

Copy for appropriate action to:

1. Principal Secretary of Department of Health and Family Welfare State/UT of **HIMACHAL PRADESH.**
2. Principal Secretary of Department of Finance State/UT of **HIMACHAL PRADESH.**
3. Mission Director (NHM) State/UT of **HIMACHAL PRADESH.**
4. Accounts Officer Pay and Accounts Office, Nirman Bhawan.
5. Accountant General State/UT of **HIMACHAL PRADESH.**
6. A.O and FDA, NHM Finance Division.



Under Secretary to the Government of India

(मनीष कुमार)
(Manish Kumar)
अवर सचिव (एम एन एन वित्त) / Under Secretary (NHM-Finance)
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Ministry of Health & Family Welfare
भारत सरकार / Govt. of India
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