37400-67000+NPA+	GP Rs.8700/-
2.	Senior Medical Officer (Casualty)	1	Rs.37400-67000+NPA+	GP Rs.6600/-
3.	Dy. Medical Superintendent	2	Rs.15600-39100+NPA+	GP Rs.7600/-
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	2	Rs.15600-39100+ NPA +	GP Rs.7600/-
10.	Consultant General Surgery	2	Rs.15600-39100 + NPA +	GP Rs.7600/-
11	Consultant Gynecology and Obstetrics	2	Rs.15600-39100 + NPA +	GP Rs. 7600/-
12.	Consultant Radiologist	2	Rs.15600-39100 +NPA +	GP Rs.7600/-
13.	Consultant Pediatric Medicine	2	Rs.15600-39100 +NPA +	GP Rs.7600/-
14.	Audiometrist	2	Rs.15600-39100 +NPA +	GP Rs.7600/-
15	Consultant Pathologist	1	Rs.15600-39100 + NPA +	GP Rs.7600/-
16.	Medical Officer (Blood Bank)	2	Rs.15600-39100 + NPA +	GP Rs.5400/-
17.	Consultant Anesthesiology	3	Rs.15600-39100 +NPA +	GP Rs.7600/-
18.	Nursing Superintendent	2	Rs.15600-39100 +	GP Rs.6600
19.	Chief Dietician	1	Rs.15600-39100 +	GP Rs.5400/-
20	Supervising Physiotherapist	2	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	20	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	30	Rs.9300-34800 +	GP Rs. 4200/-

**F.No. R.13016/1/2015-NI**  
**GOVERNMENT OF INDIA**  
**MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDHA AND**  
**HOMOEOPATHY**

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	15	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	30	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	30	Rs.4440-7440+	GP Rs.1900/-
	<b>Total</b>	<b>231</b>		
<b>(iii) LIBRARY POSTS</b>				
1.	Library & Information Officer	1	Rs.15600-39100 +	GP Rs.6600/-
2.	Library & Information Asstt.	1	Rs.15600-39100 +	GP Rs.4200/-
3.	Library Clerk	2	Rs.15600-39100 +	GP Rs.1900/-
	<b>Total</b>	<b>4</b>		
<b>(iv) PHARMACY (SAIDLA)</b>				
1.	Pharmacy Superintendent	1	Rs.37400-67000 + NPA +	GP Rs.7600/-
2.	Dy. Pharmacy Superintendent	2	Rs.37400-67000 +NPA +	GP Rs.6600/-
3.	Assistant Pharmacy Superintendent	2	Rs.1600-39100 + NPA +	GP Rs.5400/-
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) QUALITY CONTROL LAB RESEARCH &amp; OTHER LABS</b>				
1.	Quality Control Officer (R&D)	1	Rs.37400-67000 +NPA +	GP Rs.7600/-
2.	Physiologist (Neuro)	1	Rs.15600-39100 +NPA +	GP Rs.6600/-
3.	Immuno Biologist	1	Rs.15600-39100+ NPA +	GP Rs.6600/-
4.	Phyto Chemist	1	Rs.15600-39100 +NPA +	GP Rs.6600/-
5.	Geneticist	1	Rs.15600-39100 + NPA +	GP Rs.6600/-
6.	Toxicologist	1	Rs.15600-39100 NPA+	GP Rs.6600/-
7.	Inorganic Chemist	1	Rs.15600-39100 +NPA+	GP Rs.6600/-
8.	Analytical Chemist QC	1	Rs.15600-39100 +NPA +	GP Rs.6600/-
9.	Pharmacognocist	2	Rs.15600-39100 +NPA +	GP Rs.6600/-
10.	Mineralogist	1	Rs.15600-39100 + NPA +	GP Rs.6600/-
11.	Veterinarian Officer	1	Rs.15600+39100 NPA +	GP Rs.6600/-
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.)	1	Rs.37400-67000 +	GP Rs.7600/-
2.	Joint Director(Engineering)	1	Rs.37400-67000 +	GP Rs.7600/-
3.	Deputy Director Admin	1	Rs.15600-39100	GP Rs.6600/-
4.	System Analyst	1	Rs.15600-39100 +	GP Rs.5400/-
5.	Finance Adviser	1	Rs.15600-39100 +	GP Rs.6600/-
6.	Senior Store Officer	1	Rs.15600-39100 +	GP Rs.6600/-

**F.No. R.13016/1/2015-NI**  
**GOVERNMENT OF INDIA**  
**MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND**  
**HOMOEOPATHY**

7.	Computer Programmer	1	Rs.15600-39100 +	GP Rs.6600/-
8.	Sr. Accounts Officer	2	Rs.15600-39100 +	GP Rs.6600/-
9.	Administrative Officer	2	Rs.15600-39100 +	GP Rs.5400/-
10.	Store Officer	2	Rs.15600-39100 +	GP Rs.5400/-
11.	Hindi Officer	1	Rs.15600-39100 +	GP Rs.5400/-
12.	Accounts Officer	3	Rs.15600-39100 +	GP Rs.5400/-
13.	Chief Security Officer	1	Rs.15600-39100 +	GP Rs.5400/-
14.	Engineers for maintenance	4	Rs.9300-34800 +	GP Rs.5400/-
15.	Assistant Administrative Officer	8	Rs.9300-34800+	GP Rs.4600/-
16.	Museum Chief	1	Rs.9300-34800+	GP Rs.4600/-
17.	Private Secretary	8	Rs.9300-34800+	GP Rs.4600/-
18.	Assistant Store Officer	4	Rs.9300-34800+	GP Rs.4600/-
19.	Sr. Hindi Translator	1	Rs.9300-34800+	GP Rs.4600/-
20.	Jr. Accounts Officer	4	Rs.9300-34800+	GP Rs.4600/-
21.	Assistant Security Officer	2	Rs.9300-34800+	GP Rs.4600/-
22.	Assistant	10	Rs.9300-34800+	GP Rs.4200/-
23.	Personal Assistant	10	Rs.9300-34800+	GP Rs.4200/-
24.	Store Keeper	10	Rs.9300-34800+	GP Rs.1900/-
25.	Jr. Hindi Translator	1	Rs.9300-34800+	GP Rs.4200/-
26.	Accountant	6	Rs.9300-34800+	GP Rs.4200/-
27.	Security Officer	4	Rs.9300-34800+	GP Rs.4200/-
28.	Fire Officer	1	Rs.9300-34800+	GP Rs.4200/-
29.	UDC	40	Rs.5200-20200+	GP Rs.2400/-
30.	Stenographer	12	Rs.5200-20200	GPRs.2400/-
31.	LDC	50	Rs.5200-20200+	GP Rs.1900/-
32.	Hindi Typist	2	Rs.5200-20200+	GP Rs.1900/-
33.	Security cum Fire Guards	16	Rs.5200-20200+	GP Rs.1900/-
34.	Electrician	3	Rs.5200-20200+	GP Rs.1900/-
35.	Plumber	2	Rs.5200-20200+	GP Rs.1900/-
	<b>Total</b>	<b>217</b>		
	<b>Grand Total</b>	<b>536</b>		



**F.No. R.13016/1/2015-NI**  
**GOVERNMENT OF INDIA**  
**MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDHA AND**  
**HOMOEOPATHY**

Annexure III

**Required equipment and other items for All India Institute of Unani Medicine**  
**(In Rs.)**

<b>PROPOSED CONSTRUCTION OF ALL INDIA INSTITUTE OF UNANI MEDICINES, GHAZIABAD</b>				
<b>S. NO</b>	<b>DESCRIPTION</b>	<b>NO. OF UNITS</b>	<b>COST PER UNIT</b>	<b>TOTAL AMOUNT</b>
	<b>Buildings</b>			
1	TEACHING HOSPITAL AND ADMIN BLOCK (G+6)	1	1699982154.31	1699982154.31
2	MULTIUTILITY BASEMENT FOR PARKING & SERVICES	1	564779182.50	564779182.50
	<b>TOTAL</b>		<b>[ i ]</b>	<b>2264761336.81</b>
	<b>Residential Buildings</b>			
3	GIRLS HOSTEL (G+7)	1	289192591.92	289192591.92
4	BOYS HOSTEL (G+5)	1	204050373.08	204050373.08
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	49061187.20	49061187.20
	<b>TOTAL</b>		<b>[ ii ]</b>	<b>806717462.86</b>
	<b>TOTAL [ i + ii ]</b>		<b>[A]</b>	<b>3071478799.67</b>
<b>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)			41136738.50
12	Boundary Wall & Entrance Gateway (2 Gates)			22392599.20
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			45000000.00
20	Griha 3 star and above rating @ 6% on total [A]			184288727.98
			<b>[B]</b>	<b>325363665.43</b>
	<b>TOTAL [A+B]</b>		<b>[X]</b>	<b>3396842465.10</b>
	ADD CONTINGENCIES @ 3% ON 'X'			101905273.95
	<b>TOTAL COST OF PROJECT</b>			<b>3498747739.05</b>

**F.No. R.13016/1/2015-NI**  
**GOVERNMENT OF INDIA**  
**MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDHA AND**  
**HOMOEOPATHY**

**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	125	125	65.00	54.16	369.91
Sub Total (A)	0.75	125	125	65.00	54.16	369.91
<b>B. RECURRING COST (Rs. In Crores)</b>						
Recurring Expenditure	Nil	0.50	2.0	2.0	15.50	20.0
Sub Total (B)	Nil	0.50	2.0	2.0	15.50	20.0
<b>GRAND TOTAL(A+B)</b>	<b>0.75</b>	<b>125.50</b>	<b>127.00</b>	<b>67.00</b>	<b>69.66</b>	<b>389.91</b>
<b>C. CAPITAL COST HEADS</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	369.91
<b>D. RECURRING COST HEADS</b>						
Recurring Expenditure	Nil	Admin, Salary, Travel Expenditure	Admin, Salary, Travel Expenditure	Admin, Salary, Travel Expenditure	Admin, Salary, Travel Expenditure	20.0

**F.No. R.13016/1/2015-NI**  
**GOVERNMENT OF INDIA**  
**MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND**  
**HOMOEOPATHY**  
**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"/>		
9.	Construction up to finishing works, all					

**F.No. R.13016/1/2015-NI**  
**GOVERNMENT OF INDIA**  
**MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND**  
**HOMOEOPATHY**

	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 UNANI MEDICINE (AIUM)**

**BACKGROUND AND JUSTIFICATION**

All India Institute of Unani Medicine will be developed as an Apex Institute for education and research in Unani Medicine. It will provide a bridge between traditional knowledge of Unani Medicine and modern technology. Besides post-graduation, doctoral courses in various disciplines of Unani Medicine, the institute will focus on fundamental aspects, drug development, standardization, quality control, safety evaluation and scientific validation of Unani medicine.

Unani system of medicine was introduced to India by the Arabs, and soon it took firm roots in the Indian soil. The system found immediate favour with the masses and soon spread all over the country. Keeping in view the recommendation of different committees established by the Government of India for the development of the Indian System of Medicines, the Government of India established a Central Council for Research in Indian Medicine and Homoeopathy (CCRIMH) in 1969 to develop scientific research in Unani Medicine, Ayurveda, Siddha, Yoga, Naturopathy and Homoeopathy. In 1978, it was split into four separate research councils for each system, i.e. Central Council for research in Unani Medicine (CCRUM). Similarly, the National Institute of Unani Medicine (NIUM), Bangalore (Karnataka) has been set up by the Central Government to conduct postgraduate education and research program in Unani System of Medicine and develop benchmark standards of training and healthcare.

Unani system of medicine is quite popular among the masses. The practitioners of Unani Medicine, scattered all over the country, form an integral part of national health care delivery structure. Registration of the Unani practitioners is maintained by the State Boards of Indian Medicine. The Central Register is maintained by the Central Council of Indian Medicine (CCIM), New Delhi. Registration of the practitioners is renewed at intervals and Central Register updated. Establishment of the Institute envisages bringing synergy between traditional wisdom of Unani medicine and modern science. Development and documentation of best practices, safety and efficacy aspects and standard treatment protocols of Unani medicine will be focused upon. The Institute would emphasis to give quality post graduate education to practitioners in traditional and alternative medicine.

**F.No. R.13016/1/2015-NI**  
**GOVERNMENT OF INDIA**  
**MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND**  
**HOMOEOPATHY**

**PROJECT FACT SHEET**

i.	Objective	It is proposed to establish a post graduate teaching All India Institute of Unani Medicine having an annual intake capacity of around 120 students. The hospital attached with this institute will be used for clinical education & research and providing tertiary healthcare. The proposed institute shall be named as All India Institute of Unani Medicine (AIUM) and will be managed with the trained and qualified staff.
ii.	Scope	A 200-bed state of art Unani Medicine & Referral 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 28 Departments, 14 Specialty Clinics with inter-disciplinary research laboratories. The hospital will be equipped with traditional therapeutic and interventional Infra structure, such as Traditional Hammams and state of the art diagnostic tools and techniques, which will be used in therapy, teaching, training and research.
iii.	Estimated Cost	Financial provision required is estimated at Rs. 389.91 crores for the next five years, out of which Rs.369.91 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.
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 made available by the Ministry of AYUSH in Ghaziabad, at a prime location

**F.No. R.13016/1/2015-NI**  
**GOVERNMENT OF INDIA**  
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**HOMOEOPATHY**

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