



सत्यमेव जयते

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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Occupations	Wage Scale Rs.
(e) <i>Attendants</i> .—(Laboratory, X-Ray, Theatre, E.C.G. etc.).	55—4—95.
(f) <i>Dispensing Staff</i> .—(i) Pharmacists ..	140—12—200—15—290.
(ii) Other Compounders ..	90—7·50—135—9—180—10—200.
(iii) Dressers .. ..	55—4—95.
(g) <i>Clerical Staff</i> .—(i) Senior clerks ..	110—10—250.
(ii) Junior clerks ..	75—5—100—8—140—10—200.
(h) <i>Others</i> .—(i) Cooks ..	65—4—85—5—130.
(ii) Lift-men .. ..	55—4—95.

(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)

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

(3.6)

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.

(3.14, 3.15)

\*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)

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.

## 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 quantum of dearness allowance.

3.3

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

Occupations	Wage Scales Rs.
(a) <i>Unskilled Categories</i> .—Sweepers, 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) <i>Nursing Staff</i> .—(i) Fully trained nurses.	110—10—250.
(ii) Auxiliary nurses and Mid-wives ..	90—7·50—135—9—180—10—200.
(iii) Untrained nurses ..	75—5—120—6—150.
(c) <i>Supervisory Staff</i> .—(i) Matrons ..	350—20—450—25—550.
(ii) Asstt. Matrons ..	..
(iii) Sister Tutors ..	..
(iv) Public Health Nurses ..	..
(v) Sisters ..	..
(d) (1) <i>Technician Graduates</i> .—(i) Laboratory.	..
(ii) X-Ray ..	..
(iii) Occupational Therapist ..	..
(iv) Physico Therapist ..	..
(2) <i>Non-graduates</i> ..	.. 110—10—250.

*Note*.—Figures at the end of each recommendation indicate paragraph numbers in the body of the report.

Occupations	Wage Scale Rs.
(e) <i>Attendants</i> .—(Laboratory, X-Ray, Theatre, E.C.G. etc.).	55—4—95.
(f) <i>Dispensing Staff</i> .—(i) Pharmacists ..	140—12—200—15—290.
(ii) Other Compounders ..	90—7·50—135—9—180—10—200.
(iii) Dressers .. ..	55—4—95.
(g) <i>Clerical Staff</i> .—(i) Senior clerks ..	110—10—250.
(ii) Junior clerks ..	75—5—100—8—140—10—200.
(h) <i>Others</i> .—(i) Cooks ..	65—4—85—5—130.
(ii) Lift-men .. ..	55—4—95.

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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.

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

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(3.14, 3.15)

\*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)

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.



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.

(3.24)

17. *Washing Allowance.*—Ward boys, Ayas, male and female sweepers 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.

(3.25)

18. *House Rent 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.

(3.26)

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

(3.27)

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

(3.28)

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.

(3.28)

22. The daily spread over should not normally exceed 10½ 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.

(3.29)

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.

(3.30)

\*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.

(3.18)

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)

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)

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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(3.30)

## LEAVE AND HOLIDAYS

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

(3.31)

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.

(3.32)

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

(3.33)

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.

(3.34)

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.

(3.35)

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

(3.36)

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

(3.37)

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)

## 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.

(3.40)

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

(3.41)

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.

(3.42)

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.

(3.43)

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

(3.44)

## SOCIAL SECURITY MEASURES

37. *Provident Fund.*—Contributory Provident Fund Schemes should be introduced in the hospitals. The rate of contribution of both the employers and the employees should be 6½ per cent. of the total wages.

(3.46)

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

(3.46)

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

(3.47)

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)

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.

(3.49)

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

(3.50)

#### 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.

(3.31)

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.

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(3.38)

## CHAPTER 1

### PRELIMINARY

#### **Constitution of the Committee**

1.1. The Government of Maharashtra through its Resolution (Appendix A), Industries and Labour Department, No. IDA-1368/LAB-II, dated 12th October 1968, constituted this Committee consisting of the following persons to study general service and working conditions of employees in Private hospitals in Greater Bombay and to make suitable recommendations regarding wages, hours of work, work-load, etc. and to evolve a Code of Conduct :—

#### *Chairman*

Shri T. R. Bhagwat, Dy. Commissioner of Labour and Chief Government Labour Officer, Bombay.

#### *Members*

1. Seth Kantilal Maganlal Shah, Managing Trustee, Sarvodaya Hospital, Bombay-77.
2. Dr. P. M. Sanghani, Superintendent, Harkisondas Hospital, Bombay-4.
3. Dr. V. V. Jadhav, Superintendent, Bombay Hospital, Bombay-1.
4. Dr. F. T. Padaria, Dy. Superintendent, Habib Hospital, Bombay-9.
5. Shri Somnath Dube, General Secretary, Mahatma Gandhi Memorial Hospital Employees' Union, Bombay-4.
6. Shri J. V. Shukla, Hospital Employees' Union, Bombay-3.
7. Smt. Nalini Sadalge, Greater Bombay Nurses' Association, Bombay-12.
8. Shri Vinod H. Joshi, Hospital Kamgar Sangh, Bombay-4.

#### *Secretary*

Shri V. H. Pai Angle, Government Labour Officer, Bombay.

On the 12th February 1969 Government nominated Shri V. N. Sane, General Secretary, Bombay Labour Union as a member of the Committee *vice* Shri Somnath Dube resigned.



### **Terms of Reference**

1.2. The terms of reference to the Committee are as under :—

(1) To study the general service conditions and working conditions in private hospitals in Greater Bombay including charitable trusts, laying-in hospitals, nurseries, infirmaries, etc. and to make suitable recommendations regarding wages, hours of work, work-load, accommodations and retiring benefits, etc.

(2) To evolve Code of Conduct for the day-to-day working of the hospitals for managements, employees and trade unions.

### **Time Limit for the submission of the Report**

1.3. The Committee was required by the Government to submit its detailed report to Government within a period of 2 months from the date of Government Resolution. As the Committee was not able to submit the report within the said period, the time limit was extended from time to time upto the 15th November 1969.

### **Procedure adopted**

1.4. The Committee decided to collect factual data regarding the working conditions in the hospitals in Greater Bombay through Questionnaires. A detailed Questionnaire (Appendix B) seeking detailed information on items such as employment, wages and allowances paid to the employees, leave facilities, social security schemes and welfare facilities, working hours, beds provided and financial position, etc. was issued to 75 hospitals representing a fair cross-section of hospitals in Greater Bombay. Investigators of the Office of the Commissioner of Labour also visited these hospitals with a view to explaining and expediting the filling-in of the Questionnaires. The replies to Questionnaires were received from 53 hospitals. (The names of these hospitals are given in Appendix C). The information received through these Questionnaires was then tabulated and the statements regarding wage-scales, allowances, employment, hours of work, beds provided social security schemes, financial position, etc. were placed before the Committee and that formed the basis of subsequent discussions. Since sufficient information on all the relevant points was available and for reasons stated later in Chapter 3 the Committee decided to fix minimum wages and minimum conditions of service, the Committee did not feel it necessary to record any oral evidence.

### **Meetings held**

1.5. The Committee held in all 17 meetings for deliberations. It was gratifying to note that almost all the members were present in all the meetings held almost every week and took part in the lengthy discussions and deliberations.

**Acknowledgements**

1.6. We are grateful to Shri D. G. Kale, Commissioner of Labour and Director of Employment, Bombay for the considerable assistance given by him in placing the services of the Investigators of his office at our disposal for following up the Questionnaires. It was a surprise to us that the Government at the time of appointing the Committee did not sanction any clerical staff. But for the assistance of the clerical staff, typists and stenographer of the Office of the Commissioner of Labour, the work of the Committee which as stated earlier met almost every week would have suffered very much. These members of the staff bore this extra burden of work of the Committee gladly and did good and expeditious work and we wish to place on record our appreciation of their work. We are also grateful to the management of the Bombay Hospital for placing at our disposal their Library room for our frequent meetings and a majority of the Committee meetings were held there. We are indebted to the managements of the various hospitals who co-operated with us in the deliberations of the Committee. Lastly we place on record our appreciation of the good work done by Shri V. H. Pai Angle, the Secretary of the Committee who had to bear the burden of correspondence and tabulation of data collected through the Questionnaires.

## CHAPTER 2

### Existing Working and Service Conditions

2.1. As stated in the previous chapter the detailed information regarding existing working and service conditions and certain other matters was collected through a Questionnaire from 53 hospitals in Greater Bombay. This information is summarised herein below :—

### Hospital Types

2.2. The 53 hospitals which supplied detailed information to the Committee through the questionnaire represented a fair cross-section of the hospitals in Greater Bombay as may be seen from the table below :—

*Statement showing Hospitals by Types*

Management type	For women only	For children only	Combined	Total
1	2	3	4	5
Trust .. ..	2	1	21	24
Institutions .. ..	....	....	2	2
Private .. ..	13	1	13	27
Total .. ..	15	2	36	53

It will be seen from the above table that the majority of hospitals are of combined nature i.e. for men, women and children. Of the 53 hospitals 15 were found to be for women only while 2 were found to be for children only.

It is also observed that 23 of these hospitals are attending to general diseases, 21 to maternity only, 4 are nursing homes while 2 are found to be attending to T.B. Patients. Of the remaining 3 hospitals one was an eye hospital, the second was leprosy hospital and the third attended to Cancer and allied diseases. Of the 53 hospitals, 47 hospitals are following the system of Allopathic medicine, 2 of Ayurvedic medicine and the remaining 2 combined system of medicines.

### Fees Charged

2.3. According to the replies received from the 53 hospitals, it is found that 16 hospitals are charging fees to all the patients. 10 hospitals reported that they are treating the patients free of charge. 8 of them are Trust Hospitals while 1 is run by an Institution and the remaining is found to be a private hospital. Eleven hospitals are charging nominal fees with slab system for the patients, the poorer being charged lower rates. Six Trust hospitals are

charging fees to the patients with total exemptions to the poor. Five hospitals are charging nominal fees while remaining 5 hospitals are charging fees with partial exemption to the poor. The table below gives the above picture in detail:—

*Statement showing fees charged for the Treatment of Patients*

Serial No.	Fees charged	Trust	Institutions	Private	Total
1	2	3	4	5	6
1	Free .. .. .	8	1	1	10
2	Nominal fees charged .. ..	2	..	3	5
3	Nominal fees with slab system ..	6	1	4	11
4	Fees charged with total exemption for the poor.	6	..	..	6
5	Fees charged with partial exemption for the poor.	2	..	3	5
6	Fees charged to all .. .. .	..	..	16	16
	Total ..	24	2	27	53

### Employment

2.4. The table below gives the extent of employment in 1968, in the 53 hospitals which supplied the required information on employment:—

*Occupationwise distribution of the employment in the hospitals during 1968*

Serial No.	Occupation	Trusts	Institutions	Private	Total
1	2	3	4	5	6
1	Wardboys .. .. .	521	46	162	729
2	Ayas .. .. .	324	..	109	433
3	Sweepers .. .. .	369	26	71	466
4	Other Class IV employees .. ..	1,001	294	55	1,350
5	Nurses .. .. .	760	102	163	1,025
6	Compounders .. .. .	13	2	2	17
7	Clerical and other office staff ..	130	65	57	252
8	Laboratory X-ray and other Technicians ..	89	29	6	124
	Total ..	3,207	564	625	4,396

## WAGES AND ALLOWANCES

## Basic Wages

2.5. From the information received it is seen that 18 of the 24 Trust hospitals have been paying basic wages and dearness allowance separately to their employees, 4 hospitals are paying consolidated wages whereas the remaining 2 hospitals did not supply necessary information on this point. All the 18 hospitals which are paying basic wages separately have introduced graded scales with yearly increments. The starting basic wages of the various occupations in these hospitals are summarised below. It is, however, to be noted that some of the hospitals have not supplied information about some of the occupations :—

Serial No.	Occupation	Minimum starting basic wages in Trust Hospitals	No. of Hospital starting with the minimum basic wages shown in column 2
1	2	3	4
1	Wardboys, Ayas, Sweepers, Malis, etc. i.e. unskilled or Class IV employees.	Rs. 20 per month ..	1
		Rs. 30 per month ..	2
		to	
		Rs. 35 per month ..	
		Rs. 40 per month ..	4
2	Nurses ..	Rs. 45 per month ..	1
		Rs. 60 per month ..	1
		(a) Auxiliary ..	4
		Rs. 90 to 100 per month ..	4
		(b) Trained ..	3
3	Matrons ..	Rs. 85 to 90 per month ..	3
		Rs. 91 to 110 per month ..	5
		Rs. 111 to 125 per month ..	2
		Rs. 126 to 170 per month ..	3
		Rs. 120 to 150 per month ..	3
4	Assistant Matrons ..	Rs. 200 to 250 per month ..	3
		Above Rs. 300 per month ..	3
		Rs. 100 per month ..	1
		Rs. 225 per month ..	1
		Rs. 250 per month ..	2
5	Sisters ..	Rs. 275 per month ..	1
		Rs. 100 to 120 per month ..	3
		Rs. 150 per month ..	4
		Rs. 175 per month ..	1
6	Technicians ..	Rs. 80 per month ..	1
		Rs. 120 per month ..	2
		Rs. 150 per month ..	1
		Rs. 175 per month ..	1
7	Compounders ..	Rs. 65 to 70 per month ..	2
		Rs. 80 per month ..	5
		Rs. 110 per month ..	1

### Dearness Allowance in the Trust Hospitals

2.6. Fifteen Trust hospitals furnished information regarding the rates of dearness allowance paid by them. Thirteen of them are paying fixed dearness allowance per month and the quantum of dearness allowance paid to the lowest class IV or the unskilled staff ranges from Rs. 48 per month to Rs. 60 per month in eight cases and between Rs. 65 per month to Rs. 75 per month in the remaining five cases. The lowest starting total wage (basic plus dearness allowance) works out to Rs. 78 per month and in 8 cases it is less than Rs. 95 per month. In 3 cases it is Rs. 100 per month and in 2 cases it is above Rs. 100 upto Rs. 115 per month. The managements of 2 Trust hospitals reported that the dearness allowance paid by them is linked to consumers price index numbers and in their cases the dearness allowance payable for September 1969 worked out to Rs. 92·50 in one case and Rs. 94·50 in the other case. In these cases the total wages payable initially to the lowest category worked out to Rs. 127·50 and Rs. 129·50 for the month of September 1969. The normal practice in most of these hospitals is that the lowest rate of dearness allowance is payable upto basic pay of Rs. 100 and thereafter for every Rs. 50 rise in the slab of basic pay, the dearness allowance increases by Rs. 5 per month. In some of the hospitals, the residential nursing staff is, however, paid lesser rate of dearness allowance as they take advantage of free mess provided by the hospitals.

### Consolidated Wages

2.7. Four Trust hospitals and all the 27 private hospitals reported that they are paying consolidated wages to their employees. The information is not given for all categories by all the hospitals and the available information is summarised below :—

(1) Category	(2) Monthly minimum consolidated wage-range	(3) No. of hospitals give the wages as per column (2)	
		Private hospitals	Trust hospitals
1. Ward boys ..	Rs. 35 to 50 per month..	10	1
	Rs. 55 to 60 per month..	4	1
	Rs. 65 to 85 per month..	3	....
	Rs. 90 per month ..	..	1
2. Ayas ..	Rs. 35 to 50 per month..	8	1
	Rs. 55 to 60 per month..	3	1
	Rs. 70 per month ..	1	1
	Rs. 75 to 90 per month..	3	1
3. Nurses ..	Rs. 80 to 100 per month..	7	....
	Rs. 101 to 125 per month..	6	2
	Rs. 126 to 160 per month..	5	2

A couple of the hospitals reported that they are paying to their nurses consolidated wages upto Rs. 250 per month depending on their experience

and service. The ward-boys and Ayas too get higher consolidated wages in some cases depending on their services.

#### **Other Allowances**

2.8. House Rent Allowance and Washing Allowance are given in several hospitals. Of the 10 hospitals reporting House Rent Allowance, 8 are paying to their nursing staff Rs. 10 per month, one Rs. 12 per month and the remaining one at Rs. 20 per month. Of these hospitals, 6 are paying Rs. 10 per month to their class IV employees, 2 are paying Rs. 8 per month and the remaining 2 Rs. 6 per month as House Rent Allowance. Three of the hospitals are paying Rs. 10 per month as Washing Allowance to the nurses and one Rs. 7.50 per month. The ward-boys and Ayas are, however, paid Rs. 2 to Rs. 3 per month as Washing Allowance.

#### **Working Hours**

2.9. A majority of the 24 Trust hospitals are following 8 hours as normal working day for the employees. One hospital is, however, found to be taking less than 8 hours work from the employees while three are taking more work varying between 8 and 12 hours a day. Both the hospitals run by the Institutions are adhering to 8 hours working day. As regards private hospitals it is observed that 17 hospitals out of 27 are taking 8 hours duty daily from their employees while 4 hospitals are taking duties between 8 hours and 12 hours. Two hospitals are, however, taking less than 8 hours duty per day. Four hospitals did not supply information on this item.

#### **Leave and Holidays**

2.10. Of the 53 hospitals, 38 hospitals are granting privilege leave to their employees between 25 to 30 days per annum while 9 hospitals are granting leave varying from 15 days to 24 days. Six hospitals (all private) however, did not supply information on this item. As regards casual leave many hospitals are found to be liberal. Out of 24 Trust hospitals as many as 10 hospitals are granting casual leave to their employees between 8 to 15 days every year. While 7 other hospitals are granting casual leave upto 7 days, the remaining 7 Trust hospitals did not send any information on this item. Two hospitals run by Institutions are found to be granting 8 to 10 days casual leave to their employees. Of the 27 Private hospitals only 13 hospitals supplied information on this item. Seven of these Private hospitals are granting casual leave upto 7 days per year, three between 8 to 10 days and remaining hospitals between 11 and 15 days. As for Sick Leave, the provisions of the Employees State Insurance Act, are not applicable to the hospitals. Out of the 24 Trust hospitals 9 hospitals are granting sick leave upto 7 days in a year to their employees, 5 hospitals between 8 and 10 days and six more hospitals between 11 and 15 days in a year. Three hospitals, however, did not

supply information on this item. Two hospitals run by the Institutions are granting sick leave between 11 and 15 days to their employees. Of the 27 Private hospitals only 9 supplied information on this item and all of them are granting sick leave upto 7 days per year to their employees. As regards festival/national holidays it is seen that of the 24 Trust hospitals as many as 11 hospitals are granting more than 10 days a year as paid holidays to their employees. Six other hospitals are granting upto 5 days while the remaining seven are giving between 6 to 10 days as paid holidays. Of the 27 Private hospitals only 8 supplied information on this item and 4 of them are giving paid holidays upto 5 days to their employees while 2 each are giving paid holidays between 6 and 10 days and more than 10 days respectively. As for Maternity leave it is seen that of the 24 Trust hospitals, 6 are granting maternity leave to female employees upto 3 months, 8 from 1½ months to 2 months and 4 more of one month only. The remaining 6 hospitals did not supply information on this item. Both the hospitals run by the Institutions are granting Maternity leave to their employees upto 3 months. Of the 27 Private hospitals, 4 hospitals are giving maternity leave upto 3 months and one hospital upto one month. The remaining 22 Private hospitals did not supply information on this item.

### **Social Security Measures**

2.11. Only 11 of the 24 Trust hospitals reported that they have got Contributory Provident Fund Schemes. The rates of contribution in these cases vary between 6½ per cent. and 8½ per cent. These contributions are, however, levied on basic wages. Six of the Trust hospitals have also introduced gratuity scheme for their employees. One Trust hospital has introduced Insurance Policy Scheme upto Rs. 1000 for the benefit of its employees who have completed at least two years of service. Of the 27 Private hospitals 9 hospitals reported that they have Contributory Provident Fund Schemes for their employees. Here again the rates of contributions vary between 6½ per cent. and 8½ per cent. Of these 9 hospitals 3 hospitals have also introduced modest gratuity schemes for their employees and 3 other hospitals are having Insurance Schemes applicable to their employees.

### **Welfare Facilities**

2.12. The Questionnaire issued to the hospitals also sought to collect information regarding Welfare Facilities, if any, given to their employees. It is observed that of the 24 Trust hospitals 22 hospitals have provided free medical facilities to their employees. Of these 22 hospitals 14 hospitals have also provided free hospitalisation to their employees and in respect of 2 of them this facility is extended to families of employees also. Both the hospitals run by the Institutions have provided for free medical aid to their employees. Of the 27 Private hospitals except 7 hospitals all other hospitals are providing



similar free medical aid to their employees. It is interesting to note that 5 Private hospitals have also extended free medical facilities to the family members of the employees.

#### **Other Miscellaneous Benefits**

2.13. It is also seen that some of the hospitals are giving extra benefits to their employees. One hospital gives free tea twice to all the employees and distributes amongst the employees twice a year the cash collected through Charity Boxes. Some hospitals give merit awards to their staff. The Sarvodaya Hospital gives a free breakfast and sumptuous feast every week to all the employees. In addition, this hospital also gives one month's wages to every employee as bonus on ex-gratia basis even though it is not legally required to do so. Every employee in this hospital is also given a gift of a gold chain and some of them wrist watches. It thus, supplements the wages of the employees and tries to keep them happy and contented.

## CHAPTER 3

### THE COMMITTEE'S VIEWS AND RECOMMENDATIONS

#### Wages—basis for recommendations

3.1. In fixing the wages for the hospital employees the Committee was confronted with some dilemmas. Even though the various occupations and the nature of their work were similar in all the hospitals, as pointed out in the earlier chapter, there are much dissimilarities in their earnings. In the cases of very few hospitals the wages have been fixed by judicial tribunals after due consideration of all the factors and in some cases these wages too have become out-moded because of lapse of time and the increasing cost of living. The wages in many cases are low. Even in the hospitals paying higher wages, the quantum of dearness allowance hardly neutralises 50 per cent. of the mounting dearness. A drastic improvement in the wages and a sort of uniformity in wages was found necessary. While improvement and uniformity in wages is the most desirable thing, the financial aspect of the problem presented serious difficulties. The Trust Hospitals showed losses year after year and it was clear that some of these hospitals at least which run on charitable basis—partially or fully—or charged nominal fees to the poor would not be able to bear much financial burdens. Many of the private hospitals did not disclose their financial positions. It was not feasible, therefore, to fix fair wages or living wages. The Committee thought it best to recommend for the present minimum wages for the various occupations in the hospitals so that a uniformity could be achieved at least at the minimum levels irrespective of the financial implications and leave the problem of fair wages to the future. With the fixation of minimum wages there is bound to be some improvement in the earnings of the employees and wherever the financial positions of the employers permit the employees would not be debarred from trying to improve their earnings further by means of collective bargaining.

3.2. Having decided that it is expedient for the present to fix minimum wages for various categories of employees, the Committee considered the minimum wages notified by the Government in various industries. The latest data available was for employment in Hotels and Restaurants. The Government has fixed Rs. 100 per month total wages for unskilled category in this employment, Rs. 111.25 per month for semi-skilled category and Rs. 140 per month for skilled category, from 1st August 1969. The Committee felt that obviously the total wages for unskilled category in hospitals could not be less than Rs. 100 per month. It is understood that in the Glass Industry the proposals are to fix a minimum wage of Rs. 108 per month for unskilled categories and Rs. 165 per month for the skilled categories. In the case of employment in Printing Presses in Greater Bombay the minimum wage for unskilled category for the period July to December 1969 works out to Rs. 135

per month. For employment in Studios and Laboratories in Greater Bombay, the Government have notified their proposals to fix minimum wages for various categories and the wage for unskilled category in that case works out Rs. 145 for the month of August 1969. The Committee also noted that the present tendency of the Industrial Tribunals is to award a minimum wage of Rs. 4.50 to Rs. 5.00 per day even in case of loss making concerns.

3.3. From the data collected from the various hospitals, the Committee noted that in almost all cases monthly rates of wages are fixed for various categories and in many cases dearness allowance is paid at varying rates in addition to the basic wages. So far as basic wages are concerned, graded scales are in vogue in many hospitals. The Committee, therefore, thought it fit to lay down basic, graded scales for all categories and separate quantum of dearness allowance.

#### **Wage Scale for the lowest category**

3.4. The lowest category akin to unskilled category in the hospitals consists of sweepers, watchmen, peons, ward-boys, ward-servants, laboratory boys, X-Ray boys, Dental boys, ayas, malis, general helpers, laundry boys, cook-mates and kitchen mates and servants, barbers and similar other occupations doing unskilled jobs. These represent a large percentage of the employment in the hospitals. In a good number of hospitals, the starting basic wage for this category is Rs. 35 per month and the annual increment is Rs. 2. Taking into consideration the fact that the present tendency of the tribunals is to award about Rs. 1.50 per day as daily basic wage and an annual increment thereon of 10 to 12 paise for unskilled categories, the Committee felt that the starting of the scale in case of the unskilled categories in hospitals should be Rs. 40 and the annual increment should be Rs. 3. The Committee, therefore, recommends that the basic wage scale for the unskilled occupations enumerated earlier should be Rs. 40—3—70.

#### **Nursing Staff**

3.5. Nursing staff is the back-bone of the hospital services. On them depends the success of the services. They have to do multifarious duties with meticulous care and devotion. A glance at the normal duty lists of the nursing staff will show the responsibility they have to shoulder in the organisation. The profession of nurses is for ages past considered as a noble profession but unfortunately they were not given the due status. Usually widows or destitutes whose lot it was to spend their lives in serving some one or else in the family or some-where else turned to this profession. But times have changed now. The profession is taken up now as a career by young ladies. They have to undergo a disciplined and rigorous training for three and half years after passing S.S.C. They are thus equal to any other graduates in training in their particular line which is more technical and practical than mere theoretical.

3.6. Taking into consideration the qualifications and the responsibilities of the nurses, we recommend the following scales for them :—

Rs.

- |  |                           |
|--|---------------------------|
| (1) Fully trained nurse (R.N. and R.M.). | 110—10—250.               |
| (2) Auxiliary nurses and Mid-wives.      | 90—7·50—135—9—180—10—200. |
| (3) Untrained nurses                     | .. 75—5—120—6—150.        |

The Committee feels that in the interest of the profession and efficiency of the hospitals the practice of employing untrained nurses should be discouraged. While the untrained nurses who are at present in employment need not be disturbed, the Committee recommends that from 1970 onwards no fresh recruitment of untrained nurses should be made as far as possible.

3.7. The Matron is responsible for the efficiency of the Nursing Services in the hospital. She has to assign work to the nurses and maintain discipline among the staff besides supervising the multifarious activities in the hospital. In this she is assisted by the Assistant Matrons and Sisters. Taking into consideration their duties and responsibilities the Committee recommends the following scales for them :—

Rs.

- |                              |                    |
|------------------------------|--------------------|
| (1) Matron .. .. .           | 350—20—450—25—550. |
| (2) Assistant Matron .. .. . | 275—15—350—20—450. |
| (3) Sisters .. .. .          | 140—12—200—15—290. |

In some hospitals there are posts of Sister Tutors and Public Health Nurses. The Sister Tutors are in charge of the training of the nurses while the Public Health Nurses besides visiting homes for antenatal and postnatal advices have to arrange First Aid and Home Nursing Classes, carry out nursing programmes, Domiciliary Mid-wife Services and perform other duties. The Committee after noting the multifarious duties of these two categories recommends the scale of Rs. 275—15—350—20—450 for them.

**Technical Staff**

3.8. As regards other technically trained staff, the Committee after taking into consideration the technical qualifications required for the efficient performance of the jobs concerned recommends the following scales :—

*Technician Graduates*

(1) Laboratory	..	..	} Rs. 140—12—200—15—290.
(2) X-Ray	..	..	
(3) Occupational Therapist		..	
(4) Physico Therapist	..	..	

The non-graduates, however, on these specific jobs should be given a lower scale of Rs. 110—10—250. These technicians have under them Attendants who help them substantially in the performance of their duties. Because of the experience gained these Attendants perform some sort of semi-skilled duties. The Committee, therefore, recommends that these Attendants (Laboratory Attendants, X-Ray Attendants, Theatre Attendants, E. C. G. Attendants, etc.) should be given the scale Rs. 55—4—95. The Laboratory boys, the X-Ray boys, etc. will, however, be in the unskilled grade of Rs. 40—3—70.

**Dispensing Staff**

3.9. In the Dispensing Section, Compounders and Assistant Compounders are engaged. These are also qualified staff. The Committee recommends the following scales for this staff :—

	Rs.
(1) Pharmacist	.. .. 140—12—200—15—290.
(2) Other Compounders (Non-qualified)	90—7.50—135—9—180—10—200.

The Dressers who do a sort of semi-skilled job should be given the scale of Rs. 55—4—95.

**Clerical Staff**

3.10. As regards clerical staff in the hospitals, the Committee thought it fit not to lay down scales on the basis of educational qualifications as at present similar jobs are done by persons with different qualifications. The Committee therefore, recommends the following scales depending on the type of work done :—

			Rs.
(1) Senior Clerk	..	..	110—10—250.
(2) Junior Clerk	..	..	75—5—100—8—140—10—200.

The Telephone Operator and the Incharge of Laundry Section who perform clerical duties should be entitled to the wages of Junior Clerk.

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

**Other Staff**

3.12. The above fairly exhausts all important occupations which are normally found in any hospital. In bigger hospitals several other categories of employees are engaged but the Committee feels that it is not necessary to lay down the wages for all these categories. We are concerned ourselves with the essential staff for the running of the hospitals and we leave it to the managements to fix the wages for other categories of hospital employees keeping in view the level of wages recommended by the Committee. We think that we are not concerned with other ancillary staff engaged by some hospitals for maintenance and other purposes. The Committee, however, recommends the following wage-scales to some categories which are common to hospitals :—

			Rs.
(1) Cook	..	..	65—4—85—5—130.
(2) Lift-man	..	..	55—4—95.

**Dearness Allowance**

3.13. As stated in paragraphs 3.1 and 3.2 the Committee decided to fix minimum wages in the first instance and also noted that the latest minimum wages in some of the industries for unskilled categories varied from Rs. 100 per month to Rs. 145 per month. The representatives of the employees on the Committee expressed the views that hospitals which employ large staff and carry on activities on vast scales could not be compared to hotels or presses.

They stated that in these days of mounting cost of living, the employees should be paid adequate dearness allowance which would neutralise the effect of dearness to a large extent if not fully. The representatives of the employers on the Committee, however, while sympathising with the cause of the employees were concerned with the fact that many of the hospitals which were being run on fully or partially charitable basis were sustaining losses year after year and were not in a position to bear any sudden, heavy financial burdens. The same could not, however, be equally true of the private hospitals. But the Trust hospitals and those run by charitable institutions account for employment of majority of the employees and hence will have to bear the burden of any sudden increase in wages. According to the employers' representatives, therefore, full neutralisation of the higher cost of living or meeting the same to some liberal extent even is not feasible at all at present. This is especially so as the present wages were very low in many cases. While improvement in the wages is desirable and necessary, any sudden rise is not practicable. It was, however, felt by the Committee that the present wages needed improvement.

3.14. Taking all the above factors into consideration, the Committee recommends that the Dearness Allowance should be minimum Rs. 80 per month to the hospital employees. The minimum of Rs. 40 basic plus Rs. 80 Dearness Allowance making the total of Rs. 120, for an unskilled worker, which is comparable with the minimum wages in other industries, should not be an unbearable burden on the hospitals and should also satisfy the employees to some extent.

3.15. The Committee has noted that there is slab system of Dearness Allowance in many of the hospitals depending on the basic wages. We are of the opinion that this system which offers higher quantum of Dearness Allowance to employees getting higher basic wages may be continued on uniform basis. The Committee, therefore, recommends that the Dearness Allowance Scheme for the hospital employees should be as follows :—

Basic wages	Rate of Dearness Allowance		
			Rs
Upto Rs. 100 per month . . . . .	..	..	.. 80
From Rs. 101 to 150 per month . . . . .	..	..	.. 85
From Rs. 151 to 200 per month . . . . .	..	..	.. 90
From Rs. 201 to 250 per month . . . . .	..	..	.. 95

and so on, with Rs. 5 increase in Dearness Allowance for every increase of Rs. 50 in the slab of basic wages.

### Linking of Dearness Allowance with Index Number

3.16. The Committee noted that the minimum wages in the Printing Presses and the proposed minimum wages in the Studios and Laboratories are linked with the Consumers Price Index Numbers. Such linking has many advantages. It automatically adjusts the wages of the employees to the prevailing cost of living and either of the parties does not feel sore or dissatisfied if there is sudden and sharp movement of prices either side. In these days of mounting cost of living, there is a danger of quick erosion in the value of the real wages of the employees which will lead to dissatisfaction and thereby disturb the industrial peace. This can be avoided by linking the Dearness Allowance with the index numbers. The whole purpose of Dearness Allowance is to neutralise a portion of the increases in the cost of living. Hence, a large majority of the members of the Committee felt that it is necessary that the Dearness Allowance must be on a sliding scale providing for an increase when the cost of living rises and a decrease when the cost of living falls.

3.17. The next question was as to whether the adjustment in Dearness Allowance should be done every month or a longer period should be laid down. The Committee feels that monthly disturbance in the wages is not desirable. The Committee, therefore, recommends that Dearness Allowance should be adjusted every six months in the months of January and July every year. The average of the index numbers for Greater Bombay for the months January 1969 to June 1969 is 750 (old series) and the Dearness Allowance of Rs. 80 per month upto basic wages of Rs. 100 per month and thereafter increasing by Rs. 5 for every increase of Rs. 50 in the slab of basic wages recommended by the Committee earlier should be for the index slab 741-750 in the Bombay Index Series (old). The Committee recommends that for every rise of 10 points in the average of index numbers for July to December and January to June in future, there should be an increase in the amount of Dearness Allowance of Rs. 2·00 in the case of all employees. \*Likewise for every fall of 10 points there should be a decrease of Rs. 2·00 in the quantum of Dearness Allowance of all employees. The quantum of Dearness Allowance thus calculated will be payable for the subsequent six months i.e. January to June and July to December.

### Adjustments in Dearness Allowance

3.18. The Dearness Allowance is paid for neutralising the higher cost of living. It is the practice in most of the hospitals to permit some of the employees—especially the kitchen staff—to take food in the hospital itself. Some allowance is to be made for such practice and the cost of the food taken by the kitchen staff and other employees, if any, has to be deducted from the amount of Dearness Allowance payable to the employees. Similar situation

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\*Seth Kantilal Shah does not agree for reasons explained in his Minute of Dissent.



is obtaining in the hotels and restaurants and under the provisions of Minimum Wages Act and Rules thereunder, the State Government has prescribed the monthly cost of meals, nasta, tea, etc., taken by the employees as follows :—

	Rs.
(1) One Meal daily .. .. .	16·25
(2) One Nasta daily .. .. .	6·50
(3) One Tea daily .. .. .	1·625
	24·375

If, however, 2 meals, 2 nastas and 2 teas are given daily then the monthly charge should be Rs. 48·75. We recommend that in the case of the hospitals also 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.

3.19. The residential Nursing Staff, however, is provided with a special mess in many of the hospitals as normally they are provided with special diet. The cost of this mess is borne by the managements and hence some allowance is to be made for the same. Taking into consideration all the aspects of this problem, the Committee recommends that in the case of residential nurses 60 per cent. of the quantum of dearness allowance payable to them under paras. 3·15 and 3·17 should be actually paid, the rest being adjusted towards mess charges. This applies only to cases of residential nurses taking advantage of hospital mess.

#### **Concession in some deserving cases**

3.20. Some members of the Committee representing the employers feel that the sudden increase in the quantum of Dearness Allowance recommended by us will impose a heavy financial burden on the managements of some of the hospitals and expressed the views that the burden of dearness allowance should be spread over a period of two years. While the Committee is anxious that the minimum, modest Dearness Allowance recommended by it should be paid by all the hospital managements, it does not wish that any ill effects should spring from sudden financial burdens. We, therefore, recommend that if any management is not able to pay immediately the full quantum of Dearness Allowance recommended by us because of financial stringencies, then it is open to it to distribute the burden of Dearness Allowance and come up to the standard recommended by us in three stages as follows :—

- (1) Immediately on the acceptance of these recommendations, the present Dearness Allowance in the hospital concerned should be increased by Rs. 15 per month or a greater amount which will bring the initial wages (i.e. Rs. 40

basic wages plus Dearness Allowance) of an unskilled worker to Rs. 105 per month.

(2) After twelve months, the Dearness Allowance should further be increased by Rs. 10 per month or a lesser amount if the level of Dearness Allowance recommended by the Committee could be attained by the same.

(3) After further twelve months, thereafter, the management concerned should start paying the full rate of Dearness Allowance as per the recommendations of the Committee.

The Committee wants to make it clear that the above concession should be used sparingly only in cases where the financial position of the hospitals does not absolutely permit the sudden increase of Dearness Allowance to the full quantum recommended by the Committee.

### Other Allowances

3.21. *Cash Allowance.*—Since the clerks and peons who handle the cash have to take additional responsibility for the cash, the Committee recommends that they should be paid some cash allowance. This allowance should be Rs. 10 per month for the clerks and Rs. 5 per month for the peons.

3.22. *Holiday Working Allowance.*—Because of the nature of the work in the hospitals no common weekly holiday is possible and as such, the employees are to be given holidays by turn. The question of Holiday Allowance for working on weekly holidays does not, therefore, arise. There are festival holidays, however, (we have recommended later 6 such holidays in a year) on which some of the members of the staff might have necessarily to work. On such occasions whenever an employee is required to work on a festival holiday he should be given a substitute holiday within a period of two months thereafter. If such substitute holiday is not given within the time limit of two months then the employee should be paid one and half times the normal wages and dearness allowance as additional payment for working on the festival holidays in addition to the normal wages which he receives on that days. This payment of one and half times extra wages is restricted to six holidays only in a year which are recommended by us. If, however, any hospital is granting more than six festival/national holidays in a year, then while it may not be open to it to reduce these holidays, it will be open to it to restrict payment of one and half times wages on the above basis to six important holidays and pay single wages in the case of the rest.

3.23. *Over Time Allowance.*—The Committee recommends that the Over time Allowance should be paid at double the ordinary rates of wages (basic plus Dearness Allowance).

3.24. *Waiting Allowance.*—It is the practice in the hospitals to ask every day some members of the nursing staff to wait at their rooms or their residents during their off duty period for any urgent call in cases of emergencies. In such cases, the nurse concerned is actually tied up to her place and cannot go out or cannot utilise her spare time for her own activities. In consideration of this position, the Committee recommends that the members of the nursing staff who are thus required to wait for the call of emergency duties should be paid Waiting Allowance of Rs. 5 per day. In case, the nurse is actually called on duty during such waiting period, she should be paid overtime wages at double the normal wages for the actual hours of work put in provided, however, that on the day concerned she should be entitled to Rs. 5 or over-time wages whichever is more.

3.25. *Washing Allowance.*—Since the ward boys, Ayas, male and female sweepers and the nursing staff are given uniforms by the hospitals it is necessary that they should be given Washing Allowance to enable them to keep the uniforms neat and clean. The Committee recommends that the unskilled workers who are given uniforms should be paid Washing Allowance of Rs. 4 per month and the nursing staff who are given more number of uniforms should be paid Washing Allowance of Rs. 8 per month if they are given sarees and blouses and Rs. 10 per month if they are given frocks, etc. as their uniforms.

3.26. *House Rent Allowance.*—Several hospitals have provided residential accommodation for their staff especially the essential staff and are paying House Rent Allowance to other members of the staff. Under the present circumstances, it would not be practicable to provide accommodation to all members of the staff. Hence the practice of paying House Rent Allowance will have to be continued. The Committee has noted that the present House Rent Allowance in the hospitals varies from Rs. 6 to 10 per month in the case of unskilled employees and Rs. 10 to 20 per month in the case of nursing staff and other employees. Taking into consideration the burden that this allowance will impose in cases where it is to be started afresh, the Committee recommends that the Ward-boys, Ayas, Male and Femal sweepers should be given the House Rent Allowance of Rs. 8 per month and the nursing staff of Rs. 10 per month. Where the employees are provided with accommodation, they cannot demand any standard for the same. They should have the choice either to accept the accommodation or opt for the allowance.

3.27. The Committee has noted that the hospital employees are not at present eligible for the housing facilities provided by the Maharashtra Housing Board as they are not "factory workers". In these days when the term "industry" is being interpreted very widely, it is not fair that any section of wage-earners is excluded from the scope of these facilities. In fact it is these

wage earners—especially those whose earnings are low—that should be given preferential treatment—by the state and its agencies. Persons who render services to humanity are not less important than those engaged in factory production. We, therefore, recommend that the Government should move the Housing Board to amend its rules so as to enable the hospital employees too to apply for the tenements of the Board.

### **Working hours and Spread Over**

3.28. Our short survey shows that most of the hospitals are taking 8 hours' work daily from the employees even though some reported that certain staff had to work more than 8 hours in a day and 48 hours in a week. The Committee recommends that the normal working hours should not exceed 8 hours in a day and 48 hours in a week and any work done in excess of these limits should be treated as over-time work and over-time wages should be paid at the rates recommended separately. The eight hours duty period is exclusive of lunch time of one hour but inclusive of the time taken for taking over and handing over duties by the Nursing Staff.

3.29. As for daily spread over the Committee recommends that it should not exceed  $10\frac{1}{2}$  hours generally. Any extension of spread over is likely to introduce a feeling of harassment in the minds of the employees as they will be pinned down to the hospitals or have to waste their time in going and coming. In cases where the employees have been provided residential quarters in or near the hospitals the spread over, however, may be extended upto 12 hours, if the exigencies of the hospital work require such an arrangement. Likewise in T. B. Hospitals treating convalescent cases in Sanitoriums, Leprosy and similar other hospitals where continuous attendance to the patients is not necessary, the spread over may be upto 12 hours in the day.

### **Work-Load**

3.30. One of the terms of reference to the Committee is to fix the work-load of the employees. The Barve Committee appointed by the Government for the first time made a thorough study of the work-load involved on the staff and made recommendations on the ratio between the number of sanctioned beds and average number of patients treated and the number of employees in various categories required. These recommendations were accepted by the Government and implemented. The latest position showing the ratio between certain categories of posts and number of inpatients or beds in Government hospitals is shown in Appendix D. The Municipal hospitals in Greater Bombay are following the same ratios. In the private sector, some of the bigger hospitals have adopted the ratios and have to maintain them throughout. We are doubtful, however, whether these ratios can be made compulsorily applicable to all the hospitals—small and big. While we are anxious that

there should be no sweating in the hospital services, it would be a difficult task to fix norms which would be common for different types of hospitals like general hospitals, Maternity hospitals, T. B. hospitals, Leprosy hospitals, Children's hospitals, Eye and E. N. T. hospitals, etc., both big and small—which fall under our purview. In case of norms there can be nothing like a minimum. They depend on the set up of the hospital, working system, facilities provided as well as the economy. Hence we recommend that keeping in view the bed-patient staff ratio adopted by the Government as a guide-line, the managements of the individual hospitals and the unions of their employees should negotiate and fix proper ratios in each case taking into consideration all the relevant factors.

### **Leave and Holidays**

3.31. *Privilege Leave.*—The Committee noted with satisfaction that in a large number of hospitals privilege leave ranging from 25 days to 30 days is being given to the employees. In some cases, however, only 15 days leave is being given. The Committee feels that 15 days' privilege leave in a year is not sufficient. We, therefore, recommend that minimum 21 days' privilege leave should be given to all the employees in the hospitals. Where more privilege leave is given at present, the same should be continued.

3.32. *Sick Leave.*—As regards sick leave, however, it is observed that the hospitals are not being liberal. The provisions of Employees State Insurance Act are not applicable to the hospital employees and in cases of sickness they have either to lose their wages or earned leave. This is not desirable. The Committee, therefore, recommends that 10 days sick leave in a year with full pay or 20 days sick leave with half pay should be granted to all the employees in the hospitals.

3.33. *Accumulation of Leave.*—As per the normal practice, the privilege leave of two years should be allowed to be accumulated. The Committee feels that the present practice in some cases of not allowing accumulation of sick leave is not correct as, when sickness and illness come: no time-limits can be imposed. We, therefore, recommend that the sick leave of two years also should be permitted to be accumulated.

3.34. *Leave without pay.*—The Committee noticed during its deliberations that there were many complaints of over-stayal of leave by the employees. This is so because persons who come from distant places find it difficult to adjust their travelling and stay in the native place within the limit of 21 days or 42 days of privilege leave, as the case may be. The Committee, therefore, feels that if some leave without pay is also granted to the employees who come from distant places then it will be advantageous to the employees and to the

management also as they at least be certain of the period of absence of the employees and make suitable arrangements for the same. The Committee, therefore, recommends that the 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.

3.35. *Casual Leave.*—The Committee noticed that several hospitals have been granting casual leave upto 7 days to their employees and in some cases more quantum of casual leave is also granted. The Committee feels that minimum seven days casual leave in a year should be sufficient. Rules governing the grant of casual leave have been laid down separately in the model Standing Orders, which have been recommended by the Committee. The Committee further recommends that portion of casual leave unenjoyed by an employee in any year should be encashed at the end of the year so as to encourage the employees not to exhaust their casual leave at the detriment of work in the hospitals.

3.36. *Festival and National Holidays.*—In view of the nature of work in the hospitals, the Committee is reluctant to recommend more national and festival holidays. The Committee, however, recommends that six days festival/national holidays in a calendar year should be granted to the hospital employees. These festival/national holidays may be fixed at the beginning of the year by the management in consultation with the employees or their unions.

3.37. *Maternity Leave.*—The Committee is surprised to note that many hospital managements have not been liberal in case of maternity leave to their employees. Maternity leave is one of the important Social Security Measures and it is absolutely necessary that where a large number of female employees are employed the managements must have proper rules and regulations governing maternity leave. The Committee recommends that the female employees should be granted three months maternity leave (six weeks before and six weeks after confinement) with wages. The Committee further recommends that this leave should be granted to the employees upto three children.

### Uniforms

3.38. Clean and neat uniforms is a must in hospitals from hygienic point of view and does not call for much discussion. The Committee recommends that Ward boys, Ayas, Male and Female Sweepers should be given at least three uniforms in a year. The Nursing Staff, however, require more number of uniforms. After noting the prevailing practice in some of the hospitals and the recommendations of the Nursing Council in this respect, the Committee recommends that in the first year the nursing staff wearing frocks, etc. should

be provided with 12 sets of uniforms and in the subsequent years 6 sets every year. In their cases the set includes head-wears, stockings, boots or chappals, etc. In cases where the nursing staff have to use sarees, then 6 sarees in the first year and thereafter 6 sarees every year should be sufficient. In such cases, the uniform should consist of sarees, blouses, chappals, etc. The Committee is not in favour of uniform allowances as there is danger of the same being misused. In case of new entrants, it is not necessary that the full number of sets recommended by the Committee should be supplied immediately. Sufficient number of sets, keeping in view the hygienic necessity, may be supplied in the first instance. Three sets of saree uniforms or four sets of frock uniforms should be sufficient in the initial months. It is also open to the managements to keep security deposits from the wages of initial months of the nurses which may be returned later at the end of the year. The male nurses should be provided with 4 sets of uniforms in a year consisting of bush-shirt, full-pant, cap and shoes or chappals. The washing of the uniforms is to be done by the hospital at its cost. Where such laundry arrangements do not exist, washing allowance has been recommended separately by the Committee.

### **Industrial Relations**

3.39. One of the terms of reference to our Committee is to evolve a Code of Conduct for the day to day working of the hospitals for the management, employees and the trade unions. Such a code is necessary for maintaining smooth employer-employee relations which is a vital factor for the proper and efficient running of any establishment and especially the hospitals. Hospitals do not deal with machines or production or inanimate things but deal with human beings and that too ailing humans. Any strike or stoppage of work or any go-slow will immediately affect the patients and worsen their sufferings. At times it may even result in loss of lives which cannot be made up later. A great responsibility, therefore, lies on the employees in the hospitals and it is the duty of every one connected with them—employers, unions and their leaders—to keep them ever conscious of this responsibility. Another aspect of the employment in hospitals is that it is a service of humanity—direct service and not an indirect one. Every employee has to be conscious that apart from serving the managements for the wages paid, he is serving the ailing patients and this service to humanity is not governed by any rules and regulations. His grievance, if any, against the management, should not be permitted to affect his service to the humanity.

### **Grievance Procedure**

3.40. It is, therefore, necessary to see that the grievances of the employees in respect of their employment are promptly attended to by the employers. For this purpose the Committee recommends a Grievance Procedure to be set

up in each hospital. The Committee has framed a Model Grievance Procedure suitable to hospitals which is given at Annexure I. We hope that if the parties adhere to this Grievance procedure, all the personnel problems will be solved satisfactorily. Cases where no satisfactory settlements have been arrived at should be referred to the Office of the Commissioner of Labour. We suggest that the Office of the Commissioner of Labour may assign a Special Officer who will attend to all the complaints coming from the hospitals and expedite their hearings and disposals. This will create confidence of the employees in the grievance machinery.

### **Standing Orders**

3.41. It is necessary that every employer must follow Standing Orders which regulate the service conditions of the employees. The Standing Orders are meant to define with sufficient precision the conditions of employment which include permanency of employees, procedure for granting leave, acts and omissions on the part of the employees which may amount to misconduct, procedure for terminating services for such misconduct or otherwise etc. The Standing Orders thus lay down precisely the conditions, rights and liabilities of both the parties in matters of day to day working and will go a long way in the smooth running of the establishment and the maintenance of discipline. We recommend that Standing Orders for Hospitals as framed by us (Annexure II) should be adopted by all the hospitals.

### **Code of Discipline and Recognition of Unions**

3.42. As stated in para 3.39, smooth industrial relations and maintenance of absolute industrial peace is of paramount importance in the hospitals. In this the trade unions of the employees as well as the managements have great responsibilities. It is, therefore, necessary that both the parties should agree to solve all disputes peacefully by mutual discussions and negotiations across tables and failing settlement the parties should refer the dispute to adjudication or arbitration. Neither party should take any unilateral action which will disturb the peace and working of the hospital. This can be achieved by both the parties accepting the Code of Discipline—not as a general document for guidance but as a special, sacred Code to be strictly adhered to in letters and spirit. The Committee recommends that the managements and the 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.

3.43. For the purpose of achieving and maintaining industrial peace with the help of the employees and their unions, it is necessary that the managements should grant recognition to the unions of their employees. Recognition not only satisfies the sense of right of the unions but also imposes on them



a great responsibility of maintaining industrial peace. The Committee, therefore, recommends that the managements of hospitals should voluntarily recognise the unions of their employees which specifically agree to adhere to the Code of Discipline as above and which fulfil the criteria laid down under the said Code.

#### **Public Utility Service**

3.44. For the reasons mentioned earlier strikes and stoppage of work in the hospitals should be avoided at all costs. The National Commission on Labour has recommended that hospitals should be declared as essential services. We had no opportunity of studying the report of the Commission. Considerable time is likely to elapse before these recommendations are accepted and implemented. In the meantime, with a view to discouraging strikes in the hospitals and encouraging settlements through negotiations and constitutional methods, the Committee recommends that Government should declare the hospitals as Public Utility Services under the Industrial Disputes Act, 1947.

#### **Social Security Measures**

3.45. In our Welfare State the importance of Social Security Measures need not be over emphasised. Ever since independence Social Security has become an essential feature of the Public Policy in this country. Many of the social welfare measures for industrial workers which have been introduced by law have not been made applicable to the hospital employees as yet. The Committee feels that it is high time that these measures are made applicable voluntarily if not statutorily.

#### **Provident Fund**

3.46. Our short survey reveals that very few hospitals have got Provident Fund Schemes for their employees and there is no uniformity at all in these Schemes. The contributions of the employees vary from 6 per cent to 8 per cent. and in many cases they are levied on the basic wages only. No detailed information is also available about the administration of these funds and the rules governing them. It is desirable that there should be uniformity in these Schemes. Provident Fund is a retiring benefit for an employee when he retires after long years of service which will enable him to some extent to shape his later life and plan to spend it with some comfort and dignity. One can imagine the plight of an employee who gets low wages throughout his service, with which it is impossible for him to make both ends meet, and is then thrown out of employment in the old age. This is a humanitarian problem and the hospitals which primarily render human and social service cannot neglect this problem of their employees, whatever may be the financial implications. So inspite of the various decisions of the Courts and Tribunals in the matter, the Committee feels that Contributory Provident Fund Schemes should be intro-

duced in the hospitals. The Committee recommends that the rate of contribution of both the employees and the employers should be  $6\frac{1}{4}$  per cent. of the total wages i. e. basic wages plus dearness allowance. The Committee further recommends that the Government may extend the provisions of the Employees Provident Funds Act, 1952 to the hospitals. Otherwise the managements may frame their own rules on the lines of the Provident Fund Scheme under the said Act and get their Funds registered under the Provident Fund Act, 1925.

### Gratuity

3.47. Gratuity like Provident Fund is also a retirement benefit. It is an amount which an employee gets for his long and faithful service. This amount however meagre it may be, will help him to plan his old-age. The Committee is aware that Gratuity Scheme will impose further financial burden on the hospitals but this burden is not sudden but will be spread over future years gradually. The Committee, therefore, feels that the hospitals should be able to bear the burden of a modest Gratuity Scheme. Following the recommendations of the Norms Committee appointed by the Government of Maharashtra, we recommend the following Gratuity Scheme for the hospitals :—

- |   |  |
|---|--|
| (1) For death or physical disability to work.                                     | One month's basic wages for every year of completed service.   |
| (2) For termination of employment by the employer after 5 years.                  | } 15 days' or half a months' basic wages for every year of completed service for the first 10 years and 20 days' or $\frac{2}{3}$ rd's month's wages for subsequent years.         |
| (3) For resignation or voluntary retirement after 10 years or on super-annuation. |  |
| (4) For dismissal for misconduct after 15 years.                                  | In case of dismissal for misconduct causing a financial loss to the employer, an amount equivalent to the financial loss so caused should be deducted from the amount of gratuity. |

The maximum amount of gratuity in all the cases should be 15 months' basic wages.

For the purpose of payment of gratuity the basic wages should mean the average of the basic wages in the three complete calendar months prior to the date of retirement, resignation, etc.

**Age of retirement**

3.48. Since we have recommended above two retirement benefits, it is necessary that we should also fix the age of retirement. After due consideration of the problem, the Committee recommends that the age of retirement in the case of the employees should be 58 years. In suitable cases, however, it is open to the management to extend the age of superannuation at their discretion.

**Life Insurance Scheme**

3.49. It is observed that in some hospitals Life Insurance Schemes are introduced in the absence of Provident Fund and Gratuity Schemes. Under this Scheme, the lives of individual employees are insured for certain amounts and the premia are paid by the management. On the introduction of Provident Fund and Gratuity Scheme it is open to these managements to discontinue the Life Insurance Schemes, if it is found necessary in the interest of economy. The policies may be handed over to the employees concerned who may continue maintaining them at their cost, if they so desire.

**Medical Facilities**

3.50. The Committee is aware that many of the hospitals are giving medical facilities to their employees. In view of the fact that the provisions of Employees State Insurance Act are not applicable to the hospitals, the Committee recommends that free medical treatment should be given to all the employees of the hospitals. The procedure of such free treatment may be laid down by the managements.

## CHAPTER 4

### GENERAL

#### Saving and Adjustment

4.1. We have been stressing all along that the recommendations made by us in respect of various service conditions are at the minimum levels. In some hospitals better wages, allowances and other fringe benefits are given and these of course will have to continue ordinarily, as they form the existing conditions of service which cannot be adversely affected. But the members representing the employers on the Committee have expressed the anxiety that the Labour should not have the best of the both—the existing conditions and our recommendations. This anxiety is understandable. But a change in the existing conditions can be brought about only by mutual settlement and we recommend that the parties should sit together and settle the matters amicably by mutual negotiations and mutual adjustments. In cases of difference of opinion they may also seek the assistance of the Implementation Officer who is to be appointed as per our recommendations made here-in-after. In some hospitals certain concessions like free feasts to employees every week are given purely on *ex-gratia* basis and not as conditions of service. Likewise even though charitable hospitals are not required to pay bonus under the Payment of Bonus Act, some hospitals may be paying such bonus or cash-gifts to their employees on *ex-gratia* basis. If these *ex-gratia* benefits could be continued along with the improved wages and service conditions as recommended by us it is well and good. If, however, the financial burden on account of the full implementation of our recommendations is too heavy, to bear it is open to the managements of these hospitals to curtail or readjust the *ex-gratia* benefits which do not form service conditions. Ultimately regularisation of and uniformity in the service conditions is more important and beneficial to the employees than *ex-gratia* benefits.

#### Implementation

4.2. It is our earnest desire that the recommendations made by us should be accepted by both the managements of the hospitals in Greater Bombay and the hospital employees. Voluntary acceptance of these recommendations will go long way in ushering industrial peace and satisfaction in the hospital services. We recommend that 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 us. This officer should also attend to all the grievances and complaints that may be received under the Grievance Procedure.

### Grant-in-aid

4.3. It will be observed from the foregoing recommendations that the Committee has endeavoured to improve the service and working conditions in the hospitals. In its recommendations relating to wage-scales, dearness allowance, other allowances, leave and holidays, Provident Fund and Gratuity Schemes, the Committee has been modest keeping of course in view the present trends affecting these matters. Even then it has to be admitted that the recommendations of the Committee will impose substantial burden on the hospitals—especially those hospitals where the present wages are rather low and other amenities are not sufficient. All the same some of the hospitals—especially private hospitals should be able to bear the burden and the Committee hopes that they will do so in the interest of equity and industrial peace. But many of the charitable hospitals—especially those whose financial positions are already at low ebbs may have to face serious problems. Some of them are indebted for their capital requirements while for recurring expenditure, they have no resources on which they can rely to meet with the recurring deficits. Some of the hospitals have beds reserved with them by either the Municipal Corporation or the Government or Private Agencies for which fixed amounts are paid per bed per day. The amount thus received falls short of the actual expenditure and to that extent the Managements have to subsidise the expenditure and approach the public for donations. Some hospitals receive discretionary grants from the Corporation which cannot be relied upon because the grant varies from year to year. Besides donations received from the public is a source of income which cannot be predicted in advance. These donations for charitable purposes do not certainly vary with the expenses. The nominal fees charged by these hospitals cannot also be increased. If the charges are to be increased or to be imposed where they are free at present then it is the poor class that is affected and this is not desirable. It is the primary responsibility of the Government and the Municipal Corporation to provide medical aid in the City of Bombay. The Managements of the Charitable Hospitals consist of social workers who have undertaken the responsibility as a service to humanity. They are discharging their duties voluntarily and are easing the burden of the Government and the Municipality. Hence the Committee recommends that in fit cases Government should come forward with generous grant-in-aid to these charitable hospitals. In this connection the attention of the Committee is invited to the Gujarat State Grant-in-Aid to Medical and Public Health Institutions Rules, 1964. Under these Rules, the State Government grants to the institutions recognised by them recurring grants not exceeding 1/3rd of the approved expenditure of the Institutions or the actual deficit whichever is less. In cases of special types of institutions like T. B. Clinics and hospitals the grant-in-aid may be upto 50 per cent of the approved expenditure. The items of approved expenditure include all major items like salaries, allowances,

water and electricity charges, purchases of medicine, X-ray, films and other accessories, linens and bedding, laboratory expenses, etc. In the interest of efficient hospital services which will ultimately benefit the Society, the Committee recommends that our State Government also should take early steps to introduce similar grant-in-aid scheme for the benefit of deserving charitable hospitals.

T. R. BHAGWAT,  
*Chairman.*

KANTILAL MAGANLAL SHAH.

V. N. SANE.

P. M. SANGHANI.

J. V. SHUKLA.

V. V. JADHAV.

(SMT.) NALINI SADALGE.

F. T. PADARIA.

VINOD H. JOSHI.

V. H. PAI ANGLE,  
*Secretary.*

Bombay, dated 30th November 1969.

## MINUTE OF DISSENT

BY

SETH KANTILAL MAGANLAL SHAH

I regret that I can not persuade myself to agree with my other colleagues on the Committee that the Dearness Allowance paid to the hospital employees should be linked to the consumers price index numbers. I have to quarrel with the arguments advanced by my colleagues for such linking but I have to stress that the practical difficulties should not be lost sight of. As has been stressed in the report at several places, the financial position of many hospitals—especially the charitable hospitals—is very unsatisfactory. The burden imposed by the various recommendations of the Committee is also heavy. In addition to this if the dearness allowance is to vary every six months, it will lead to further deterioration. The Bombay index number is rising sharply and there is no knowing to what extent it will rise. Unlike the factories and other industrial establishments engaged in production and sales, the hospitals can not go on increasing their charges to suit the expenses and such periodical increase is an impossibility in the case of charitable hospitals which serve the poor class with no or nominal fees. The entire economy of these hospitals will be upset if the Dearness Allowance goes on increasing without any limit. Hence I can not agree to the linking of the Dearness Allowance to the index numbers.

Secondly I have to point out that while considering the wage packets of the employees, the Committee has not taken into account the tips which they receive from patients. These tips are not nominal but generous and add largely to the earnings of the employees. A note of this must have been taken by the Committee and the burden on the employers should have been relieved to that extent.

Thirdly I agree with my colleagues that the hospital employees should be in receipt of "minimum wages." While the minimum wages in some of the scheduled industries covered by the Minimum Wages Act is Rs. 100, we have recommended Rs. 120 as the minimum at index number 740-750 (Bombay Series). It was at my instance that the recommendations at para. 3.20 of the Report regarding concession in some deserving cases are made by the Committee. Under these recommendations, hospitals the financial conditions of which are really very poor have first to come to the minimum level of Rs. 105 per month immediately on the acceptance of these recommendations and thereafter attain the recommended level in two yearly instalments. These hospitals—especially the charitable hospitals—whose financial conditions are at low ebbs are the ones which need the generous assistance of the State

Government as recommended at para. 4.3 of the Report. Our Committee has strongly recommended framing of grant-in-aid scheme on the lines of Gujarat Government Scheme and I trust that the said recommendation will not be only a pious hope of the Committee but that the Government will take early steps to formulate the scheme. While I agree that the minimum of Rs. 105 per month including the dearness allowance should be immediately payable along with other benefits on the acceptance of the recommendations of the Committee, I strongly doubt whether the charitable hospitals whose financial condition is poor will be able to grant further annual increases in the Dearness Allowance as recommended by the Committee unless and until financial assistance in the form of grant-in-aid will be forth-coming from the State. I would, therefore, put on record that the State Government too should take simultaneous steps to give grant-in-aids to deserving hospitals so as to enable these hospitals to attain the recommended level within two years.

KANTILAL MANGALAL SHAH.



## ANNEXURE I

## GRIEVANCE PROCEDURE FOR HOSPITALS

## A. Grievance Machinery

A Grievance Machinery will be set up on the following lines at each hospital employing 25 or more employees to administer the Grievance Procedure :-

(i) The employees in each of the categories like the ward boys, Ayas, Nurses etc. will elect one representative to represent their cases under the Grievance Procedure. Employees in categories which fall under one grade (viz. unskilled etc.) may together elect a single representative to represent them if they so desire. If there is a recognised union of the employees in the hospital, the union will nominate these representatives and intimate their names to the management. These representatives will be known as 'Employees' Representatives.

(ii) Correspondingly the management will designate persons in supervisory categories who normally supervise and control the work of the various categories of employees as Employers' Representatives.

(iii) The Grievance Committee will consist of two representatives of the management and two representatives of the workers. One of the representatives of the management will be departmental head or any other higher authority (except the highest authority in the hospital who will have to take ultimate decision). He shall also act as the Secretary of the Committee. The other should be the Supervisory Representative who has dealt with the complaint at the first stage as stated hereinafter. One of the workers' representatives will be an official of the Recognised Union and the other Employees' Representative who had taken up the grievance at the first stage. (In the absence of a recognised union, any other Employees' Representative will sit on the Committee). The members of the Committee will thus change depending on the category of the employees bringing up the grievance.

## B. Grievance Procedure

Complaints affecting one or more individual employees in respect of their wage payments over time wages, leave, transfer, promotion, seniority, work assignment, working conditions interpretation of service agreement, dismissal and discharges etc. would constitute grievances which can be taken up under the grievance procedure. Where the points at dispute are of general applicability or of considerable magnitude, they will fall outside the scope of this procedure and will have to be dealt with under collective bargaining.

The handling of the grievance under the Grievance Procedure will be as follows :-

(i) The aggrieved employees shall first present his grievance verbally or in writing either himself or through the Employees' Representative concerned to the Employers' Representative designated for the purpose. The grievance will be investigated and a reply shall be given by the Employer's Representative within 72 working hours of the presentation of the complaint.

(ii) If the aggrieved employee is not satisfied with the decision of the Employer's Representative he may forward his grievance to the Secretary of the Grievance Committee. The Secretary shall convene a meeting of the Committee within seven days of the receipt of the complaint by him. The Committee shall hear the grievance and shall make its recommendations to the Manager. If the recommendations cannot be made within this time limit of seven days, the reasons for the same should be recorded by the Committee. Unanimous recommendations of the Committee shall be accepted and implemented by the management. In the event of difference of opinion among the members of the Committee, the view of the members along with the relevant papers shall be placed before the Manager (or the Superintendent as the case may be) for final decision.

(iii) The final decision of the management will be intimated to the employee concerned within 4 days from the receipt of the recommendations of the Committee.

(iv) If the employee is not satisfied with the final decision of the management he may take up the case with the Office of the Commissioner of Labour.

ANNEXURE I—*contd.***C. General**

(i) If a grievance arises out of an order given by the management or the supervisors, the said order shall be complied with before the employee concerned invokes the grievance procedure.

(ii) If it is necessary for an employee to leave the department during working hours on call from the Secretary of the Committee, previous permission of the superior shall be obtained.

(iii) The Employees' Representative and the aggrieved employee should take care that the normal departmental work is not upset or hindered while they pursue their grievance under the procedure.

## ANNEXURE II

**MODEL STANDING ORDERS FOR HOSPITAL EMPLOYEES**

1. These Orders shall apply to all employees employed in the Hospital to do manual, clerical, technical or supervisory work.

2. In these Orders, unless the context requires otherwise,—

(a) 'the establishment' means \* \_\_\_\_\_

(b) 'Manager' means the person for the time being managing the establishment and includes any other officer duly authorised by the employer to act as manager such authorisation being notified to the workmen by displaying it on the notice board of the establishment;

(c) "Employee" shall have the same meaning as "workman" in the Industrial Disputes Act, 1947 and shall include male and female employees.

3. (1) Employees shall be classified as,—

- (a) Permanent employees;
- (b) Probationers;
- (c) 'Badlis' or Substitutes;
- (d) Temporary employees;
- (e) Casual employees; and
- (f) Apprentices.

(2) (a) 'Permanent Employee' means an employee who has been employed on a permanent basis or whose appointment has been confirmed in writing by the Manager or by a person authorised in this behalf by the Manager and includes (i) an employee who has completed a probationary period of nine months in the aggregate in the same or another occupation in the establishment and (ii) a temporary employee who has completed 240 days' work in a year.

(b) "Probationer" means an employee who is provisionally employed to fill a permanent vacancy or post and who has not completed nine months' service in the aggregate in that post.

(c) 'Badli' or 'Substitute' means an employee who is appointed to the post of a permanent employee or probationer, who is temporarily absent.

(d) "Temporary employee" means a workman who has been appointed for a limited period for work which is of an essentially temporary nature, or who is employed temporarily as an additional workman in connection with temporary increase in work of a permanent nature.

ANNEXURE II—*contd.*

(e) 'Casual employee' means an employee who is employed for work which is essentially of an occasional or casual nature. Provided that no workman shall be deemed to be 'employee' if he has completed 240 days' work in a year.

(f) 'Apprentice' means an employee who is a learner and who may or may not be paid an allowance during the period of his training.

Provided that no employee shall be classified as an apprentice if he has had training for an aggregate period of one year.

4. If a permanent employee is employed as probationer in a new post, he may, at any time during the probationary period, be reverted to his old permanent post by an order in writing signed by the Manager.

5. (1) All employees shall be at work and take over their duties in the establishment at the times fixed or notified. Employees attending late shall be liable to be sent away and treated as absent.

Provided that no employee who attends within 10 minutes of the starting time shall be sent away.

(2) Any employee, who after reporting for duty as above is found absent from his proper place of work during working hours without permission or without sufficient reason, shall be liable to be treated as absent for the period of his absence.

6. Subject to the provisions of clause (1) of the Standing Orders 7, leave with wages and allowances shall be granted to all employees in accordance with the law applicable to the establishment in which such employees are employed or any agreement, settlement or award for the time being in force, or the contract of service or any customs or usage of the establishment.

7. (1) Grant of leave to an employee shall depend on the exigencies of the establishment and shall be at the discretion of the Manager.

(2) An employee who desires to obtain leave of absence shall apply in writing to the Manager or any officer appointed for the purpose by the Manager. Such application for leave shall be made at least seven days before the date from which leave is commenced, except in urgent case or unforeseen circumstances when it is not possible to do so. The Manager or any officer empowered by him in this behalf shall issue orders on such applications within three days of the presentation of the application and in cases of an urgent nature immediately. If the leave asked for is granted, a leave pass showing the date from which the leave of absence commence and the date on which the employee will have to resume duty shall be issued to the employee. Where leave is refused or postponed, the fact of such refusal or post-ponement and the reason therefor shall be recorded in writing in a register to be maintained for the purpose and shall also be intimated to the employee.

(3) If an employee after proceeding on leave desires an extension thereof, he shall make an application for the purpose to the Manager, in writing. A written reply conveying the grant or refusal of extension of leave shall be sent to the employee at the address given by him. If such reply is likely to reach him before the expiry of the leave originally granted to him.

(4) An employee remaining absent beyond the period of leave originally granted or subsequently extended, shall be liable to lose his lien on his appointment unless he returns within eight days of the expiry of the sanctioned leave and explains to the satisfaction of the authority granting leave his inability to resume his duty immediately on the expiry of his leave. A workman who loses his lien under the provisions of this Standing Order but reports for duty within fifteen days of the expiry of his leave (i) shall be kept as 'hadli' if he so desires and (ii) if no 'hadlis' are employed, his name shall be kept on a waiting list of persons to be given preference for employment as and when suitable vacancies occur,

ANNEXURE II—*contd.*

8. (1) Casual leave will be granted to employees as per prevailing service conditions.
  - (2) Casual leave shall be non-cumulative and no leave of any kind may be combined with casual leave.
  - (3) Except for emergent reasons, casual leave shall be limited to three days at a time. Casual leave is intended to meet special or unforeseen circumstances for which provision cannot be made by exact rules. It shall not be refused except for sufficient or valid reasons.
  - (4) Holidays declared by the establishment and weekly holidays may be prefixed or suffixed to casual leave.
  - (5) The previous permission of the Manager or of the head of the department shall be obtained before taking such leave. When this is not possible because of circumstances, the Manager or the head of the department, shall, as soon as may be practicable, be informed in writing or orally through any person of the absence from work and of the probable duration of such absence.
9. Except in the case of casual employee, a record shall be maintained in a register of all leave of absence which is sanctioned, refused or postponed and reasons for refusal or postponement shall in every case be entered therein. The record shall be open to inspection by the employees concerned.
10. No employee shall enter or leave the premises of the establishment except by the gate or gates appointed for the purpose.
11. (1) Any employee may, when leaving the premises of the establishment be searched at the point of exit of the establishment by the gateman or any person appointed by the Manager for the purpose.
  - (2) Any female employee may be detained by the gateman or any person appointed by the Manager for the purpose for search by a female searcher, if acting without malice he suspects that she is in wrongful possession of property belonging to the establishment.
  - (3) Every search shall be conducted in the presence of not less than two persons and a female employee shall not be searched in the presence of any male person, except with her consent.
12. (1) The employment of a permanent employee employed on rates other than the monthly rates of wages may be terminated by giving him fourteen days' notice or by payment of thirteen days' wages (including all admissible allowances) in lieu of notice.
  - (2) Save as otherwise provided in these Standing Orders a permanent employee employed on rates other than the monthly rates of wages desirous of leaving the service may do so by giving the Manager fourteen days' notice in writing.
  - (3) The employment of a permanent employee employed on the monthly rates of wages may be terminated by giving him one month's notice or on payment of one month's wages (including all admissible allowances) in lieu of notice.
  - (4) The reasons for the termination of service of a permanent employee shall be recorded in writing and communicated to him, if he so desires, at the time of discharge, unless such communication in the opinion of the Manager is likely, directly or indirectly to lay any person open to civil or criminal proceedings at the instance of the employee.
  - (5) Save as otherwise provided in these Standing Orders, a permanent employee employed on the monthly rates of wages, desirous of leaving the service shall give in writing one month's notice to the Manager of his intention to do so.
  - (6) If a permanent employee leaves the service without giving notice he shall be liable to forfeit to the management one month's wages which may be deducted from his wages.
  - (7) All classes of employees other than those appointed on a permanent basis may leave their service or their service may be terminated without notice or pay in lieu of notice. Provided that the services of a temporary employee shall not be terminated as a punishment unless he has been given an opportunity of explaining the charges of misconduct alleged against him in the manner prescribed in the Standing Order 14.

(8) When the employment of any employee is terminated, the wages earned by him shall be paid to him before the expiry of the second working day from the day on which his employment is terminated. In the case of employee leaving the service, the payment of wages earned by him shall be made within seven days from the date on which he leaves the service. All other sums due to an employee shall be paid before the expiry of one month from the date of termination of his service or, as the case may be, from the date he left service.

(9) An order of termination of service shall be in writing and shall be signed by the Manager and a copy thereof shall be supplied to the workman concerned.

13. The following acts and omissions on the part of an employee shall amount to misconduct:—

(a) Wilful insubordination or disobedience, whether or not in combination with another of any lawful and reasonable order of a superior;

(b) going on an illegal strike or abetting, inciting, instigating or acting in furtherance thereof;

(c) wilful slowing down in performance of work, or abetment or instigation thereof;

(d) theft, fraud or dishonesty in connection with the employer's business or property or the theft of property of another employee within the premises of the establishment;

(e) taking or giving bribes or any illegal gratification;

(f) habitual absence without leave, or absence without leave for more than ten consecutive days or overstaying the sanctioned leave without sufficient grounds or proper or satisfactory explanation;

(g) habitual breach of any Standing Order or any law applicable to the establishment or any rules made thereunder or any rules made by the management for proper and efficient working of the establishment;

(h) late attendance on not less than four occasions within a month;

(i) collection without the permission of the Manager of any money within the premises of the establishment except as sanctioned by any law for the time being in force;

(j) engaging in trade within the premises of the establishment;

(k) drunkenness, riotous, disorderly or indecent behaviour on the premises of the establishment;

(l) commission on any act subversive or discipline or good behaviour on the premises of the establishment;

(m) habitual neglect of work, or gross or habitual negligence;

(n) habitual breach of any rules or instructions for the maintenance and running of any department or the maintenance of the cleanliness of any portion of the establishment;

(o) habitual commission of any act or omission for which a fine may be imposed;

(p) canvassing for union membership or the collection of union dues within the premises of the establishment, except in accordance with any law or with the permission of the Manager;

(q) wilful damage to work in process or to any property of the establishment;

(r) holding meetings inside the premises of the establishment without the previous permission of the Manager or except in accordance with the provisions of any law for the time being in force;

(s) disclosing to any unauthorised person any information in regard to the processes or working of the establishment which may come into the possession of the employee in the course of his work;

(t) gambling within the premises of the establishment;

(u) smoking or spitting on the premises of the establishment where it is prohibited by the employer;

(v) failure to observe safety instruction notified by the employer or interference with any safety device or equipment installed within the establishment ;

(w) distributing, or exhibiting within the premises of the establishment hand-bills, pamphlets, posters and such other things or causing to be displayed by means of signs or writing or other visible representation on any matter without previous sanction of the Manager ;

(z) refusal to accept a chargesheet, order or other communication served in accordance with these Standing Orders ;

(y) unauthorised possession of any lethal weapon in the establishment ;

(z) falsification or unlawful alteration or destruction of records or documents ;

(z1) harassment, ill treatment or wilful neglect of a patient ;

(z2) administration of wrong injection or medicine by persons who are authorised to do so ;

(z3) sleeping while on duty ;

(z4) theft—including food for patients, staff or the Honoraries ;

(z5) loitering in the Hospital premises after duty hours ;

(z6) being on duty without proper and clean uniform ;

(z7) demanding tips from patients or their relations.

*Explanation.*—No act of misconduct which is committed on less than three occasions within a space of one year shall be treated as habitual.

14. (1) An employee guilty of misconduct may be—

(a) warned or censured ; or

(b) fined, subject to the fine amount in a month not exceeding six paise in a rupee of the monthly wages ;

(c) suspended by an order in writing signed by the Manager for a period not exceeding four days ; or

(d) discharged with notice, or

(e) dismissed without notice.

(2) No order under sub-clause (b) of clause (1) shall be made unless the employee concerned, has been informed in writing of the alleged misconduct or given an opportunity to explain the circumstances alleged against him.

(3) No order under sub-clause (c), (d) and (e) of clause (1) shall be made except after holding an enquiry against the employee concerned in respect of the alleged misconduct in the manner set forth in clause (4).

(4) An employee against whom an inquiry has to be held shall be given a charge-sheet clearly setting forth the circumstances appearing against him and requiring explanation. He shall be given an opportunity to answer the charge and permitted to be defended by an employee working in the same department as himself. Except for reasons to be recorded in writing by the officer holding the inquiry, the employee shall be permitted to produce witnesses in his defence and cross-examine any witnesses on whose evidence the charge rests. A concise summary of the evidence led on either side and the employee's plea shall be recorded.

(5) An employee against whom any action is proposed to be taken under sub-clause (b), (c), (d) or (e) of clause (1) may be suspended pending the enquiry or for the period, if any, allowed to him for giving his explanation. The order of suspension may take effect immediately on its communication to the employee. If as a result of the enquiry held or explanation rendered, it is decided not to take any action under clause (1) the employee shall be deemed to have been on duty and shall be entitled to full wages and all privileges for the period of suspension.

(6) An employee who is suspended under clause (6) above shall be paid a subsistence allowance during the period of his suspension at the rate of one third of the basic wages and dearness allowance drawn by the employee immediately prior to his suspension;

Provided further that if it is decided not to take any action against the employee under clause (1) the employee shall be deemed to have been on duty and shall be entitled to full wage minus such subsistence allowance as he has already drawn and to all other privileges for the full period of suspension.

(7) In awarding punishment under this Standing Order the Manager shall take into account the gravity of the misconduct, the previous record, if any, of the employee and any other extenuating or aggravating circumstances that may exist.

(8) If an employee refuses to accept a charge-sheet, order or other communication served in accordance with these Standing Orders, and provided that he has been asked to accept the charge-sheet in the presence of at least two witnesses he shall be told verbally the time and place at which the enquiry into his alleged misconduct is to be held and if he refuses or fails to attend at that time the enquiry shall be concluded ex-parte and the punishment awarded shall take account of misconduct under Standing Order 13 thus committed.

16. An employee may be warned or censured or fined (the amount of fine in a month not exceeding six paise in a rupee of the monthly wages) for any of the following acts and omissions :—

- (a) Absence without leave without sufficient cause;
- (b) Late attendance;
- (c) Negligence in performing duties;
- (d) Neglect of work;
- (e) Absence without leave or without sufficient cause from the appointed place of work;
- (f) Entering or leaving or attempting to enter or leave the premises of the establishment except by a gate or entrance appointed;
- (g) Committing nuisance on the premises of the establishment;
- (h) Breach of any rule or instruction for maintenance or running of any department.

16. The age for retirement or superannuation of an employee shall be 58 years.

17. (1) Any employee desirous of the redress of a grievance arising out of his employment or relating to unfair treatment or wrongful exaction on the part of a superior shall, either himself or through a trade union of which he is a member, submit a complaint to the Manager or any officer appointed by the Manager in this behalf.

(2) The Manager or any such officer shall personally investigate the complaint at such times and places as he may fix. The employee and —

- (i) any other employee of his choice, or
- (ii) where the complaint is made through a trade union a member of the union,

shall have the right to be present at such investigation. Where the complainant alleges unfair treatment or wrongful exaction on the part of a superior, a copy of the order finally made by the Manager shall be supplied to the complainant if he asks for one. In other cases the decision of the Investigating Officer and the action, if any, taken thereon by the Manager shall be intimated to the complainant:

Provided that complaints relating to assault or abuse by any persons holding a supervisory position or refusal of an application for urgent leave shall be enquired into immediately by the Manager or such other officer or officers as he may appoint.

ANNEXURE II—*concl'd.*

18. The decision of the Manager upon any question arising out of, in connection with, or incidental to these Standing Orders shall be subject to an appeal to the Superintendent of the Hospital.

19. Every employee other than a casual employee who leaves service or retires, or is dismissed or discharged shall without avoidable delay be given a service certificate if he asks for one.

20. (a) Notices to be exhibited or given under these Standing Orders shall be in English and also in Marathi.

(b) (i) Any notice, order, charge-sheet, communication or intimation which is personal, i.e., is meant for an individual employee and is given in writing under these Standing Orders, shall be in the language understood by the employee concerned.

(ii) Before such a notice order, chargesheet, communication or intimation is handed over to the employee it shall be read out and explained to him if he so desires.

21. Nothing contained in these Standing Orders shall operate in derogation of any law for the time being in force or to the prejudice of any right under a control of service, custom or usage or an agreement, settlement or award applicable to the establishment.



## APPENDIX A

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

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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, infirmaries, etc.

*Chairman*

Shri T. R. Bhagwat,  
Dy. Commissioner of Labour, Bombay,  
Commerce Centre, Tardeo,  
Bombay-34.

*Members*

- (1) 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,  
126, Jail Road (E),  
Bombay-9.

- (5) Shri Somnath Dube,  
General Secretary,  
Mahatma Gandhi Memorial Hospital Employees' Union,  
204, Raja Ram Mohan 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.

2. (i) The Committee should study the general service and working conditions in private hospitals in Greater Bombay including charitable trusts, lying in hospitals, nurseries, infirmaries, 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.

	Year ending		
	1965	1966	1967
<b>B. Expenditure—</b>			
(1) Drugs .. .. .	..	..	..
(2) Equipments .. .. .	..	..	..
(3) Food .. .. .	..	..	..
(4) Salaries—			
(a) Administrative Staff .. .. .	..	..	..
(b) Clerical Staff .. .. .	..	..	..
(c) Technical Staff .. .. .	..	..	..
(d) Nurses .. .. .	..	..	..
(e) Other workers .. .. .	..	..	..
(5) Others .. .. .	..	..	..
(6) Total .. .. .	..	..	..
(7) Surplus .. .. .	..	..	..
(8) Deficit .. .. .	..	..	..
(9) Assets .. .. .	..	..	..
(10) Liabilities.. .. .	..	..	..
		No. of Beds	
	Department	1966	1967 1968
<b>III. Beds Provided</b>			
Give the number of beds provided department-wise for 1966, 1967 and 1968. Give information regarding temporary beds also.	(1) Medical ..		
	(2) Surgical ..		
	(3) Maternity ..		
	(4) E. N. T. ..		
	(5) T. B. ..		
	(6) Pediatric ..		
	(7) Ophthalmic ..		
	(8) Any other ..		
		Patients treated	
		Indoor	Outdoor
<b>IV. Patients Treated</b>			
Number of patients treated—indoor and outdoor during the last three years.	1966 ..		
	1967 ..		
	1968 (upto November).		
		No. of employees	
	Category	1966	1967 1968
<b>V. Employment</b>			
Give number of employees categorywise during the last three years.	(1) ..		
	(2) ..		
	(3) ..		
	(4) ..		
	..		
	Occupation	Bedside/Otherwise	
<b>VI. Distribution of Employees</b>			
At present .. .. .	.. (1) Nurses ..	..	..
	.. (2) Wardboys ..	..	..
	.. (3) Aya ..	..	..
	.. (4) Sweeper ..	..	..

	Category	Wage-scale		
<b>VII. Wage-scales and Allowances</b>				
(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 award ? Give a copy of the document.				
(e) Do you favour uniform wage-scales and D. A., as far as possible, for all hospitals ? Please give your suggestions.				
<b>VIII. Housing Facilities</b>				
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 ?				
		1965	1966	1967
<b>IX. Bonus and Cash Gifts</b>				
Give details of bonus or cash-gifts paid for the last three years.				
	Bonus (quantum or rate).			
	Cash-gift ..			
	Kind of leave/holiday			Duration per year
<b>X. Leave and Holidays</b>				
(a) Give details of leave and paid holidays admissible.				
	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 enjoyed by the employees.

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

#### XII. Welfare Facilities and Concessions

- A. Give details of welfare facilities or concessions such as free medical facilities, free hospitalisation, 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 supplied.
- (b) Are boots, umbrellas, rain-coats etc. supplied to any employees? Give details.

Occupation	Description of uniforms supplied	No. of sets and intervals	Washing free or 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*

1. Sarvodaya Hospital, Bombay-77.
2. Sir Harkisondas Nurrotunddas 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 Praramal General Hospital, Bombay-64.
8. Kanchangavri Mangaldas Parekh, Maternity and Gynace. Hospital, Bombay-4.
9. Holy Family Hospital, Bombay-50.
10. Masina Hospital, Bombay-27.
11. Children's Orthopaedic Hospital, Bombay-34.
12. Ismaili General Hospital, Bombay-10.
13. Bombay Dinshaw Petit Parsee General Hospital, Bombay-26.
14. Worli General 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 Varjceewandas Ayurvedic Hospital, Bombay-22.
22. Ayurvedic Hospital, Bombay-4.
23. Bill Nursing Home, Dadar, Bombay-14.
24. Adams Wylie Memorial Hospital, Bombay-11.
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.
31. Dr. V. K. Desai Nursing Home, Bombay-4.
32. Model Hospital, Bombay-7.
33. Culcutta Nursing Home, Bombay-12.
34. Fracture and Orthopaedic Hospital and Accident Clinic, Bombay-4.
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. Matunga Nursing Home, Bombay.
39. Santacruz Maternity Hospital, Bombay-55.
40. Dr. M. S. Shah's Maternity and General Hospital, Bombay-20.
41. Shirodkar Clinic Pvt. Ltd., Bombay-26.
42. Telang Eye Hospital, Bombay-4.
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.
47. Radhabai Dalvi Hospital, Bombay-69.
48. Mandakini Maternity Home, Bandra (West), Bombay-50.
49. Sati Devi Bhavnani Nursing Home, Bombay-22.
50. Colony Nursing Home, Matunga, Bombay.
51. Dr. Hiralal D. D. sa Nursing Home, Charni Road, Bombay-4.
52. Dadar Surgical and Maternity Hospital, Dadar, Bombay.
53. Dr. Bacha's Memorial Belle-Vue Nursing Home, Bombay.

## APPENDIX D

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

Category of posts	Hospitals where 8 hour day and weekly off has been introduced	Other hospitals
<i>Class III staff—</i>		
1. *Nurses	.. 1—2·5 beds (in training hospitals). 1—5 beds (in non-training hospitals).	1—2·5 beds (in training hospitals). 1—5 beds (in non-training hospitals).
2. *Trained to untrained nurses.	1—3 Pupil Nurses	1—3 Pupil Nurses.
3. Compounder	.. 1 : 120 patients	.. 1 : 120 patients.
<i>Class IV Staff</i>		
4. Ward servants	.. 1 : 5·5 in-patients of the number of beds whichever is higher.	1 : 6 beds or in-patients whichever is higher.
5. Laboratory servant	.. 1 for every 150 in-patients.	1 for every 150 in-patients.
6. X-Ray servants including X-Ray (Asstt).	1 for every 100 beds or in-patients.	1 for every 10 beds or in-patients.
7. Disp. 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	.. 1 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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10. Cooks	.. 1 for every 50 in-patients..	1 for every 50 in-patients.
11. Cook-mate	.. 1 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.



## APPENDIX C

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

1. Sarvodaya Hospital, Bombay-77.
2. Sir Harkisondas Nurrotunddas 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 Praramal General Hospital, Bombay-64.
8. Kanchangavri Mangaldas Parekh, Maternity and Gynace. Hospital, Bombay-4.
9. Holy Family Hospital, Bombay-50.
10. Masina Hospital, Bombay-27.
11. Children's Orthopaedic Hospital, Bombay-34.
12. Ismaili General Hospital, Bombay-10.
13. Bombay Dinshaw Petit Parsee General Hospital, Bombay-26.
14. Worli General 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 Varjceewandas Ayurvedic Hospital, Bombay-22.
22. Ayurvedic Hospital, Bombay-4.
23. Bill Nursing Home, Dadar, Bombay-14.
24. Adams Wylie Memorial Hospital, Bombay-11.
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.
31. Dr. V. K. Desai Nursing Home, Bombay-4.
32. Model Hospital, Bombay-7.
33. Culcutta Nursing Home, Bombay-12.
34. Fracture and Orthopaedic Hospital and Accident Clinic, Bombay-4.
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. Matunga Nursing Home, Bombay.
39. Santacruz Maternity Hospital, Bombay-55.
40. Dr. M. S. Shah's Maternity and General Hospital, Bombay-20.
41. Shirodkar Clinic Pvt. Ltd., Bombay-26.
42. Telang Eye Hospital, Bombay-4.
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.
47. Radhabai Dalvi Hospital, Bombay-69.
48. Mandakini Maternity Home, Bandra (West), Bombay-50.
49. Sati Devi Bhavnani Nursing Home, Bombay-22.
50. Colony Nursing Home, Matunga, Bombay.
51. Dr. Hiralal D. D. sa Nursing Home, Charni Road, Bombay-4.
52. Dadar Surgical and Maternity Hospital, Dadar, Bombay.
53. Dr. Bacha's Memorial Belle-Vue Nursing Home, Bombay.

Ref. No. CR.