

mailed
12/04/2020

GOVERNMENT OF NAGALAND
DIRECTORATE OF HEALTH AND FAMILY WELFARE
No: DHFW/COVID-19/2019-20/149-52 Dated Kohima the 12th April 2020

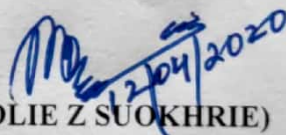
OFFICE MEMORANDUM

In pursuant to OM No. DHFW/COVID-19/2019-20 dated 26th March, 2020, a Committee on verification/ quality control of logistics procured on Emergency basis shall be constituted at State and District Level with immediate effect. The prescribed verification format is enclosed as Annexure: 1B

The State Level Committee on verification/ quality control of logistics procured on Emergency basis will comprise of the following:


1. Dr. Kevichüsa Medikhru, MD (NHM) : Chairman
2. Dr. Keneiteiso Sorhie, Joint Director : Member Secretary
3. Shri. Henok Buchem (NCS), Deputy Secretary : Member
4. Shri. M.S. Thangpong NCS), Deputy Secretary : Member
5. Dr. Leamnyie Konyak, Deputy Director : Member

Similarly, the District Authority / District Task Force is directed to constitute the District Level Committee.


(DR. VIZOLIE Z SUOKHRIE)
Principal Director
Directorate of Health & Family Welfare
Nagaland::Kohima

No: DHFW/COVID-19/2019-20/149-52 Dated Kohima the 12th April 2020
Copy To:

1. The Sr. P.S to Minister Health & Family Welfare, Nagaland, Kohima for kind information.
2. The Deputy Secretary to Chief Secretary, Nagaland, Kohima for kind information.
3. All Deputy Commissioners/ Additional Deputy Commissioners/ Chief Medical Officers/ Medical Superintendents in Nagaland for information and necessary action.
4. Above mentioned Officials for information and necessary action.
5. Guard file/ Office copy.


(DR. VIZOLIE Z SUOKHRIE)
Principal Director
Directorate of Health & Family Welfare
Nagaland::Kohima

**GOVERNMENT OF NAGALAND
DIRECTORATE OF HEALTH & FAMILY WELFARE
NAGALAND: KOHIMA**

VERIFICATION FORMAT

- Date of Verification:.....
- Supply Order No:
- Name & Address of Suppliers:
- Date of Verification:
- Invoice: Yes/No

PARTICULARS						
Sl. No	Items	Quantity to be Supplied	Manufactures Name	Total Received	Bal (pending)	Remark

Sl.No	Verification Board	Name	Signature
1	Chairman		
2	Member		
3	Member		
4	Member		
5	Co-opted Member		

