# CAMPUS WIRROR

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Exect. Editor: AVANIJESH AWASTHI

#### Editorial ...

The forthcoming DUTA elections provide an opportunity to teachers to assess and introspect. The performance of outgoing leadership(s) is to be objectively reviewed and goals for the next two years set. These elections are taking place on the eve of finalisation of the 6th Pay Commission Report on the pay-package and service conditions of teachers. This fixes the focal 'agenda' of these elections.

Ever since the declaration of the 5th Pay-Committee Report on University and College teachers on 28th July 1998 the DUTA leadership has been in the hands alternatively of the AAD-INTEC or the DTF-CPM. These groups have made DUTA an almost defunct organisation. None of the issues left unresolved in the 1998 notification (e.g. implementation of CAS from 1.1.1996 and not from 27.7.1998, assured 3rd promotion, introduction of professorship in colleges, option to go from CPF to GPF, etc.) was actively or effectively pursued. Instead DUTA office is being used as an 'employment' office packed with hapless young candidates for (adhoc) teaching posts. The DTF-AAD-Left-congress leaders have a vested interest in keeping them unemployed (or adhoc) for obvious exploitative reasons.

During the last 6 years the university authorities have launched an offensive against teachers: clerical internal assessment scheme, re-structuring of courses without consulting teachers and by ignoring the statutory bodies like departments and faculties, denial of promotions and placements to young teachers, withdrawal of the pension scheme, making enrolment to PhDs difficult for teacher candidates, etc. The DUTA leadership has unfortunately taken this lying down, at times collaborating with authourities, with a view

to make paltry gains for their cadres. The vice-chancellor have become so enboldened that the university calender was described as a useless 'Red Book' by one of the team members. Academic and Executive councils are being ignored and vital decisions taken without statutory bodies deliberating upon them.

Teachers should elect a leadership which is academically sound and which believes in a pragmatic approach on issues. DUTA should not become a victim of empty rhetoric and theatrical sloganeering. The NDTF has a proven record of adopting a practical, pro teachers and futuristic apporach to the university's issues.

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#### MEDICAL SCHEME:

Salient Features, Reimbursement, etc.

F.No. 1-13/Hospital Cell/R&H/CGHS/Revised CGHS rates applicable for private hospitals/Diagnostic Centre empanelled under CGHS, Delhi. This supercedes rates contained under OM dated 7/9/2001. The new rates are applicable for beneficiaries admitted for treatment/ investigations w.e.f. 3rd November 2006.

For the purpose of entitlement employees have been categorized as under with respective accommodation charges.

S. No.	Basic Pay	Category	Total Accommodation
	Rs.		Charges Rs./Day
1.	upto 7500	General Ward	500
2.	7501- upto 10,500	Semi-Private	1000
3.	10,501 and above	Private	1500

National Democratic Teachers' Front seeks your Vote & Support for

## Dr. AVANIJESH AWASTHI

FOR DUTA PRESIDENTSHIP &

Dr. CHANDAN KUMAR
Tel.: 9312278999 Dept. of Hindi, Zakir Hussain P.G. (E) College

Tel.: 9818707671

Ms. CHANDRAKANTA

Dept. of Pol. Science, S.P.M. College

**HEM CHAND JAIN** 

Tel.: 9868627490

Dept. of Commerce, D.D.U. College

Dr. V.S. NEGI Tel.: 9899332100 Dent. of C

Dept. of Geography, S.B.S. (E) College

FOR DUTA EXECUTIVE

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	HOTE: The rates indicated below are for semi-private	e ward	5.	O C R	7800 6600
	category. There will be 15% increase in package fall	tes ter		ECCENCCE	
	treatment in private ward & 10% decrease in package for treatment in General ward. Rates for all	other	7.	Keratoplasty	12000
	procedures and investigations will be same I	for all	0.	Trabeculotomy	6700
	categories.		Q.	Trabeculectomy	7800
	categories.		10.	Scalaral Bukling	11000
	S. NAME OF INVESTIGATION	Rates	5	(Retinal Detachment Surgery)	11000
	No. TREATMENT PROCEDURE (Semi- privat	4.500		Foreign body removal	130
		any trat		Referaction/fundoscopy	30
	Consultation		13	Ortho-Optic check up	50
	1. First Visit (O.P.D.)	30	14.	Ortho-Optic exercises	50
	2. Consultation. Revisit or each	00	15.	Plepoptic exercises	50
		30	16.	orbitotomy	12000
	subsequent visit O.P.D.)		17.	Squint Correction	7000
	<ol><li>First Visit- Private*, if any (*from other hospitals)</li></ol>	50		Retinal nerve film Analyzer studies	08
	<ol> <li>Revisit or each subsequent visit Private*-if any</li> </ol>	50		Auto refrectemetry	30
	5. First Visit by MO/Resident Doctor	40		Biometry	55
	6. Doctor	30	2.01		
1	<ol><li>First Visit by Specialists</li></ol>	60		Orthopaedic and Plaster work	
	8. Revisit by Specialists or each subsequent visit	60	1,	Fingers(post, slab)	195
	9. Lung function test	400	Ω.	Colles fracture- Below Albow	890
	10. E.C.G.	75	3.	Colles fracture- Full Fracture	720
	11. E.E.G.	400	4.	Above albow full plaster	810
		810	5.	Above knee post-slab	520
	12. Stress test	810	6	Below knee- full plaster	750
	E.N.T.		7.	Above knee - full plaster	1500
	1. Pure Tone Audiogram	130	8.	Strapping of finger	130
	Impedance and other tests	210	9.	Strapping of Tose	130
	SISI, Tone Decay & Difference times	130		Strapping of Wrist	190
	Multiple hearing assessment test to Adults	130		Strapping of Knee	260
	5. Hearing Aid Selection	130		Strapping of Albow	190
		100,		Strapping of Ankle	260
	6. Hearing Aid Analysis	65		Strapping of Shoulder	390
	7. Speech Discrimination Score	250		Color and cuff sling	300
	8. Removal of foreign body from Nose		15.		300
	9 Removal of foreign body from Nose	250		Physiotheraphy	
	10. Syringing	120	1.	Ultrasonic Therapy	57
	EAR		2.	S. W. Diathermy	57
	1. Ear Piercing	150	3.	Electrical Simulation (therapeutic)	57
	그렇게 되어 가게 하면 하면 그렇게 되었다. 그렇게 그렇게 하는 것이 되었다. 그렇게 하는 것이 되었다. 그렇게 하는 것이 없는 것이 없는 것이 없었다.	8000	4.	Muscle testing and diagnostic	57
	있으면 얼마면 하면 가득이 없이고 하다면 되는데, 그리고 Hard Control Control Hard Hard Hard Hard Hard Hard Hard Hard	9600	5.	Infrared	50
	하기보이 그 그렇게 어린다면 하게 하게 어떻게 하면 하루 사람들이 하면 되었다. 전 경험 사람들이 되었다면 하는 그는 그 그 사람들이 되었다면 하는데, 그는 사람들이 되었다면 하는데, 그런 사람들이 되었다면 하는데,	3500	6.	Wax Bath	57
	4. Myringotomy				57
	HONE NOT HELD IN THE PROPERTY OF THE PROPERTY	11900	7.	Hot pack	5/
	6. Otoplasty	12250		Ultrasound Investigations	
3. 1	Nose		1.	Obstetric First Scan	300
	1. Submucous Reaction	5300	2.	Obstetric Follow up (2nd visit)	300
	2. Intra Nasal Diathermy	1760	3.	Upper abdomen First Scan	350
	3. Endoscopic DCR	9600	4.	Upper abdomen; Follow up (2nd visit)	300
	4. Endoscopic Surgery	10000	5.	Quick look check-up for IUCD & Infants	250
	Throat		1		230
	The transfer of the second of	gend di	midt di	X-Ray	
	1. Torigue Excision	1800	1		
	2. Sub Mandibular Duct Lithotomy	4000		Fluroscopy chest	80
1	3: Adenoidectomy	4700	2.		50
10.5	Eye	84 2.2440	3.	The state of the control of the state of the	100
	1. Ortho-optic check up		4.	Abdomen Lateral view (one film)	100
Ven.	2. Ortho-optic exercises	50	5.	Abdomen for pregnancy	100
	3. Orbitotomy	50	6.	Chest Oblique or Lateral (One film)	100
E IN	4. Xenon Arc Laser	12000	7.	Barium Swallow	565
		1000	8,	Sinography/ Sialography	500
			2		
1.8		200	WEST TRANS	BANGORE, UM GUITER, GUITER GUITE BANGORE, GUITER BANGORE, GUITER BANGORE, GUITER BANGORE, BANGORE, BANGORE, BA	THE TAX STREET, SE

400		S. Sand Handard	110		Same and the same
	Com digramation function	No. 1885 P. S. P. L. S.			
9.	Cystography/ Urethrography			Any the state of t	120
10.	Hysto-Salpingography	650		C.P.K.	
11.	Barium Meal Upper or Lower	702	-	L.D.H.	120
19	Bronchography Lower	800		L.D1	80
13	LV Urgraphy	875		LDH & LD-1	100
14	I.V. Urography	940	23.	Alkaline Phosphatase	60
15	Myelography	936	24.	Acid Phosphatase	80
13.	Barium meal Complete	1100		CK MB	100
	Clinical Pathology			T3, T4, TSH	200
1.	Urine Routine	20		HDL Cho1estro1	75
2.	Ottabilitative Albamaia 4	30			150
3.	Quantitative Albumin/ Sugar	15		LH septem generalized attended	270
	Urine Bile Pigment and Salt	20		FSH	
4.	Urine Urobilinogen	30		Prolactin	270
5.	Urine Ketones	30	31.	Blood gas analysis	230
6.	UrineOccult Blood	30	32.	Blood gas analysis with electrolytes	. 295
7.	Urine Total Proteins	30	33.	Cortisol-blood	270
8.	UrineSodium	60		Histopathology	
9.	UrineChloride	60			150
10.	Bence Jones Proteins	50	1.	Hostopathology	150
.11.	Stool Routine	30	2.	Vaginal Cytology for Hormonal	
12.	Stool occult blood	32		evaluation Bacteriology & Serology	100
	Post coital smear examination	40	3.	Smear gram-strain examination	48
		Se, in duality	4.	Sputem smear A.F.B. stain	48
	Haematology	4.0	_ 1114	Vaginal smear Examination	48
1.	Haemoglobin (Hb)	. 24	5.	The state of the s	60
2.	Total Leucocytic Count (TLC)	24	6.	V.D.R.L.	
3.	Differential Leucocytic Count-DLC	25	7.	Widal test	56
4.	E.S.R.	24	8.	Rheumatoid Factor test	. 80
5	Total Red Cell count	30	9.	Culture & Sensitivity (other specimens)	96
7.0	Platelet count	30	10.	Urine pregnancy test	80
6.		30		C.R.P.	115
7.	Reticulocyte count	30		ASO Titer	100
8.	Absolute Eosinophil count	25		Quantitative H.C.G.	145
9.	Packed Cell Volume (PCV)	32			120
10	Peripheral Smear Examination			Blood culture & sensitivity	
11	. Smear for Malaria parasite	30	15.	Vibro cholera culture	100
12	. Foetal Haemoglobin (Hb-F)	50		ICU/CCU Charges (Special Care Cases	) Steenwill
13	. Prothrombin Time (P.T.)	96	1		Temperation of the
14	. Bone Marrow Smear Examination	150	1.		1050
15	Partial Thromboplastin	130		Monitoring including ECG & Diet	1250
, ,			2.	Respirator & Compressed air	800
	Bio-Chemistry	ENSERTO ESTE	3.	Respirator with Piped Oxygen	1050
1.		30	4.	rost operative care (ico) with biet	1150
2.		50	5.	Cilia care in ciliaren	400
3.	Serum Creatinine	57	6.	Paediatric care for New born/day	190
1		55	7.		250
4.	Serum Uric Acid Serum Bilirubin total & direct	50	8.		300
5.		80	9.		1050
6.	Serum Iron	60			160
7.	Serum Cholesterol			. Phototherapy/day	12.1
. 8.	Total-Iron Binding Capacity	100		. Resuscitation	250
9.	Glucose (Fasting & PP)	50	12	. Resuscitation with Incubator	ownerstable by
10	and the second s	60		attended by Specialist	650
10	Serum Phosphorus	60		ExchangeTransfusion	810
11	Serum Priospriorus		14	. O.T. Charges for Exchange transfusion	230
. 12	Total Protein Alb/ Glo Ratio	60	15	. Pneupack ventilator in Nursery / day	560
13	S.G.P.T.	140		Oxygen Charges	
		400			
15	S.G.O.T. Serum amylase	100	1.	Orthicidania adphiy or	Seamer as 19
13	Serum amylase Serum Electrolyte	64			650
10.	Serum Electrolyte Triglyceride	100	2.	Casulty ICU / day	30
17.	Triglyceride Glucose Tolerance Test (GTT)	100		General Ward/ Day	30
18	Glucose Tolerance lest (G11)			<b>等是不是不是不是一个人的人,不是一个人的人的人的人,不是一个人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的</b>	Maria Carana

		H				4447
	4,	Semi private ward/ Day	30	2	Gastric & Duodenal Biopsy (Endoscopic)	1616
		Obstetric Cases		3.	Pyleromyotomy	6868
	1.	Normal delivery or with Episiotomy & P. repair	6500	4.	Gastrostomy Simple Closure of Perforated peptic Ulcer	8100
	۷.	Low Forceps	7300	5. 6.	Vagotomy Pyleroplasty/	CITAL
	3.	Low midcavity forceps	7300	O.	Gastro Jejunostomy	10100
	4.	Cesarean Section	12000	7.		15200
	5.	Cesarean Hysterectomy	13750	8.	Partial/Subtotal Gastrectomy for Ulcer	17500
	6.	Rupture Uterus, closure &		9.		15200
		repair with Tubal Ligation	13750		. Selective Vagotomy & Drainage	15200
		Cardiac/ Cardio Thoracic procedures			. Congenital Diaphragmatic Hernia	14500
	1.	Coronary Bypass Surgery	130000		. Hiatus Hernia Repair Abdominal	16200
	Ω.	Coronary Bypass Surgery-post Angioplasty	130000		. Hiatus Hernia Repair Transthoracic	12500
	3.	Coronary Baloon Angioplasty	85000		. Epigastric Hernia Repair	8450
	4.	Balloon angioplasty with Valvotomy	105000		. Umbilical Hernia Repair	8450
	5.	Open Heart Procedures	130000		. Ventral and Scar Hernia Repair	10500
	6.	Total Correction of Tetralogy of Fallot	130000		. Inguinal Hernia Herniorraphy	12000
	7.	RSUV Correction	130000	18	Inguinal Hernia Hernioplasty	14600
	8.	TAPVC Correction	130000		. Femoral Hernia Repair	15400
	9.	Open ASD VSD	130000	20	. Rare Hernias Repair (Spigalion,	
	10.	Open Pulmonary Valvotomy	130000		Obturator, Lumbar, Sciatic)	18000
		Open Aortic Valvotomy	130000	21	. Fistula in Ano - High Fistulectomy	19160
	12.	Balock Taussing Operation	110000	22	. Fistula in Ano-Low Fistulectomy	7150
		Mitral Valvotomy	55000		. Imperforat Anus - Colostomy	10550
	14.	Mitral Valve Replacement	130000	24	Imperforate Anus - Pull Through Operation	10109
		Pericardio Centrosis	1000		Nephrology/ Genitoulnary	
		Permanent Pacemaker Implantation	13000	1.	Partial Nephrectomy	14100
		Temporary Pacemaker Implantation	9000	Ω.	Nephrolithomy	14100
		Embolectomy	17300	3.	Pyelolithotomy	14100
		Aneurysm Resection & Grafting	30000	4.	Convernostomy	14100
		Thoracocentesis	1600	5.	Ureterolithotomy	11550
		Thorachostomy	12300	6.	Nephroureterectomy	9700
		Exploratory Thorocotomy	14900	7.	Litholapexy	9700
	23.	Aorta-Femoral Bypass	50000	8.	Operations for injuries of the Bladder	8450
		Breast/Cardio Respiratory Procedures		9.	Total Cystectomy	13900
	1.	Drainage of Abscess	4850	10	. Cystoplasty	18600 18600
	2.	Excision of Lumps	7300		. Urethoscopy	3500
	3.	Local mastectomy (Simple)	9900		. Operations for injury to Urethra	24000
	4.	Bronchoscopy	1950			24000
	5.	Mediastinoscopy	1970		Orthopaedic Surgery Procedure	
	6.	Pleural Biopsy	2250	1.	Application of P.O.P Casts for	
	7.	Thoracoscopy	4900		Upper & Lower Limbs	850
	8.	Tracheostomy	2500	Ω.	Application of Functional Cast Brace	1150
			2000	3.	Application of Skin Traction	800
	10.5	Oesophagus		4.	Application of Skeletal Tractions	1500
	1.	Atresia of Oesophagus and		5.	Bandage & Strappings for Fractures	400
		Tracheo Oesophageal Fistula	24000	6.	Aspiration & Intra Articular Injections	500
	2.	Operations for Replacement of		7.	Application of P.O.P. Spices & Jackets	2450
1		Oesophagus by Colon	20400	8.	Close Reduction of Fractures of Limb & DOD	2000
	3,	Oesophagectomy for Carcinoma		9.	Reduction of Compound Fractures	5000
1	,	Easophagus	20400	10	. AO Procedures	7000
	4.	Oesophageal Intubation	er en de les	11	. Tension Band Wirings	4100
	-	(Mausseau Barbin Tube)	10000	12	. Bone Grafting	6000
	5.	Achalasia Carida Abdonia I	9700	13	Excision of Bone Tumours - Superficial	8000
	6. 7.	Achalasia Carida Abdominal	12000	17	Excision of Bone Tumours - Deep	12000
1	1.	Oesophago Gastrectomy for mid 1/3 lesion	20300	. 15	. S.P. Nalling for Fracture Neck Femur	9000
		Abodemen	GAR V	10	. Multiple Pinning Fracture Neck Femus	10000
	1.	Gastroscopy	1300		. Neurolysis/Nerve Suture	10100
	100			. 18	. Nerve Repair with Grafting	15000
				4	[2012] [	

	19. Tendon with Transplant or Graft 20. Tendon Lengthening/Tend			
	20. Tendon Lengthening/Tendon Sutures 21. Soft Tissue Operation on Knee	8000	32. Werthimas Hystrectomy for Cancer cervix	21000
	21. Soft Ties Stendon Suturas	6000	33. Sterilisation Post Pertum	3000
	ZZ Kemoval - C	12000	34. Hysteroscopy Intervaginal	2900
	23. Removal - 6 P. Wires & Screw	4600	35. D & C	3000
	24. Iotal Hip p	3000	36. Evacuation	5500
	25. Total Ankle Joint Replacement 26. Total Knee Joint Replacement	90000	37. MTP-1 <sup>st</sup> Trimester	5500
	26. Total Knee Joint Replacement 27. Total Shoulder Leinens	130000	38. MTP - 2nd Trimester	3500
	27. Total Shoulder Replacement	110000	Specialised Procedures/ Investigations	
	28. Total Elbow Joint Replacement 29. Total Wrist Joint Replacement	100000	(WC- With Contrast, UC-Without contrast)	
	29. Total Wrist Joint Replacement	100000		900
	Name South Replacement	100000		1400
	Neuro Surgery		and the state of t	1700
	Craniotomy and Evacuation of Hagmatoma C		The second secon	2140
	racingtoffia -Subdurat	10000	- a-a to control Damal	2140
	2. Craniotomy and Evacuation of	40000	5. C.T. Spine (Cervical, Dorsal, Lumbar, Sacral) –UC	1440
	rideriidioina –Extradurat	10000	6. C.T. Spine (Cervical, Dorsal,	(440
	3. Evacuation of Brain Absorb	40000	Lumbar, Sacral) - WC	2300
	4. Excision of Lobe (Frontal,	40000	and the same of th	900
	remporal, Cerebelium etc.)	40000	- n - n - n - later - name	1400
	5. Excision of Brain Tumours – Supratentotial	40000		1400
	6. Excision of Brain Tumours – SSubtentorial	40000		2325
	7. C.S.F. Rhinorrhaea	40000	10. C.T. Scan Chest - WC	
	8. Cranioplasty	32000	11. C.T. Scan Upper Abdomen- UC	1300
	9. Median Nerve Decompression	19400	12. C.T. Scan Upper Abdomen- WC	2092
	10. Brain Mapping	11000	13. C.T. Scan Lower Abdomen-UC	1680
	11. Endoscopic Surgery	2900	14. C.T. Scan Lower Abdomen WC	2092
		12600	15. MRI Head - UC	2500
	Gynae, Operation Charges		16. MRI Head – WC	3500
	Abdominal Hysterectomy	13000	17. MRI Orbits - UC	1700
	Vaginal Hysterectomy	13000	18. MRI Orbits - WC	5000
	Myomectomy Vaginoplasty	11400	19. MRI Shoulder – UC	2500
	4. Laparotomy (Ectopic Pregnancy)	12700	20. MRI Shoulder – WC	5000
	5. Vulvectomy (Simple/Radical)	11400	21. MRI Shoulder both Joint –UC	2500
	6. RVF Repair	16200	22. MRI Shoulder both Joint WC	5000
	7. Other Major Operations	16000	23. MRI Wrist Single Joint – UC	1000
	8. Manchester Operations	13000	24. MRI Wrist Single Joint –WC	5000
	9. Perineorrhaphy	11400	25. MRI Wrist both Joint - UC	2500
	10. Colporrhaphy	11400	26. MRI Wrist both Joint WC	5000
	11. Modified Gilliam	10000	27. MRI Knee Single Joint -UC	2500
	12. Shirodkar's Operation	7500	28. MRI Knee Single Joint WC	5000
	13. Diagnostic Curettage	1800	29. MRI Knee both Joint - UC	2500
	14. Fractional Curettage	2000	30. MRI Knee both Joint - WC	5000
	15. D & C and Cervical Biopsy	2300	31. MRI Ankle Single -UC	2500
		1100	32. MRI Ankle Single -WC	5000
	16. Polypectomy	2600	33. MRI Ankle Both - UC	2500
	17. Other-Minor Operation		34. MRI Ankle Both - WC	4
	18. Excision Vaginal Cyst/ Burtholin Cyst	2600	35. MRI Hip - UC	5000
	19. Excision Vaginal Septum	3500	36. MRI Hip - WC	2500
	20. Laparoscopy Diagnostic	4040	37. MRI Pelvis - UC	5000
	21. Laparoscopy Sterilisationn	4300	38. MRI Pelvis - WC	2500
	22. Laparoscopy Operative	12000	39. MRI Abdomen - UC	5000
	23. Laparoscopy LAVH	22000	40. MRI Abdomen – WC	2500
	24. Drilling of Overy	11700	41. MRI Breast - UC	5000
	25. Myomectomy	13000	40 AADI Droost Nee	2500
	26. Adhesonolysis	10000	49. MRI Breast - WC	5000
	27. Ectopic pregnancy	13400	43. MRI Chest - UC	2500
		12400	TT. MIKI CHEST - WC	5000
	28. Hysteroscopy ICRE 29. Hysteroscopy Removal of IVCD 29. Hysteroscopy Removal of Septum	6500	45. MRI Cervical Spine -UC	1000
	29. Hysteroscopy Removal of Septum	8250	40. MKI Cervical Spine -WC	5000
	30. Hysteroscopy Removal of Septum 31. Hysteroscopy Diagnostic	5700	+1. Lumber Spine -11C	2500
- C. C.	24 Uniteroscopy Diagnostic		48. Lumber Spine -WC	5000
	31. Hysicioscopi	The state of the s	The state of the s	F11/1/1

49. MRI Thorax - UC	
	2500
50. MRI Thorax - WC	5000
51. MRI Screening - UC	1000
52. MRI Screening - WC	4000
53. MRI Angiography - UC	1200
54. MRI Angiography - WC	
	5000
55. Mammography (Single side)	450
56. Mammography (Both side)	540
57. Bone Densitometry Three sites	340
(Spine, Hip & one extremity)	2000
58. 2 D Echo with colour Doppler	1100
59. Test of Pacemaker	,,,,,
60. Aortogram	485
	3250
61. Whole body scan	1616
62. Bone Marrow Scan	1500
63 A.V. Fistula	
	4000
64. Coronary Angiography	10000
Chemotherapy Charges	

#### LIST OF APPROVED HOSPITALS

Apollo millennium hospital.

Infusional Chemotherapy

Single Drug Therapy per day

Multiple Drug Therapy per day

- Arya Vaidya Shaia Kottakkal, Ayurvadic Hospital & research Centre.
- 3. Aryan Hospitals Pvt. Old railway Road, Gurgaon
- 4. Batra Hospitals & Medical Research Centre.
- Centre of sight, Green Park.
- 6. Dharmshila Centre Hospital & Research Centre.
- 7. Delhi Heart & Lung Institute.
- 8. Escort Heart Ins. & Research Centre, Okhla Road, New Delhi.
- Escort Heart Ins. & Research Centre, Faridabad.
- 10. G.M. Modi Hospitals & Research Centre, Saket,
- 11. Ganga Ram Hospitals, Rajender Nagar, New Delhi.
- 12. Hamdard Clinic, Asaf Ali Road, New Delhi.
- 13. Holy Family Hospital, Okhla Road, New Delhi.
- 14. ICARE, Eye Hospitals & PG Institute, Noida
- 15. Indraprastha Apollo Hospitals, Mathura Road, Sarita Vihar, New Delhi.
- 16. Indian Spinal Injury Centre, Vasant Kunj, New Delhi.
- 17. Institute for the Physically Handicapped, Vishnu Digameber Marg, New Delhi.
- 18. Jeevan Mala Hospitals, New Rohtak Road, New
- 19. Jaipur Golden Hospital, Rohini, Delhi.
- 20. Kukreja Hospital & Heart Centre, Vishal Enclave, New Delhi.
- 21. Kalra Hospital & Shri Ram Cardiothoracic & Neurosciences Centre, N Delhi.
- 22. Kailash Hospitals & Reasearch Centre, Noida.
- 23. Kalyani Hospital (P) Ltd. Mehrauli Road, Gurgaon
- 24. Mata Chanan Devi & Mahashy Dharampal Heart Ins. Janak Puri, New Delhi.
- 25. MGS Hospitals, Rohtak Road, West Punjabi Bagh, New Delhi.

- 26. Maharaja Agrasen Hospital, Punjabi Bagh, New
- 27. Mohan Eye Institute, Ganga Ram Hospital Marg, New Delhi.
- 28. Max Medical Centre, HB Twin Towers, Pitampura, Delhi for Uro-dynamics & Lithotripsy).
- 29. Metro Hospital and Heart Institute, Noida.
- 30. Max Medical Centre, Noida. (for Orthopedic)
- 31. Majeedia Hospital, Hamdard Nagar, Tughiakhabad, New Delhi.
- 32. Mool Chand Khairati Ram Charitable Hospital, Lajpat Ngr. New Delhi.
- 33. Metro Heart Institute, Lajpat Nagar New Delhi.
- 34. Narendra Mohan Hospital, Mohan Nagar, Ghaziabad.
- 35. National Heart Institute, East of Kailash, New Delhi.36.
- 36 NMC (Noida Medical Centre) Hospital, Noida
- 37. Orthonova, Safdarjang development Area, New Delhi. (For Orthopedic)
- 38. Ore-Dental Care Centre, Vasant Vihar, New Delhi.
- 39. Pushpawati Singhania Research Institute, Sheikh Sarai, New Delhi. (For gastro-enteric and Liver diseases)
- 40. Prakash Hospital, Prakash Institute of Trauma and Orthopaedics, Noida.
- 41. Parnami Orthopaedics Hospital & Joint Replacment Centre, Panchwati, Opp. Azadpur Mandi, New Delhi.
- 49. R.G. Stone Urological Research Institute, East of Kailash, New Delhi.
- 43. Rockland Hospital, Qutab Institutional Area, New Delhi.
- 44. Ram Lal Kundan Lal Orthopaedics Hospital, Pandav Nagar, Delhi.
- 45. Rajiv Gandhi Cancer Institute & Research Centre, Rohini, Delhi.
- 46. Saroj Hospital, Madhuban Chowk Rohini, Delhi.
- 47. Sri Balaji Action Medical Institute, Paschim Vihar, New Delhi.
- 48. Sant Parmanand Hospital, 18 Sham Nath Marg,
- 49. St. Stephen's Hospital, Tis Hazari, Delhi.
- 50. Shri Banarsidas Chandiwaia, Sewa Samarak Trust Sosiety, Kalkaji, N.Delhi.
- 51. Shroff Eye Clinic, Kailash Colony, New Delhi.
- 52. Shroff Eye Clinic, Surya Kiran, KG Marg, New Delhi.
- 53. Sita Ram Bharatiya Institute of Science & Research Centre, IIT, N. Delhi.
- 54. Santosh Medical & Dental College Hospital, Ghaziabad.
- 55. Sarvodaya Hospital, Old Faridabad, (Haryana).
- 56. Taneja Hospital & Heart Centre, Gurgaon.
- 57. The Heart Centre, Lajpat Nagar, New Delhi.
- 58. Tirth Ram Shah Hospital, Rajpur Road, Delhi.
- 59. Venu Eye Institute & Research centre, Shekh Sarai Inst. Area, New Delhi.
- 60. Vidyasagar Institute of Medical Helth & Neuron Sciences, Nehru Nagar, New Delhi.

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- 61. Vinayak Hospital, Atta, Noida.
- 69. Vaish Eye Clinic, Model Town-III, Delhi.
- 63. Vision Eye Centre, West Patel Nager, New Delhi.
- Yashoda Hospital & Research Centre, Nehru Nagar, Ghaziabad.
- Centre of Sight, B-5/24, Safdarjang Enclave, New Delhi-29, for Medical Treatment w.e.f. 16/2/06.
- 66. Ganga Ram Hospital, Rajendra Nagar, New Delhi-60.
- 67. Holy Family Hospital, Okhla Road, New Delhi.
- Anand Hospital, 21 Community Centre, Preet Vihar, Delhi-92.
- 69. Fortis Jessa Ram Hospital. Pusa Road, New Delhi.
- 70. Fortis Hospital, B-22, Sector 62, NOIDA.
- Goyal Hospital & Urological Centre, Krishna Nagar, Delhi-51.
- J.D. Kapoor Memorial Hospital, Pandav Nagar, Naraina N. Delhi-08.
- Jain Hospital 177-178, Jagriti Encl. Vikas Marg Ext. B.H. Marg Delhi.
- 74 Jeewan Anmol Hospital, Mayur Vihar Ph-I, Opp. Pratap Nagar, Delhi-91.
- 75. Lata Hospital AG-35, Shalimar Bagh, New Delhi-88.
- Lion Hospitals & Research Centre, Khizradad, Near B-Block, New Froends Colony, New Delhi-65.
- MKW Hospital, J. Block, Community Centre, rajouri Garden, N. Delhi.
- 78. Shanti Mukund Hospital, Karkardooma, Delhi.
- Sonia Hospital, Gulshan Park, Main Rohtak road, Nangloi, Delhi-41.
- 80. Vinayak Hospital, Derawal Nagar, opp. Model Town Delhi-09.
- 81. V-International Hospital, Chandragupta Marg, Chanyakpuri, New Delhi-21.

## FOR TREATMENT IN OPD ONLY (No Hospitalisation)

- Brahm Shakti Hospital & Research Centre, Budh Vihar, Delhi-41.
- 2. Holy Angeles Hospital, Vasant Lok, New Delhi.
- 3. Kesar Hospital, AH-11, Shalimar Bagh, Delhi-88.
- Muni Maya Ram Jain Hospital, K.D. Block, Pitampura,
   Delhi
- 5. Mann hospital (P) Ltd. 1/37, Roop Nagar, Delhi.
- Nulief Hospital, 1616, Outram Line, Kingsway Camp, Delhi.
- Sadhu Vaswani Mission Medical Centre, 4th Street, Shanti Niketan, New Delh-21.
- Sanjeevan Medical Research Centre, 4869/24,
   Ansari Road, Daryaganj, New Delhi-02
- The City Clinic & Nursing Home (Tarachnical Memorial Hospital), 17-A/1, Asuf Ali Road, New.Delhi.

## LIST OF DIGNOSTICS CENTRES

- Anand X-Ray Clinic (Regd.) 52, New Krishna Park, Dhouli Pio. Mandir, Vikas Puri, New Delhi-18. (Clinical Lab, ECG. Ultrasound, Colour Doppler)
- 2 City X-Ray & Scan Centre 48/7, Tilak Nagar, New Delhi, (Conventional Radiology, CT Mammography, USG & Colour Doppler & Lab.)

 C D Diagnostic (Sunder Lal Jain Hospital) Ashok Vihar, Phases-III, Delhi- (CT)

- Col Pants Imaging Centre, A-22, Green Park, New Delhi. (USG and Mammography)
- Dr. Savita Jain Arun Imaging Centre, D-29, Vivek Vihar, Delhi. (Conventional Radiology, USG, Mammography, ECHO & Color Dop)
- Dr. Anand Imaging & Neurological Centre, G-24, Preet Vihar, Delhi. (Conventional Radiology, CT & NRI)
- Delhi MR & CT Scgan Centre (Ashok Hospital) 25-A/AB, S.J. Enclave, New Delhi. (MRI, CT and USG)
- Dr. P. Bhasin Path Lab. S-13, Greater Kailash Part-I, New Delhi. (Lab.)
- Diwan Chand Satyapal Aggarwal Imaging Research Centre, 10-B, Kasturba Gandhi Marg, New Delhi. (All Radiological Investigations & nuclear medicine)
- Dr. Lal Path Lab. (P) Ltd. Esky Home, 54, Hanuman Road, New Delhi. (Lab.)
- Dr. S.S. Doda Ultra Sound Centre, 23-B, Pusa Road, New Delhi. (Conventional Radiology, USG, Mammography, CT & Color Dop.)
- Dr. Suri Lab. Pvt Ltd. Pusa Road, New Delhi. (Lab. Investigation)
- Dr. Handa's Imaging Centre, 34-B, Pusa Road, New Delhi. (X-Ray, OPG, USG, Color Doppler Mammography)
- Dr. Chopra's Bone Densitometry Centre & Lab.2, Rajouri Palace, J-1/162, Rajouri Garden, New Delhi. (Bone Densitometry)
- Dr. M.L. Aggarwal X-Ray Clinic, A/1/150, Safdarjang Enclave, New Delhi. (X-Ray & USG)
- 16. Dave Pathological Lab. Daryaganj, New Delhi.
- Focus Imaging & Research Centre Pvt. Ltd., 47/1-2, Main Yusuf Sarai Market, Aurobindo Marg, New Delhi. (MRI)
- GMR Institute of Imaging & Research Centre, 35-B, Pusa Road, New Delhi. (CT & MRI)
- GMR Institute & MRI Scan Centre, A-13, Green P(ark, New Delhi. (MRI)
- Ganesh Diagnostics & Imaging Centre (P) Ltd., A-1/ 109. Sector-8, Rohini, Pkt.-A, Near Deepali Chowk, Delhi-85. (X-Ray, USG, CT, MRI)
- Gami Diagnositic Centre, 3, Gujrat Vihar, Vikas Marg,
   Delhi. (Laboratory Investigation)
- Janta X-Ray Clinic, 4-B/5, Tilak Nagar, New Delhi (Conventional Radiology, CT, MRI, Mammography, USC & Colour Doppler & Lab.Bone Densitometry)
- Kishore X-Ray & Pathology, Delhi Ultrisound Scan Centre, A-13, Panchwati, Oppt.New Subji Mandi, Azadpur, Delhi-33.
- 24. Kohli Imaging & Diagnostic Centre, 70, Mount Kailash, East of kailash, New Delh. (Ultrasonography & Color Doppler).
- 25. Khurana Diagnostics, Malkaganj, Delhi.
- 26. Mahajan Nuclear Medicine & Bone Densitometry Centre (Sir Ganga Ram Hospital) Rajendra Nagar, New Delhi. (Nuclear Medicine & Bone Densitometry)

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- Metro Health Care Centre (Titath Ram Shah Hospital)
   Near Tis Hazari, Battery lane, Delhi. (CT)
- Millennium Bone Densitometry & Osteoporosis Research Centre, 47, Pusa Road, New Delhi. (Bone Densitometry)
- Max Medical Centre, 110, Panchseel Park, New Delhi-17. ((Conventional Radiology, CT, MRI, Mammography, USG, Echo, Holter, PET, Audiometry & Speech Therapy)
- Medical Laboratory Services. (General & Diagnostic Procedure)
- Majeedia Hospital, Jamia Hamdard, Hamdard Nagar, New Delhi. (Diagnostic, Conventional Radiology and Lab.)
- 32. Modern Diagnostic & Research Centre, 363/4, Jawahar Nagar, New Railway Road, Gurgaon. (Conventional Radiology, CT & Lab.)
- 33. Modern CT Scan & Diagnostic Centre, 9/3-4, Roop Nagar, Near Shakti Nagar Crossing, New Delhi-7
- Max Dedcenter-Nursing Home & Diagnosis, A-2, 3
   4, Netaji Subhash Place, Wazirpur District Centre, delhi32 (Diagnostic Purpose)
- Nova Diagnostic Centre, 15/A, A-2B, Ekta apartment, Paschim Vihar, New Delhi-63.
- Nasa Scan Centre (P) Ltd. Plot No. 38, Pkt. C-9, Sector-8, Rohini, Delhi (Lab, X-Ray, USG, CT, MRI & Color Doppler)
- NOIDA Diagnostic Centre, D-4, Sector-20, NOIDA. (Conventional Radiology & Lab.)
- N.M.C. Imaging & Diagnostic Centre (VIMHANS Campus), 1, Institutional Area, Nehru Nagar, New Delhi, (CT, MRI, Conventional Radiology, USG and Lab.)
- North Delhi Path. Clinic, Kamla Nagar, 56-A, Kamla Nagar, Delhi. (Lab.)
- North MR Scan Research Institute (Sir Ganga Ram Hospital) Rajendra Nagar, New Delhi. (MRI)
- 41. New Delhi Scan Institute (Sir Ganga Ram Hospital) Rajendra Nagar, New Delhi. (CT)
- 42. National CT Scan & Diagnostic Centre, 17, NWA, Club Road, Punjabi Bagh, New Delhi. (Conventional Radiology, CT, Lab, ECHO, Color D.)
- 43. Organ Imaging Research Centre, A-22, Green Park Main, New Delhi.(CT & MRI)
- R. G. Stone Urological Research Institute, F-12, East of Kailash, N. Delhi. (Endo-Urology Surgery, Holmium Laser Surgeries & Laproscopic Surgeries)
- 45. Saral Advanced Diagnostic (P) Ltd.. E-1073, Saraswati Vihar, Pitam Pura & 2, Shakti Vihar, Pitam Pura, Delhi, (Conventional Radiology, USG, CT, MRI & Lab.)
- Sidharth Diagnostic Centre, Sidharth Cat Scan Speciality, 2169, Shadi Kham Pur Main Patel Road, West Patel Nagar, New Delhi. (USG, CT & Lab.)
- Shalimar Diagnostic Centre, AD-130-A, Shalimar Bagh, Delhi. (Conventional Radiology & Lab.)

- Speciality Ranbaxy Ltd., C/o Indian Spinal Injuries Centre, Sector-C, Vasant Kunj, New Delhi. (Lab.)
- Sanghi Medical Centre (P) Ltd. S-51, Greater Kailash-I, New Delhi (Laboratory Investigations)
- Sachdeva Diagnostic Pvt. Ltd. E-991, Saraswati Vihar, Delhi. (X-Ray Including Special Investigation, USG, Color Doppler, Bone Densitometry)
- South Delhi Ultrasound & X-Ray Clinic, A-44, Hauz Khas, New Delhi. (X-Ray, OPGm USGm Color Doppler, Mammography)
- 52. Sarvodaya Medical Research Centre. (CT Scan Only)
- The Clinical Laboratory, E-13/9, Vasant Vihar, New Delhi. (Laboratory Investigations)
- 54 Uma Sanjeevani Health Centre, 1, Dakshin Marg, DLF City, Phase-II, Gurgaon. (Diagnostic Purpose, Lab.)
- Vasant Vision X-Ray & Ultra Sound Clinic, F-9/4, Vasant Vihar, New Delhi, (Conventional Radiology & USG)

#### HOSPITALS UNDER DIRECT PAYMENT FACILITY :

- R.B. Seth Jessa Ram & Bros. Charitable Hospital, WEA, Karol Bagh, N. Delhi-05.
- 2. St. Stephen's Hospital, Tis Hazari, Delhi-54.
- Sant Parmanand Hospital, 18, Sham Nath Marg, Civil Lines, Delhi.
- Tirath Ram Shah Charitable Hospital, 2-A, R.B.L. Ishwar Das, Sawhney Marg, Rajpur Road, Delhi.
- R.G. Stone Urological Research Institute, F-12, East of Kailash, New Delhi.
- M.K.W. Jankalyan Hospital, J-12, Community Centre, Rajaury Garden, New Delhi-27.
- Mohan Eye Institute, 11-B, Gangaram Hospital Marg, New Delhi-60.
- Venu Eye Institute & Research Centre, 1/31, Sheikh Sarai Institutional Area, Phase-II, New Delhi-110
- Aryan Hospital Pvt. Ltd., Old Railway Road, Gurgaon – 122 001.
- Kalra Hospital, A-5 & 6, Kirti Nagar, New Delhi –
   110 015.
- Narin Jer Mohan Hospital & Heart Centre, Mohan Nagar, Ghaziabad.
- Parnami Orthopaedic Hospital, A-15, Panchwati, New Azadpur Subzi Mandi, Delhi – 110 033.
- 13. Metro Hospital & Heart Institute, 14, Ring Road, Lajpat Nagar IV, New Delhi-110 024.
- 14. Vision Eye Centre, 19/27, West Patel Nagar, New Delhi 110 008.
- 15. Prakash Hospital Pvt. Ltd., D-12, 12A, 12B, Sector-33, NOIDA – 201 301.
- 16. Kailash Hospital & Research Centre Ltd., Sector-19 & Sector-27, NOIDA 201301.
- 17. Jain Hospital, 177-178, Jagriti Enclave, Vikas Marg Ext., Delhi – 110 092,
- 18. Sarvodaya Hospital, Gopi Colony, Sector 19, Faridabad
- 19. Delhi Heart & Lung Institute, 3 MM-II, Panchkulan Road, New Delhi 110 055

- Anand Hospital, 21 Community Centre, Preet Vihar, Delhi- 110 092
- Q1. Goyal Hospital & Urology Centre, E4/8 Lajpat Rai Chowk, Krishna Nagar New Delhi – 110 051
- PP Rockland Hospital, B 33- 34, Qutab Institutional Area, New Delhi- 110 018
- 93. MGS Hospital, West Punjabi Bagh, Rohtak Road New Delhi- 110 026
- 94. Jeevan Mala Hospital Pvt. Ltd., 67/1 & 67/A2, New Rohtak Road, New Delhi- 110 005
- Kukreja Hospital & Heart Centre Pvt Ltd., C-1 Vishal Enclave, Rajouri Garden, New Delhi 110 027
- 26. Icare Eye Hospital, E 3 A, Sector 26, NOIDA
- Vinayak Hospital(a Unit of Chaudhary Nursing Home Pvt. Ltd.), NH-1, Atta, Sector 27, NOIDA 201301.
- 28. Centre for sight, A-23, Green Park & B-5/24, Safdarjung Enclave, New Delhi
- Jeevan Anmol Hospital Mayur Vihar, Phase 1, Delhi-110 091
- Banarsidas Chandiwala Institute of Medical Sciences, Maa Anandmai Ashram Marg, Kalkaji, New Delhi- 110 019
- Sanjeevan Medical Research Centre(P) Ltd., 4869/
   Ansari Road, Daryaganj, New Delhi- 110 002

In order to avail the facilities at above mentioned hospitals, the employee concerned is required to produce valid identity card with photograph of the beneficiary issued by the University of Delhi or the Principal of the College.

The above facility is extended to the employees only for inpatient hospitalization. In case of out patient treatment, the University employees shall take such treatment on the agreed rates on cash basis and University of Delhi shall not be responsible for any such medical expenditure on this account under Direct Payment System.

For inpatient treatment, the liability of the University shall be limited to the rates fixed by the CGHS for such treatment including procedures.

In case the eligible accommodation is not available at the time of admission, the patient will be entitled to lower category of accommodation. But if patient is provided with the higher category accommodation at his/her own request, the differential amount will be borne by the beneficiary.

Note: some hospitals are denying direct payment facilities to teachers. The NDTF will force the University authorities to take remedial measures to discipline these hospital.

#### NDTF's RECOMMENDATIONS

AND AND THE REST

## ON PAY STRUCTURE AND SERVICE CONDITIONS SUBMITTED TO THE UGC FOR THE 6<sup>TH</sup> PAY COMMISSION.

#### RATIONALE; PRINCIPLES:

- Higher Pay Scales than 1st Class services because:
  - Higher qualifications required at the entry point for teaching positions; and
  - b. The average age of entry is comparatively (about 4 years) late:
- 2. 100% neutralization of the cost of living index :
  - Consumer Price Index (CPI) taking 1984-85 as 100 was 259 for 1995-96 (date of last pay revision).
  - This index was over 500 in Jan. 2006 (the expected date of implementation of the revised scales). Hence a multiplier of 2 be given.

The GDP growth during 1996-2006 is 6% and is likely to be around 9.5% p.a. on an average in the years to come. Hence a multiplier of 1 be given on this count.

And a multiplier of 0.5 be given in respect of fixation.

Hence, a total multiplier of 3.5 be used (2+1+0.5=3.5)

THEREFORE ACCORDING TO THE PRINCIPLES STATED ABOVE, THE BASIC PAY OF RS.8000 WORKS OUT TO RS.28,000.

The NDTF feels that the new grades should be on the following pattern:

#### PAY SCALES:

Lecturer's Scale	20,10	Rs.28000-45000	
Senior Scale	ale de S	Rs.35000-55000	144
Reader's Scale	FF . 15.1	Rs.42000-64000	
Senior Reader's Scale	adok mendi	Rs.50000-70000	**
Professor's Scale	e de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición dela comp	Rs.57000-75000	

(\*\*Readers who were fixed at the 7 increments stage in the 1998 pay revision must be placed in the senior Reader's scale)

#### PROMOTION:

Exactly on the basis of the pattern of promotion of IAS Cadre, the admissibility in the various grades should be as under:

Lecturer's Scale		Beginning
Senior Scale	after	4 Years
Reader's Scale	after	8 Years
Senior Reader's Scale	after	11 Years
Professor's Scale	after	14 Years

PROFESSORSHIPS should be introduced in all colleges.

#### MEDICAL SCHEME

- A fixed amount equivalent to a month's basic salary in a year be paid to all teachers for day-to-day treatment.
- Hospitalisation expenses should be reimbursable in full. Further the hospital should claim the expenses directly from the College/University.
- The WUS Health Centre should be further strengthened by providing more facilities. The present facilities should also be improved.

#### RETIREMENT BENEFITS

- The qualifying service for full pension should be reduced to 28 years instead of present 33 years.
- Rate of Pension should be raised to 66% of emoluments drawn in the last month for full qualifying service instead of the present 50%. Further the pension should be proportionately increased if the qualifying service is more than 28 years.
- 3. There should be no ceiling on the amount of gratuity.
- Voluntary retirement should be permitted after 15 years of qualifying service.
- The rate of commuted value of one rupee should atleast be doubled.

#### CERTAIN OTHER ASPECTS

**Encashment of Earned Leave** – upto 12 months instead of present 300 days.

**Encashment of Half-Pay Leave** – up to total accumulation without any deduction.

**HRA** – To be raised to realistic value keeping in mind the status of the city. Leasing facilities should also be made available in the absence of Staff quarters.

CCA - Atleast Rs.5000 for a city like Delhi.

**DA** – There should be 100% neutratisation of cost of living index.

**Group Insurance** – Ceiling to be raised to Rs.10 lakhs instead of P.S. 2.4 lakhs.

Vehicle advance - ceiling to be raised to Rs.3.5 lakhs.

**Computer Advance** – To be given separately and not in lieu for car. Internet/Telephone allowance be given.

**Education Allowance** – Rs.600 pm per child upto a maximum of 2 children.

**Professional Allowance** – Rs.2500 p.a. for the purchase of books etc.

**Travel Grants** – For attending conferences in foreign countries should be available to college teachers also.

Facilities for Research – Sufficient funds should be provided for research facilities in colleges and University.

Inservice Increments for M.Phil/Ph.d. – There should be provision for giving advanced increments to those who do Ph.D/M.Phil while in service. The date of submission of the dissertation should be taken as the date of award of degree (if the degree is awarded on the same)

Grievance Redressal Mechanism – There should be effective grievance redressal machinery. It should look into the grievances of the teachers in a time bound manner and there should be very few bureaucratic steps in it.

**Tax-Benefits** – Salary income should be totally exempt from tax.

#### **University News:**

#### REVIEW URGENTLY NEEDED

During the tenure of Dr. Deepak Nayyar hurried, illconceived steps were introduced to

- (a) Introduce Internal Assessment Scheme.
- (b) Re-structure all the courses of study.

These steps were introduced without consulting teachers or statutory bodies like the departments, faculties and committee of courses. The result is that the internal Assessment Scheme is totally bureaucratic without any academic benefit. Colleges are finding it difficult to cope up with the additional requirements imposed by the restructured courses like BA program, B.Com program & BA (Hons). Required academic infrastructure is woefully lacking. Study materials are not even available. Our examination system is not able to deal with the additional pressure. Many results are inordinately delayed causing damage to students' future careers.

NDTF believes that since 3 years have elapsed after the introduction of these schemes, the University should immediately set up a machinery to review them. The University system should gain from the past 3 years experence.

#### Disastrous B.Sc. Program

The B.Sc. Program introduced from the 2005 session has proven to be academically disastrous. The NDTF had consistently opposed the introduction of this useless course right from the beginning. A Forum of Science Teachers (with Dr. Manoj Khanna, Dr. Ajay Bhagi & Dr. G.S. Virdhi as convenors) was set up by the NDTF to build up an intellectual campaign against the B.Sc. program. But the Vice-Chancellor (Deepak Pental), with the help of some teachers (focussed upon becoming Principals or rising up the status ladder), was hell bent on implementing this B.Sc. program. The NDTF was successful in preventing the B.Sc. (Hons.) courses going down the same sinking drain.

The result is that less then 25% of the total intake capacity of B.Sc. programs in all the 3 years put together is being filled. Students see no academic or professional future in pursuing this back breaking course. This will have serious implications for the future of science teachers and sciences in Delhi University.

The NDTF will stirve for the total scrapping of the present B.Sc. program and replacing it with students friendly and more scientific and logical B.Sc. program.

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## AD HOC TEACHERS VICTIMISED :

Despite tall claims by the DUTA Leadership many ad hoc teachers in various colleges have been denied absorption on 16th July, 2007. Thus they have been denied the benefit of summer vacation salary and continuity of service. Some principals are appointing guest lecturers against full teacher's workload. This trend to appoint guest lecturers will degenerate in future into making contractual appointments to teaching positions. This has to be resisted.

#### Dangerous and undemocratic 'Dadagiri' of DTF: Kalindi College issue

In one of the recent meetings of the DUTA Executive Committee convened to discuss the issue of harassment of a woman teacher of Kalindi College Mr. Amar Dev Sharma, DUTA President who is recontesting, crossed all limits of undemocratic functioning and agressive behaviour. The woman teacher who was the junior teacher representative on Kalindi College Governing Body was being constantly harassed by many members of the G.B. for asking difficult questions and for creating inconvenient situations for the bussinessman chairman. The chairman, in connivance with some other G.B. members, was trying to transfer over 6.5 crore of employees P.F. to a branch of a bank of his choice at Asaf Ali Road far removed from the college. (That too on a one day notice!). Obviously he may have had private financial interest in this strange transfer. The chairman was using a university representative on the college G.B., Prof. Ajay Tiwari, as his hatchetman to

browbeat any opposition. Prof. Tiwari is a well known DTF/CPM activist. The woman teacher opposed these nefarious moves by the college G.B. Prof. Tiwari always used threatening and coersive languague against the woman college teacher boasting that both the Vice-Chancellor and the DUTA are in his pocket. He even accused her of taping the proceedings of the G.B. on her mobile. The woman teacher challenged Prof. Tiwari to prove this charge as it also impinged on her privacy. Constantly harassed by the G.B.- she was declared to exhibit hysetrical behaviour - the member resigned and lodged a complaint with the DUTA.

Dominant majority, except DTF members, were for censuring the G.B. in general and Prof. Ajay Tiwari, who was consistently acting as the front man of the chairman, in particular. A resolution signed by 11 members (out of 15 present) was moved in the Executive Committee. The DUTA President and DTF were hell bent upon protecting Prof. Tiwari at the cost of the dignity of the woman teacher. Amar Dev Sharma refused to admit the resolution moved by dominant majority. He ruled it out and ran away with the resolution. The resolution was then adopted by the remaining members.

This episode raises a host of pertinent questions. Will only those resolutions be moved in the DUTA which have the support of the President and his/her group? Will the issue of women teachers' dignity be subject to political discrimination? Will the DUTA leadership act hand in glove with financially corrupt GBs for partisan considerations?

#### **ELECTION STUNT PLAYED BY THE AAD GROUP**

On 24th July, 2007 the AAD group members played an election hoax on young teachers. They assembled their cadres in the University Guest House and invited the Union State Minister of Urban Development, Mr. Ajay Maken, and his Private Secretary Mr. Hari Shankar to make a boastful announcement that they will persuade DDA to award land to the MHRD, which will transfer it to the Delhi University and which in turn will transfer it to private builders to build low cost affordable flats to University and Colleges teachers. All this bogus promise when everybody knows that there is a total blanket ban on transferring any land to any society. The AAD will go to any extent to befool teachers to garner some votes. Why does the AAD think that teachers are so credulous?

## डूटा नेतृत्व में परिवर्तन - समय की आवश्यकता

\_ —अवनिजेश अवस्थी

हर दो वर्ष के अंतराल पर होने वाले दिल्ली विश्वविद्यालय शिक्षक संघ में चुनाव आगामी 29 अगस्त को होने वाले है। किसी भी लोकतांत्रिक समाज में चुनाव ही वह एकमात्र जिरया है जिसके माध्यम से न केवल लोकतंत्र जीवित रहता है वरन् चुने हुए प्रतिनिधियों की अपने निर्वाचक मंडल के प्रति जवाबदेही भी तय होती है। लेकिन यह भी सच है कि 'येन केन प्रकारेण जीते हुए प्रतिनिधि सामान्यत: इस जवाबदेही से बचने की कोशिश करते है। हम सब जानते है कि पिछले वेतन आयोग की सिफारिशों में बहुत सारी किमयाँ थी जिन्हें दूर करने की

नितान्त आवश्यकता थी। लेकिन पूरे दस वर्ष बीत जाने के बावजूद अब जबिक नये वेतन आयोग के गठन का समय भी पीछे निकल गया है अभी तक उन कमियों को दूर करने के लिए कोई गंभीर प्रयास नहीं किए गए है। अब जबिक केन्द्र में सरकार बदल चुकी है और नए प्रधानमंत्री, मानव संसाधन विकास मंत्री, यूजीसी के अध्यक्ष, कलपति इत्यादि जो सभी एक ही विचारधारा के है, आए हुए लंबा अर्सा बीत चुका है, लेकिन इनमें से किसी को भी विश्वविद्यालय के शिक्षकों की सुध लेने की कोई फ़ुर्सत नहीं है। लेकिन अफसोस सिर्फ इसका नहीं है कि इन सभी का शिक्षकों के प्रति उदासीनता का खैया है, अफसोस तो इस बात का है कि सारे देश के शिक्षक आंदोलन को दिशा देने का दम भरने वाले डटा भी पूरी तरह निष्क्रिय और प्रभावहीन हो चुका है। पिछले दस वर्षों में शिक्षकों की सेवा शर्तों में लगातार कुठाराघात हुए है, लेकिन डूटा अधिकारी नियुक्तियों की राजनीति और निहित स्वार्थों में ही लिप्त रहे है। डूटा के पास आज अपनी उपलब्धियाँ गिनाने के लिए एक शब्द भी नहीं है। दरअसल पिछले दस वर्षों में दिल्ली विश्वविद्यालय शिक्षक संघ अपनी अर्थवत्ता निरन्तर खोता

जा रहा है। आज हजारों शिक्षक नौ-दस वर्षों में रीडर के रुप में पदोन्नत होने के बाद रीडर के रुप में ही सेवानिवृत्त होने के लिए अभिशप्त है। तीस-पैतीस वर्षों के सेवाकाल में दस वर्षों के पश्चात् पदोन्ति का एक भी अवसर नहीं है। ऐसा भला किसी और सेवा में भी होता है? लेकिन डूटा ने तीसरी प्रमोशन के लिए वड़ा संघर्ष तो क्या मंत्री और अधिकारियों के समक्ष सिर झुकाए खडे रहे। केवल पदोन्नित ही नहीं मेडिकल स्कीम, रिसर्च सविधाओं और किताबों और पत्रिकाओं के लिए वित्तीय सहायता मिले- ऐसी कभी कोई कोशिश ही नहीं की गई। सच्चाई यह है कि आज डूटा के पास विश्वविद्यालय और शिक्षकों के लिए कोई विजन ही नहीं है, इटा न तो अकादिमक नेतृत्व प्रदान कर रहा है और न ही वेतन और सेवा शर्तों में सुधार के लिए जुझारु संघर्ष की भूमिका तैयार कर पाया है। आने वाले दिनों में डूटा की इसी कसौटी पर परीक्षा होनी है। इटा नेतृत्व में परिवर्तन समय की आवश्यकता है। आइये हम इस परिवर्तन की दिशा में आगे वढ़ें ताकि इटा अपनी खोयी हुई इयत्ता को पुन: प्राप्त कर सके।

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