

GOVERNMENT OF MAHARASHTRA INDUSTRIES AND LABOUR DEPARTMENT

REPORT

ON THE

GENERAL SERVICE AND WORKING CONDITIONS OF EMPLOYEES IN PRIVATE HOSPITALS IN GREATER BOMBAY

NOVEMBER 1969

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THE COMMITTEE

Chairman

1. Shri T. R. Bhagwat.

Employers' Representatives

- 2. Seth Kantilal Maganlal Shah.
- 3. Dr. P. M. Sanghani.
- 4. Dr. V. V. Jadhav.
- 5. Dr. F. T. Padaria.

Employees' Representatives

- 6. Shri V. N. Sane.
- 7. Shri J. V. Shukla.
- 8. Shri Vinod H. Joshi.
- 9. Smt. Nalini Sadalge.

Secretary

10. Shri V. H. Pai Angle.

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D.		ent showing the ratio bet					
		per of inpatients or beds in			ar France din	••	50

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Occupations		Wage Scale Rs.
(e) Attendants.—(Laborato Theatre, E.C.G. etc		
(f) Dispensing Staff(i)	Pharmacists	140-12-200-15-290.
(ii) Other Compounders	••••••	90-7 50-135-9-180-10 200.
. (iii) Dressers		55
(g) Clerical Staff(i) Sen	ior clerks	110-10-250.
(ii) Junior clerks	•• ••	75-5-100-8-140-10- 200.
(h) Others.—(i) Cooks		65-4-85-5-130.
(ii) Lift-men	•• ••	55 -4-9 5. (3.4 to 3.12)

4. The Committee does not feel it necessary to fix separate scales for Accountants, Cashiers, etc., and recommends that the managements should give them proper scales wherever warranted depending on work done and responsibility shouldered.

(3.11)

(3.6)

5. From 1970 onwards no fresh recruitment of untrained nurses should be made as far as possible.

6. Dearness Allowance.—The minimum dearness allowance should be Rs. 80 per month upto basic wages Rs. 100 p. m. Thereafter for every slab of Rs. 50 in the basic wages there should be an increase of Rs. 5 in the dearness allowance.

*7. It is necessary that the dearness allowance must be on a sliding scale providing for an increase when the cost of living rises and decrease when the cost of living falls.

(3.16)

(3.14, 3.15)

8. Monthly disturbance in the wages is not desirable. The dearness allowance should be adjusted every six months in the months of January, and July every year.

(3.17)

*Majority recommendations.

iv

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MAIN CONCLUSIONS AND RECOMMENDATIONS

1. Basis .- It is thought fit to fix for the present minimum wages for the various occupations in the hospitals so that a uniformity can be achieved at least at the minimum levels.

3.1

2. It is further thought fit to lay down basic graded scales and separate quantums of dearness allowance.

3.3

3. Basic Wage Scales .- The basic wage scales for the various occupations should be as follows :---

OccupationsWage Scales(a) Unskilled Categories.—S we eppers, watchmen, peons, wardboys, ward-servants, laboratory boys, X-Ray boys, Dental boys, Ayas, malis, general helpers, laundry boys, cookmates, kitchen-mates and servants, barbers and similar other occupations doing unskilled jobs. $40-3-70.$ (b) Nursing Staff.—(i) Fully trained 110—10—250. nurses. $90-7\cdot50-135-9-180-10$ $-200.$ (ii) Auxiliary nurses and Mid-wives $90-7\cdot50-135-9-180-10$ $-200.$ (iii) Untrained nurses $75-5-120-6-150.$ (c) Supervisory Staff.—(i) Matrons $350-20-450-25-550.$ (ii) Asstt. Matrons \cdots $140-12-200-15-290.$ (d) (1) Technician Graduates.—(i) Labora- tory. $140-12-200-15-290.$ (iii) Occupational Theropist \cdots \cdots (iv) Physico Theropist \cdots (i) Non-graduates \cdots (i) Non-graduates \cdots (ii) On-graduates \cdots (iii) On-graduates \cdots (iii) On-graduates \cdots		
 (a) Unskilled Categories.—Sweepers, 40—3—70. watchmen, peons, wardboys, ward-servants, laboratory boys, X-Ray boys, Dental boys, Ayas, malis, general helpers, laundry boys, cookmates, kitchen-mates and servants, barbers and similar other occupations doing unskilled jobs. (b) Nursing Staff.—(i) Fully trained 110—10—250. nurses. (ii) Auxiliary nurses and Mid-wives 90—7.50—135—9—180—10 _200. (iii) Untrained nurses 75—5—120—6—150. (c) Supervisory Staff.—(i) Matrons 350—20—450—25—550. (ii) Asstt. Matrons (iii) Sister Tutors (iv) Public Health Nurses (iv) Public Health Nurses (i) Sisters 140—12—200—15—290. (d) (1) Technician Graduates.—(i) Labora- tory. (ii) X-Ray (iv) Physico Theropist 	Occupations	Wage Scales
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Note .-- Figures at the end of each recommendation indicate paragraph numbers in the body of the report.

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Occupations		Wage Scale Rs.
(e) Attendants.—(Laborato Theatre, E.C.G. etc		
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8. Monthly disturbance in the wages is not desirable. The dearness allowance should be adjusted every six months in the months of January, and July every year.

(3.17)

*Majority recommendations.

iv

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16. Waiting Allowance .- Waiting allowance to nurses should be Rs. 5 per day. If over-time work is done on such a day then the employees should be paid Rs. 5 or over-time wages whichever is more.

Washing Allowance .-- Ward boys, Ayas, male and female sweepers 17. should be given Washing Allowance of Rs. 4 per month and nursing staff of Rs. 8 per month if they are given sarees and blouses and Rs. 10 per month if they are given frocks, etc., as uniform.

18. House Renl Allowance .- Ward boys, Ayas, male and female sweepers should be given House Rent Allowance of Rs. 8 per month and nursing staff of Rs. 10 per month.

19. Hospital employees should be eligible to apply for tenements under the Subsidised Housing Scheme of the Maharashtra Housing Board.

20. Working Hours and Spread Over .- Normal working hours in the hospitals should not exceed 8 hours a day and 48 hours a week.

21. The eight hours duty period should be exclusive of lunch time but inclusive of the time taken for taking over and handing over duties.

22. The daily spread over should not normally exceed $10\frac{1}{2}$ hours. Where quarters are provided in or near the hospitals, the spread over may be upto 12 hours. In cases of certain hospitals where continuous attendance to patients is not necessary, the spread over may be upto 12 hours.

23. Work Load.-Keeping in view the bed patient-staff ratio adopted by Government as a guide line, etc. the managements of individual hospitals and the unions should negotiate and fix proper ratios in each case taking into consideration all relevant factors.

(3.27)

(3.26)

(3,24)

(3.25)

(3.28)

(3.28)

(3.29)

(3.30)

*9. The dearness allowance recommended in paras. 3.14 and 3.15 should be for the index slab 741-750 in the Bombay index series (old). For every rise or fall of 10 points in the average index numbers for July to December and January to June in future, there should be an increase or decrease in the dearness allowance of Rs. 2 per month.

(3.17)

10. An amount of Rs. 48.75 should be deducted from the dearness allowance of the employees who are provided meals, tea and nasta twice a day at the cost of the managements.

11. Residential Nurses taking advantage of hospital mess should be given 60 per cent. of the dearness allowance recommended in paras. 3.14 and 3.15.

(3.19)

(3.18)

12. Concessions.—Hospitals whose financial position is not sound and which find it absolutely impossible to attain the level of dearness allowance recommended, may be permitted to come to the level by stages within a period of two years.

(3.20)

OTHER ALLOWANCES

13. Cash Allowance.—The clerks and peons who handle cash should be paid Cash Allowance of Rs. 10 and Rs. 5 per month respectively.

(3.21)

14. Holiday Working Allowance.—Whenever an employee is required to work on a festival national holiday he should be given a substitute holiday within a period of two months thereafter. If such substitute holiday cannot be given, then the employee should be given one-and-half times the normal wages and dearness allowance in addition to normal wages. This payment of extra wages is to be limited to six days in a year.

(3.22)

15. Over-time Allowance.—Over-time allowance should be paid at double the ordinary rates of wages.

(3.23)

*Subject to Minutes of Dissent by one member.

16. Waiting Allowance .- Waiting allowance to nurses should be Rs. 5 per day. If over-time work is done on such a day then the employees should be paid Rs. 5 or over-time wages whichever is more.

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(3.27)

(3.26)

(3,24)

(3.25)

(3.28)

(3.28)

(3.29)

(3.30)

LEAVE AND HOLIDAYS

24. Privilege Leave.-Minimum 21 days' privilege leave should be granted every year to the hospital employees.

25. Sick Leave.—Ten days sick leave in a year with full pay or 20 days sick leave with half pay should be granted every year.

26. Accumulation of Leave.-Both in cases of privilege leave and sick leave of two years should be permitted to be accumulated.

27. Leave without pay.-Employees who come from distant places should be granted leave without pay to the extent of one month, provided they proceed on leave after two years.

28. Casual Leave.-Minimum seven days casual leave in a year should be sufficient. The portion of casual leave unenjoyed in any year should be encashed at the end of the year.

29. Festival and National Holidays.—Six days festival/national holidays should be granted to hospital employees in a year.

30. Maternity Leave.-The female employees should be granted three months maternity leave with wages. This leave should be granted upto three children.

31. Uniforms.-Wardboys, Ayas, male and female sweepers should be given at least three uniforms in a year. The nursing staff wearing frocks etc. should be provided with 12 sets of uniforms in the first year and 6 sets every year thereafter. Where the nurses wear sarees etc. 6 sarees every year should be sufficient. The male nurses should be provided with 4 sets of uniforms ever year.

(3.38)

(3.34)

(3.33)

(3.35)

(3.36)

(3.37)

(3.32)

(3.31)

INDUSTRIAL RELATIONS

32. Grievance Procedure.-For solving speedily and satisfactorily all personal problems the Model Grievance Procedure as framed by the Committee should be adopted by the hospital managements. Cases where no satisfactory settlement have been arrived at should be referred to an officer to be specially assigned by the Commissioner of Labour.

Standing Orders.-Model Standing Orders framed by us should be 33. adopted by the hospitals for regulating the conditions of employment.

34. Code of Discipline.-The managements and unions in the hospitals should enter into special agreements accepting the Code of Discipline and give wide Publicity to it amongst the employees, Supervisors and Officers for strict adherence thereof.

35. Recognition of unions.—The managements should voluntarily recognise the unions of their employees which specifically agree to adhere to the Code of Discipline and which fulfil the criteria laid thereunder.

36. Public Utility Service .- Government should declare the hospitals as Public Utility Services under the Industrial Disputes Act, 1947.

SOCIAL SECURITY MEASURES

37. Provident Fund .-- Contributory Provident Fund Schemes should be introduced in the hospitals. The rate of contribution of both the employers

The Government may extend the provisions of the Employees Provident 38. Funds Act, 1952 to the hospitals.

and the employees should be 61 per cent. of the total wages.

(3.44)

(3.46)

(3.46)

(3.43)

(3.40)

(3.41)

(3.42)

viii

39. Gratuity.—A Gratuity Scheme as recommended by the Committee should be introduced in the hospitals.

40. Age of retirement.—The age of retirement in the case of the employees should be 58 years. It may be extended in suitable cases at the discretion of the management.

(3.48)

(3.47)

42. Life Insurance Schemes.—The Life Insurance Schemes existing at present in some hospitals may be discontinued if found necessary in the interest of economy. The policies should be handed over to the employees.

42. Medical Facilities.—Free medical treatment should be given to all the employees.

(3.50)

(3.49)

General

43. Saving and Adjustment.—The existing service conditions, if they are better than the recommendations made by our Committee, will have to continue ordinarily. If any change is found necessary, the parties should sit together and settle the matters amicably by mutual adjustments.

(4.1)

44. If the financial burden on account of the full implementation of the recommendations of the Committee is too heavy to bear, then it is open to the managements of the hospitals to curtail or readjust the ex-gratia benefits which do not form service conditions.

(4.1)

45. Implementation.—The Government should appoint an Implementation Officer who will assist the parties in arriving at mutual agreements for introducing and implementing the various recommendations made by the Committee

(4.2)

46. Grant-in-aids.—Government should come forward with generous grant-in-aids to charitable hospitals in fit cases.

(4.3)

LEAVE AND HOLIDAYS

24. Privilege Leave.-Minimum 21 days' privilege leave should be granted every year to the hospital employees.

25. Sick Leave.—Ten days sick leave in a year with full pay or 20 days sick leave with half pay should be granted every year.

26. Accumulation of Leave.-Both in cases of privilege leave and sick leave of two years should be permitted to be accumulated.

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(3.38)

(3.34)

(3.33)

(3.35)

(3.36)

(3.37)

(3.32)

(3.31)

APPENDIX A

General service and working conditions of hospital employees in Greater Bombay:

Appointment of a Committee to Study.

GOVERNMENT OF MAHARASHTRA

INDUSTRIES AND LABOUR DEPARTMENT

Resolution, No. IDA. 1368/LAB-II

Sachivalaya, Bombay-32, dated the 12th October 1968

RESOLUTION

The Government of Maharashtra hereby appoints a Committee consisting of the following persons to study the general service and working conditions of employees in private hospitals in Greater Bombay, including charitable trusts, nurseries, infirmaires, etc.

Chairman

Shri T. R. Bhagwat,

Dy. Commissioner of Labour, Bombay, Commerce Centre, Tardeo, Bombay-34.

Members

 Seth Kantilal Maganlal Shah, Managing Trustee, Sarvodaya Hospital, Rifle Range, Agra Road, Ghatkopar, Bombay-77.

(2) Dr. P. M. Sanghani, Superintendent, Harkisondas Hospital, Prarthana Samaj, Girgaum, Bombay-4.

(3) The Superintendent, Bombay Hospital, 12, Marine Lines, Bombay-1.

(4) The Superintendent, Habib Hospital, 125, Jail Road (E), Bombay-9. (5) Shri Somnath Dube, General Secretary, Mahatma Gandhi Memorial Hospital Employees' Union, 204, Raja Rammohan Roy Road, Bombay-4.

(6) Shri J. V. Shukla,

Hospital Employees' Union, 14, Umer Ali Street, Bombay-3.

(7) Smt. Nalini Sadalge,

Greater Bombay Nurses' Association,

' F ' Ward, District Congress Committee Office, Parel, Bombay-12.

(8) Shri Vinod H. Joshi,

Hospital Kamgar Sangh, Bombay Mazdoor Karyalaya, Congress House, Bombay-4.

 (i) The Committee should study the general service and working conditions in private hospitals in Greater Bombay including charitable trusts, lying in hospitals, nurseries, infirmarics, etc., and make suitable recommendations regarding wages, hours of work, work-load, accommodation and retiring benefits, etc.

(ii) The Committee may also evolve code of conduct for the day-to-day working of the hospitals for managements, employees and trade unions.

3. The Committee should submit its detailed report to Government within a period of two months from the date of this Resolution.

4. All correspondence intended for the Committee may be addressed to Shri V. H. Pai Angle, Government Labour Officer, Commerce Centre, Tardeo, Bombay-34.

By order and in the name of the Governor of Maharashtra,

(Signed) B. R. CHINCHOLIKAR, Under Secretary to Government.

43

					Year ending	
	÷			1965	1966	1967
B. Exp	penditure			~,		
	1) Drugs		••			
	2) Equipments	••	••			
	3) Food 4) Salaries	••	••	· · · .		
1.	(a) Administra	tive Staff	• •			
	(b) Clerical Sta					
	(c) Technical S	staff				
	(d) Nurses	••	••			
	(e) Other work	CLB	••			
	5) Others 6) Total	••	••			. ÷
	7) Surplus	••	•••			
	8) Deficit					
(9	9) Assets	••	••		5 A.	
(10	0) Liabilitics	••	••		Na -	f Beds
				Department		1967 1968
	n. 11.1	-, -				
III. Beds	Provided number of beds prov			I) Medical		
1ntorm	nation regarding tem	porary beds al:	Ċ.	3) Maternity 4) E. N. T.		
			i C	5) T. B. 6) Pediatric 7) Ophthalmic 3) Any other	··· ·	
			i C	6) Pediatric 7) Ophthalmic	••	ts treated
			i C	6) Pediatric 7) Ophthalmic	••	
Iv. Patier	nts Treated		i C	6) Pediatric 7) Ophthalmic	Patient	
		ied—indoor a	(1 (1 (1	6) Pediatric 7) Ophthalmic 3) Any other	Patient	
Number	n is Treated of patients treat or during the last thu		(((* (\$	6) Pediatric 7) Ophthalmic	Patient	
Number	of patients treat		(((* (\$ 19	 6) Pediatric 7) Ophthalmic 8) Any other 966 966 967 968 (upto Nove 	Patient Indoor	
Number	of patients treat		(((* (\$ 19	6) Pediatric 7) Ophthalmic 8) Any other 8) 666 667	Patient Indoor	Outdoo
Number	of patients treat		(((* (\$ 19	 6) Pediatric 7) Ophthalmic 8) Any other 8) Any other 8) 666 667 968 (upto Nove ber). 	Patient Indoor	
Number	of patients treat		(((* (\$ 19	 6) Pediatric 7) Ophthalmic 8) Any other 966 966 967 968 (upto Nove 	Patient Indoor	Outdoor employees 1967 1968
Number outdoo	of patients treat or during the last the		(((* (\$ 19	 6) Pediatric 7) Ophthalmic 8) Any other 8) Any other 8) 666 667 968 (upto Nove ber). 	Patient Indoor	Outdoo:
Number outdoo V. Emplo	of patients treaf or during the last the syment	ree years.	() () (8 19 19	 b) Pediatric 7) Ophthalmic 8) Any other 966 966 968 (upto Nove ber). Category 	Patient Indoor	Outdoo employees 1967 1968
Number outdoo V. Emplo Give m	of patients tread or during the last the yment umber of employe	ree years.	() () (1 19 19 19	 b) Pediatric c) Ophthalmic c) Ophthalmic any other any other any other 666 667 668 (upto Nove ber). Category) 	Patient Indoor	Outdoor employees 1967 1968
Number outdoo V. Emplo Give m	of patients treaf or during the last the syment	ree years.	(((') () () () () () () () () () () () () ()	 b) Pediatric c) Ophthalmic any other b) Any other b) Any other b) Category b) 	Patient Indoor	Outdoor employees 1967 1968
Number outdoo V. Emplo Give m	of patients tread or during the last the yment umber of employe	ree years.	() () () () 19 19 19 19 19 19 21 (2)	 b) Pediatric c) Ophthalmic any other b) Any other b) Any other b) Category b) 	Patient Indoor	Outdoor employees 1967 1968
Number outdoo V. Emplo Give m	of patients tread or during the last the yment umber of employe	ree years.	(((') () () () () () () () () () () () () ()	6) Pediatric 7) Ophthalmic 3) Any other 666 667 668 (upto Nove ber). Category	Patient Indoor No. of 1966	Outdoo employees 1967 1968
Number outdoo V. Emplo Give nu during	of patients tread or during the last the syment umber of employe g the last three years	ee categorywi	(((') () () () () () () () () () () () () ()	 b) Pediatric c) Ophthalmic any other b) Any other b) Any other b) Category b) 	Patient Indoor No. of 1966	Outdoo employees 1967 1968
Number outdoo V. Emplo Give nu during VI. Distri	of patients tread or during the last the syment umber of employe g the last three years ibution of Employees	ee categorywi	(((') (') (') (') (') (') (') (') (') (6) Pediatric 7) Ophthalmic 3) Any other 966 667 968 (upto Nove ber). Category) Occupation	Patient Indoor No. of 1966	Outdoo employees 1967 1968
Number outdoo V. Emplo Give nu during	of patients tread or during the last the syment umber of employe g the last three years ibution of Employees	ee categorywi	(((') (') (') (') (') (') (') (') (') (6) Pediatric 7) Ophthalmic 8) Any other 966 667 668 (upto Nove ber). Category) Occupation) Nurses	Patient Indoor No. of 1966	Outdoo employees 1967 1968
Number outdoo V. Emplo Give nu during VI. Distri	of patients tread or during the last the syment umber of employe g the last three years ibution of Employees	ee categorywi	() () () () () () () () () () () () () (6) Pediatric 7) Ophthalmic 3) Any other 966 667 968 (upto Nove ber). Category) Occupation	Patient Indoor No. of 1966	Outdoor employees 1967 1968

Category

Wage-scale

VII. Wage-scales and Allowances (a) Give the wage-scales categorywise • • (b) Is there any separate Dearness Allowance ? If so, give details. (c) Is there any other allowance to the employees ? Give details. (d) State whether the pay-scales and allowances were fixed by agreement, settlement or sward? Give a copy of the document. (e) Do you favour uniform wage-seales and D. A., as far as possible, for all hospitale ? Plcase give your suggestions. VIII. Housing Facilities 1. Do you provide any housing facilities to the employees ? If so give details. (a) Number of family quarters ... (b) Number of bachelors' quarters. In each such quarter how many are officially allowed to stay. (c) What is the correct area of (1) Family quarters, and (2) bachelors' quarters. 2. Where housing is not provided, is there separate house-rent allowance ? What is the quantum ? How many of your employees get it ? 1966 1967 1965 IX. Bonus and Cash Gifts Give details of bonus or cash-gifts paid for Bonus (quantum the last three years. or rate). Cash-gift

X. Leave and Holidays

(a) Give details of leave and paid holidays admissible.

	e	
	Kind of leave/holiday	Duration per year
1.	Earned leave	,
2.	Casual leave	
3.	Paid festival or national holidays.	
4.	Sick leave (full pay or half-pay).	
5.	Maternity leave (at what rate) ?	
6.	Any other leave	

- (b) Are the paid holidays allowed to be enjoyed fully ? If not, how-many hours' work is taken on these days.
- (c) To what extent the above leave can be accumulated ? Can any of the leave be encashed ?

XI. Social Security Schemes

Give details of social security Schemes 1. I.P.F. Schemeenjoyed by the employees.

- - (a) Contributory. (b) Non-contributory.
 - (c) Rate.
- E.S.I.C. Scheme.
 Life Insurance by the employer.
- 4. Gratuity.
- 5. Any other Scheme.

- XU, Welfare Facilities and Concessions
 A. Give details of welfare facilities or concessions such as free medical facilities, free bospitalisation, subsidised meals, canteens, etc.
 - B. Please state whether free Lodging or Boarding given. If not, give details of payment.

XIII. Uniforms

(a) Please give	details of uniforms supp	lied. Occupation	Descrip- tion of	No. of sets and	Washing free or
	umbrellas, rain-coats to any employees ?		uniforms supplied	intervals	allowance

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. .

XIV. Duty Hours

- (a) Daily hours
- (b) Weekly hours ...

••

...

- (c) Spread over (hours) ••
- (d) Are daily hours broken into two or three spread of working ? Give details.
- (e) Rest Interval
- (f) Whether overtime working is paid ? At what rate ?
- (g) Whether fixed monthly allowance is paid for overtime work. What is the quantum ?
- (h) Please give details regarding handing over and taking over time between one employee and another,

APPENDIX C

List of the hospitals which supplied information in the Questionnaires issued by the Committee

- Sarvodaya Hospital, Bombay-77.
 Sir Hurkisondas Nurrotumdas Hospital, Bombay-4.
- 3. Bombay Hospital, Bombay-1.
- 4. Habib Hospital, Bombay-9.
- 5. Breach Candy Hospital and Nursing Home, Bombay-26.
- 6. Adams Wylie Memorial Hospital, Bombay.
- 7. S. K. Patil Arogyadham and Seth Piramal General Hospital, Bombay-64.
- 8. Kanchangavri Mangaldas Parekh, Maternity and Gynace. Hospital, Bombay-4.
- Holy Family Hospital, Bombay-50. 9.
- Masina Hospital, Bombay-27. 10.
- Children's Orthopaedic Hospital, Bombay-34. 11.
- 12. Ismaili General Hospital, Bombay-10.
- 13. Bombay Dinshaw Petit Parsee General Hospital, Bombay-26.
- 14. Worli Ceneral Hospital, Bombay-18.
- 15. Saifee Hospital, Maternity & Nursing Home, Bombay-4.
- 16. Smt. Bhikhubai C. Jalundhwala General Hospital, Santacruz, Bombay-54.
- 17. Noor Hospital, Bombay-3.
- 18. Radhibai Watumull Sanatorium, Bombay-16 DD.
- 19. Sanjivani Maternity and Surgical Nursing Home, Santacruz, Bombay-54.
- 20. The National Hospital, Mahim, Bombay-16.
- 21. Ranchhoddas Varjeewandas Ayurvedie Hospital, Bombay-22.
- 22. Ayurvedic Hospital, Bombay-4.
- Bill Nursing Home, Dadar, Bombay-14. 23.
- Adams Wylie Memorial Hospital, Bombay-11. 24.
- 25. Tata Memorial Hospital, Bombay-12.
- 26. M. A. Podar Hospital, Worli, Bombay-18.
- 27. Acworth Leprosy Hospital, Bombay-3.
- 28. Andheri Maternity and Nursing Home, Bombay-59.
- 29. Dr. Anklesaria's Polyclinic, Bombay-56.
- 30. Dr. Bagwe's Maternity Hospital, Bombay-70.
- Dr. V. K. Desai Nursing Home, Bombay-4. Model Hospital, Bombay-7. 31. 32.
- 33. Culcutta Nursing Home, Bombay-12.
- Fracture and Orthopaedic Hospital and Accident Clinic, Bombay-4. 34.
- 35. Vrindavan General Hospital and Nursing Home, Bombay-41.
- 36. Chowpaty Maternity and General Hospital, Bombay-7.
- 37. Dr. M. C. D'Souza Maternity and Surgical Nursing Home, Bombay-16.
- 38. 39. Matunga Nursing Home, Bombay.
- Santacruz Maternity Hospital, Bombay-55.
- 40. Dr. M. S. Shah's Maternity and General Hospital, Bombay-20.
- 41. Shirodkar Clinic Pvt. Ltd., Bombay-26.
- Telang Eye Hospital, Bombay-4. 42.
- 43. Dr. Balabhai Nanavati Hospital, Bombay-56.
- 44. Arora Lying-in Hospital, Bombay-52.
- 45. Bhatwadekar's Maternity and Nursing Home, Bombay-71.
- 46.
- Norden Hospital, Sion, Bombay-22. Radhabai Dalvi Hospital, Bombay-69. 47.
- 48. Mandakini Maternity Home, Bandra (West), Bombay-50.
- 49. Sati Devi Bhavnani Nursing Home, Bombay-22.
- 50. Colony Nursing Home, Matunga, Bombay.
- Dr. Hiralal D. D. sa Nursing Home, Harmi Road, Bombay-4.
 Dadar Surgical and Maternity Hospital, Dadar, Bombay.
 Dr. Bacha's Memorial Belle Vue Nursing Home, Bombay.

APPENDIX D

Statement showing the ratio between certain categories of pasts and the number of inpatients or beds in Government hospitals.

		_		
	Category of posts		Iospitals where 8 hour day and weekly off has been introduced	Other hospitals
· .				
Class	III staff			
1.	*Nurses	•••	l—2.5 beds (in training hospitals).	1-2.5 beds (in training hospi- tals).
•		•	1—5 beds (in non-training hospitals).	1—5 beds (in non-training hospi- tals).
2.	*Trained to untrain	ied	1-3 Pupil Nurses	1-3 Pupil Nurses.
3.	Compounder	••	1:120 patients	1:120 patients.
Class	IV Staff			
4.	Ward servants	••	1:5.5 in-patients of the number of beds whichever is higher.	1:6 beds or in-patients which- ever is higher.
5.	Laboratory servant	••	1 for every 150 in-patients.	1 for every 150 in-patients.
6.	X-Ray servants incluing X-Ray (Asst		l for every 100 beds or in-patients.	1 for every 10 beds or in-patients.
7.	Dispy. servants	••	2 for each dispensary	2 for each dispensary.
8.	Sweepers	••	1:8 patients	1 : 12 (if water flushed sanitation exist).
				1:10 patients (if it does not exist).
9.	Barbers	••	1 for every 100 patients in male wards.	1 for every 100 in-patients in the male wards.
10.	Cooks	••	1 for every 50 in-patients	1 for every 50 in-patients.
11.	Cook-mate	••	l for every 75 in-patients	1 for every 75 in-patients.

*Ratios mentioned against these have been approved by Government and no modification is proposed in respect of these.

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				1:10 patients (if it does not exist).
9.	Barbers	••	1 for every 100 patients in male wards.	1 for every 100 in-patients in the male wards.
10.	Cooks	••	1 for every 50 in-patients	1 for every 50 in-patients.
11.	Cook-mate	••	l for every 75 in-patients	1 for every 75 in-patients.

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