

## भारतीय प्रौद्योगिकी संस्थान भुवनेश्वर

## Indian Institute of Technology Bhubaneswar

Argul, Khordha - 752 050

वेब/web: www.iitbbs.ac.in

No.F.2-64/2015-Estt.

दिनांक/ Dt.: 15<sup>th</sup> November, 2018

## CIRCULAR

Sub: Guidelines for use of Ambulance services.

In order to regulate the Ambulance services effectively in the Institute for real emergency/ serious illness cases, following guidelines have been approved to be implemented with immediate effect:

- The Ambulance services will be availed only in case of non-ambulating/emergency/serious conditions of the patients. It will not be available for petty complains/illness (e.g. cold, cough, headache, mild fever, throat infection etc.) or for the purpose of medical checkups/tests). For non-emergency cases, residents may use their own conveyance.
- On the advice of the Institute Doctor(s) based on the request of the eligible users, the Ambulance will be provided to carry the patients from different places within the Campus or NISER Campus to IIT Campus Dispensary or vice versa or onward journey to City Hospitals only.
- No ambulance facility will be available for movement from one place to other place inside or outside the Campus other than to the Dispensary/Hospital or vice versa.
- 4. In case the patient travels by the Ambulance and found by the Doctor that the case is minor/petty, for the return journey the ambulance services will not be available except the period 9 PM to 7 AM which will be on chargeable basis. In such case, the diagnosis and decisions of the Doctor(s) will be final and binding on the user.
- The malinger use of ambulance for petty cases by students, employees, their dependent and non-dependent family members will be on chargeable basis as detailed below:

Occasion of use. Rate (Rs.	Rate (Rs.)	
ambulance by Faculty members, Officers and or non-dependent family members from he campus to city hospitals (only on advice or).	,	

Use of ambulance by Faculty members, Officers and Staff for non-dependent family members from within the campus to IIT dispensary or return (for non-ambulating/emergency cases only) – one side travel.	200	
Use of ambulance for ambulating/petty and malingers within the Campus/NISER Campus to IIT Dispensary or return (for one side travel)	100	

The non-dependency will be declared by the concerned employee which will be verified by establishment section (if required).

- 6. The user of the ambulance service is required to sign on a declaration form available with the Driver/Dispensary (copy attached).
- 7. In the 1st week of every month, the dispensary will submit a consolidated list of persons used the Ambulance for petty/non-serious/non-emergency/non-dependent cases to Hostel Office in respect of Students and Registrar Office in other cases. In cases of Students, the amount will be deducted from the concerned student mess advance and in case of others, the amount will be deducted from the salary of the employees and information on the same will be communicated to the person concerned by the respective offices.
- All are requested to cooperate for smooth implementation of the system. This will be applicable with immediate effect.

This issues with the approval of the Competent Authority.

Registrar

## Copy To:

- 1. All Deans/ Heads of School/ Academic Coordinators
- 2. All PICs/ Chairpersons/ Coordinators
- 3. Warden/ Assistant Wardens
- 4. President Students' Gymkhana
- 5. PIC Web: with request to upload in the Institute website
- 6. Joint Registrar (F&A)
- 7. Superintending Engineer (Civil)
- 8. Deputy Librarian
- 9. All Assistant Registrars
- 10. Career Development and Placement Officer
- 11. Medical Officer I/C
- 12. Chief Security Officer
- 13. ERP Unit
- 14. All OSDs
- 15. Secretary to Director and Registrar
- 16. Office Order file

		AMBULAN	CE USE DEC	LARATION FORM	
Name:			8	Roll No./Employee code	
1.	From		То	Dispensary	Date:
2.	From	Dispensary	То		Date:
For Employe - Labid non-e dedu - The a	de by the fact emergency/po cted from my embulance is	t that in case of cer etty, the use of am salary. used for my family	bulance will member (M	my/my family member's illne be chargeable to me and the lr./Mrs./Miss	ess by doctors as e same will be
		e of ambulance:	rrike out wn	ich is not applicable) on me.  Full signature of User	
hargeable/1	Not chargeab	Amount: Rs.		Signature of Doctor	