



# **Guidelines**

**for**

## **Strengthening of Tertiary Care of Cancer**

**under**

**National Program for Prevention and Control of Cancer, Diabetes, CVD & Stroke  
(NPCDCS)**

**in**

**12<sup>th</sup> five year plan (2012-17)**



**Directorate General of Health services  
Ministry of Health & Family Welfare**

**Govt. of India**

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## **Guidelines for Setting up/ Strengthening of Tertiary Care Cancer Centers under the National Programme for Prevention and Control of Cancer, Diabetes, CVD and Stroke (NPCDCS)**

### **1.0 Introduction**

**1.1** Cancer has emerged as a major public health challenge internationally and in India. It is one of the leading causes of deaths. Prevalence of cancer in India is estimated to be 28 lakh while the annual incidence and mortality is estimated to be 11 lakh and 5 lakh respectively. It is also estimated that facilities for radio-therapy vis-à-vis the population in India need to be substantially enhanced along with the increase in trained human resources.

**1.2** These guidelines have been framed to provide financial assistance for strengthening of tertiary care cancer facilities under the National Program for Prevention and Control of Cancer, Diabetes, CVDs and Stroke (NPCDCS) during the 12<sup>th</sup> Five Year Plan (2012-17). Under the scheme, it is envisaged to support the establishment of 20 State Cancer Institutes (SCI) in 20 States and 50 Tertiary Care Cancer Centers (TCCC) in different parts of the country. The broad objective is to develop capacity for tertiary care for cancer in all States so as to provide universal access for comprehensive cancer care.

**1.3** SCI will be the apex institution in the State for cancer related activities. It is expected to mentor and coordinate the activities of other Institutes in the State dealing with the tertiary care of cancer. SCI will provide outreach services, diagnosis and referral treatments, develop treatment protocols, undertake research and enhance the capacity of personnel in the State in this field. TCCC will undertake similar activities, though at a lower scale. A separate SCI may not be necessary for every state.

**1.4** SCI will emerge as the main repository of knowledge, expertise and capacity vis-à-vis cancer within the State. Similar role will be performed by TCCC in the relevant parts of the State.

## **2. Provisions under the scheme**

### **2.1 Who is eligible?**

- The Institution can be a Government Medical College/ Hospital or erstwhile Regional Cancer Centre (including existing NGO RCC).
- Autonomous Institutions under Central or State Government, will also be eligible
- Should have normally at least five years of experience in cancer treatment to be eligible for the SCI category.
- TCCC should have well equipped and functional departments of Medicine, Surgery, Gynecology, ENT, Anesthesia, Pathology and Radiology with a 50 bedded cancer facility. These departments can be part of the Institute or part of a Government hospital in near vicinity in the same city which has entered into a formal understanding with TCCC. SCI should have atleast 100 dedicated beds for cancer care and functional departments of Medical Oncology, Radiation Oncology, Surgical Oncology and laboratories. SCI can be stand alone or attached to a Government Medical College/Hospital.
- Scheme will be applicable to only existing Medical Colleges and Institutions.

### **2.2 Who is to recommend**

State/UT Governments would recommend the proposals which are fulfilling all the eligibility criteria, requirements and conditions along with furnishing of commitment to provide the State share of funds.

### **2.3 How to apply**

The Institution shall submit the proposal through the State Government as per the *prescribed format* (Annexure I) including action plan for procurement of equipment, instruments etc. related to cancer treatment and research. Expenditure to be incurred on construction and/or renovation and other non-equipment related infrastructure would be shown separately. The application will provide, inter alia, all details of existing facilities, indoor and outdoor patient load (last 3 years), availability of trained personnel, availability of land and commitment to provide the land free of cost, financial capacity, recommendation of State Government along with commitment to provide the State share and for ensuring that recurring and manpower costs will be met by the Institution / State Government, undertaking that due permission will be taken from Atomic Energy Regulatory Board (AERB) etc.

#### **2.4 Appraisal of proposal**

The proposal would be examined by the Ministry of Health & Family Welfare, Govt of India. Inspection as warranted would be conducted by a Central team. Thereafter, proposals found to be fit would be placed for appraisal before a Standing Committee constituted for this purpose. The assistance would be released after due approvals based on the recommendation of the Standing Committee.

#### **2.5 Maximum quantum of assistance**

The maximum permissible assistance for SCI is ` 120 crores and for TCCC ` 45 crores. This is inclusive of State share of 25% (for North East and Hill States 10%). Upto a maximum of 30% of the sanctioned amount will be permitted to be used for civil/electrical work (including renovation), and improvement of infrastructure. Land will be provided by the State Government / Institution at their own cost. The cost of land will not be reckoned against the State share.

#### **2.6 Purpose of assistance**

It is expected that assistance under this scheme will be utilized by the Institution for procurement of radio therapy equipment, diagnostic equipment, surgical equipment, enhancement of indoor patient facility for cancer and such other purposes relevant for diagnosis, treatment and care of cancer. Factoring in annual maintenance cost in the equipment cost at the time of placing the order for reasonable time period will be permitted.

#### **2.7 Procurement process**

The State Government will ensure that expenditure under this scheme for purchase of equipment or any other purpose is incurred in a transparent manner after following all applicable rules and procedures including GF. For equipment estimated with per unit cost of more than ` 1.00 crore, (Rupees One Crore) the Central Government will be advising ceiling prices from time to time. The State Government/Institutions are expected not to exceed the same. Any excess expenditure above the ceiling cost will be borne by the Institution or the State Government. A commitment regarding the above will be included in the Application form.

#### **2.8 Are NGOs eligible?**

Non-Government Institutions with experience and expertise in tertiary care for cancer, if recommended by the State Governments, will also be eligible for assistance as SCI/TCCC. This will be subject to the State Government underwriting the commitments made by the Institution at the time of application/sanction and also adherence to guidelines regarding free beds and user charges.

### **2.9 Memorandum of Understanding (MoU)**

A tripartite Memorandum of Understanding (MOU) will be signed by Institution, State Government and Government of India before the release of financial assistance.

### **2.10 Release of funds**

The financial assistance would be released through the State Government. Upto 75% of Government of India share may be released at the time of sanction while the remaining 25% would be released after the finalization of procurement/construction. However, modalities of release procedure can be altered by the Ministry with the approval of Health & Family Welfare Minister.

### **2.11 Free beds and User charges**

Below Poverty Line (BPL) patients are to receive treatment free of charge. A minimum number of beds (to be decided by the State Government) should be available for this category. For poor patients who may not be BPL, the user charges are expected to be reasonable and not market determined, since the purpose of enhancing these facilities is to provide affordable treatment for cancer. Beds/treatment facilities for well to do patients who can afford to be pay can cross subsidize the poor patients. User charges will be fixed with the approval of the State Government.

## **3. Expected Role of SCI and TCCC**

- The SCI/TCCC will provide comprehensive cancer diagnosis, treatment and care services.
- SCI will be a role model and leader in this field. It will serve as the nodal and apex Institution to mentor other Government Institutes (including TCCC and RCC). Similarly the TCCC should mentor cancer related activities including at the district level and below in their respective footprint area (the areas from where patients are accessing the TCCC).
- SCI/TCCC will promote prevention of cancer; participate in outreach and other activities under NPCDCS and other related public health programmes.
- SCI/TCCC will help in training of doctors/health personnel for cancer.
- SCI/TCCC will participate in the cancer registry programme.
- SCI/TCCC will promote research activities for cancer.
- Patients screened for cancer under NPCDCS and other Government programmes will get Tertiary care diagnosis and treatment in TCCC and SCI.

## **4. Indicative details of State Cancer Institutes**

(i) Support will be given to 20 institutions in the country, one each in 20 States/UTs to function as apex Institutes in the State/region to provide comprehensive care for cancer. The States will be selected on the basis of factors such as the estimated cancer prevalence, cancer treatment facilities already available in the State, availability of trained human resources, capacity of the State to run

such an Institute, availability of land, willingness of the State to contribute the State share and to meet the recurring expenditure for human resources, maintenance of equipment and other facilities, drugs for BPL etc.

(ii) SCI will strive to be a state-of-the-art treatment centre for management of different cancer. SCI will generate and enhance the availability of trained human resources for cancer treatment at all levels, undertake applied/translational research and will be linked to districts to mentor cancer related activities. SCI will provide outreach services, referral treatment services, help in development of human resources, development of treatment protocols and training material related to cancer care. SCI will also mentor the TCCC in the States.

(iii) It is envisaged that SCI will have a provision of at least 100 dedicated beds for a cancer care. The SCI will have well equipped and functional departments of Medical Oncology, Radiation Oncology, Surgical Oncology and Laboratories. The Institute can either be stand alone or attached to a Govt. Medical College/Hospital. SCI will also be encouraged to provide palliative care. Tertiary Cancer Centers earlier supported under Government of India schemes, Government Medical Colleges/Hospitals/ Institutes, erstwhile RCCs (including RCCs run by Non-Government Organizations) can be considered for SCI. One time support upto ` 120 crores (including State share) will be provided including up to 30% for construction/renovation.

(iv) Flexibility will be given to the SCI to purchase the equipment as per guidelines in para 2.7 and the requirement assessed subject to approvals by the Ministry of Health & Family Welfare, Government of India.

##### **5. Indicative details of Tertiary Care Cancer Centers (TCCC)**

(i) Support will be given for 50 Govt. Medical Colleges/Hospitals/Institutes/ erstwhile RCCs/ District Hospitals to be strengthened as TCCC across the country. Existing Tertiary Care Cancer Institutions earlier supported by Government will also be eligible for assistance. In addition to the recommendations of the State Government, factors such as existing availability of cancer care facilities in the State, capacity of the Institute/State to take up the proposed activity etc. will be relevant while selecting the Institutions to be supported.

(ii) TCCC will be linked to nearby districts to mentor and provide outreach services, referral services, development of human resources, development of treatment protocols and training material related to cancer care.

(iii) The TCCC will have at least 50 bedded cancer hospital. There could be relaxation made for hill / difficult /remote areas/ NE States and in States where there are no Government cancer treatment facilities. The TCCC is expected to have well equipped and functional departments of Medicine, Surgery, Gynecology & Obstetrics, ENT, Pathology and Radiology. These departments can be part of the TCCC or a part of the hospital/Government Medical College in near vicinity, to which the TCCC is attached.

(iv) One time support of upto ` 45 crore (including State share) will be provided including up to 30% for construction/renovation. Flexibility will be given to TCCC to purchase the equipment as per the assessed requirement subject to approvals by Ministry of Health & Family Welfare, Government of India.

## **6. Activities of SCI/TCCC:**

The SCI & TCCC is expected to provide comprehensive cancer care. The following is an illustrative list of activities:

1. To provide comprehensive care, training and research in all types of cancers. The comprehensive care includes cancer prevention, early detection, diagnosis, treatment, after care, palliative care and rehabilitation.
2. To act as a regional referral center for the comprehensive management (treatment) of difficult cancer cases.
3. To provide pain and palliative care and ensure availability of opioids drugs for cancer patients.
4. To function as a centre for creating/ imparting training of different health professionals (Doctors, Nurse, technologists, technicians) where possible.
5. To facilitate in organizing workshops/training programmes for human resource development
6. To facilitate in developing modules/standard treatment protocols for the common cancer`
7. To coordinate with other institutions, NGOs, medical colleges and the general health care delivery infrastructure in conduction of cancer related activities including peripheral outreach services in their respective geographical areas/ region.

## **7. Procedure of application**

- 1) Based on the gaps identified by the grantee institute, the institute shall submit the Proposal as per the format (Annexure I – Part I & II) and include action plan for
  - a. Procurement of equipment/instruments related to cancer treatment and research
  - b. Construction of the building related to cancer care (if required)
- 2) The application should indicate separately the amount of grant required for equipment and construction work.
- 3) The State Government shall forward the proposal with necessary undertaking to the Government of India and recommendation as per format (Annexure I – Part III) duly approved by the competent authority.
- 4) If the institute requires Radiotherapy equipment, a letter of ‘in principle’ approval, with layout map of the institution, from AERB will be submitted along with the Proposal. The sanction of the central share may be released subject to AERB approval or undertaking from the State Govt. in this regard.

- 5) The detail of previous grant(s) received under the erstwhile National Cancer Control Programme and TCCC scheme of NPCDCS, if any and Utilization Certificate(s) thereof should be annexed with the Proposal
- 6) The proposal should be addressed to Under Secretary (Cancer Desk), Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi- 110108.

#### **8. Procedure for approval:**

1. An expert team, consisting of at least one expert (at least two in case of SCI) and one senior officer of the central government including the Regional Directors (H&FW), shall be nominated to make an assessment of the Applicant Institution. The expert/team shall assess the eligibility criteria and evaluate the gaps in the availability of the cancer treatment facilities in various disciplines. The assessment shall be carried out as per Annexure I – Part V with details in the inspection format as prescribed from time to time.
2. The proposals shall be considered by the Standing Committee constituted for this purpose, which will give its recommendation to the Ministry of Health & Family Welfare for financial assistance.
3. The grant amount shall be released to the institute through the State Govt. by the Ministry of Health & Family Welfare after the signing of a tripartite Memorandum of Understanding (MOU). (Annexure II)
4. The three parties signing the MoU shall be the authorized signatories of (i) Grantee institute; (ii) State Government; and (iii) Ministry of Health & Family Welfare, Government of India.

#### **9. Financial Provisions:**

- 1) For both SCI/TCCC, the Central Government's share shall be 75% of the grant approved and remaining assistance shall be the States's contribution. In case of NE & hilly region the same would be in ratio of 90:10. The central share is non-recurring.
- 2) State Government shall ensure that all the institutions being supported shall provide certain percentage free treatment to cancer patients below poverty line (BPL). BPL criteria would be as per state Govt. policies. For poor patients who may not be BPL, the user charges are expected to be reasonable and not market determined, since the purpose of enhancing these facilities is to provide affordable treatment for cancer. Beds/treatment facilities for well to do patients who can afford to be pay can cross subsidize the poor patients. User charges will be fixed with the approval of the State Government.
- 3) The selected institute shall be permitted to procure one or more equipment related to cancer care. The indicative list of equipment is at Annexure – II. The ceiling price for costly equipment would be fixed from time to time. Any amount over and above would be provided by state/institution.
- 4) A portion of the grant not exceeding 30% of the sanctioned amount can be utilized for civil works and electrical works related to cancer care.
- 5) The Utilization Certificate of the grant sanctioned should be settled by the grantee institute within one year's time. (Annexure III)

- 6) The grant shall be deposited in a Bank Account and the interest accrued thereon will be refunded/utilized as per provisions of the General Financial Rules and instructions of the Govt. of India from time to time.
- 7) There would be no claim for any recurrent grant to the grantee institutions.
- 8) All recurring cost will be met by the Institution/State Government.
- 9) The State share in proportion (25% and in case of NE & hilly region 10%) will be released as per rules and guidelines issued by the Government from time to time.
- 10) The grantee institution would undertake cancer registry and be part of network of the National cancer Registry Program of ICMR with its own resources.

**PROFORMA FOR STATE CANCER INSTITUTE & TERTIARY CANCER CENTRE**

This Proforma is in four parts:

- I. Detailed information about the Institution,
- II. Application for grant-in-aid (Action Plan)
- III. State Govt. Recommendation
- IV. Inspection report (to be completed by the central inspection team)

**PART- I**  
**(Information about existing infrastructure and facilities)**

**1. Name and address of Institute:**

1.1. Nature of the Institute: Government Institution/ NGO

(Details of the administrative structure and ownership to be attached)

**2 Details of infrastructure:**

2.1 Existing Indoor-beds: Total \_\_\_\_\_ For Cancer Patients \_\_\_\_\_

2.2 Additional Beds proposed for Cancer Patients: \_\_\_\_\_

2.3 Day Care Facilities: Chemotherapy/Palliative Care/Others

**3. Facilities for management of cancer patients\***

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Department	Details
1.	Pathology - Histopathology - Cytology - Haematology - Blood Bank
2.	Microbiology
3.	Biochemistry
4.	Radio-diagnosis - X Ray/ Ultrasound/ CT scan
5.	Surgical Oncology
6.	Gynae- Oncology
7.	Medical Oncology
8.	Paediatric Oncology
9.	Palliative & Rehabilitative Care
10.	Radiotherapy -Radiation Physics
11.	Anaesthesiology
12.	Cancer Registry
13.	Medical Records
14.	Any other (specify)

*\* The TCCC should strive to provide the services of histopathology, cytology, haematology, biochemistry and radio-diagnosis. The comprehensive TCCC consists of surgical oncology, radiotherapy, medical oncology, Palliative care specialities with medical record section.*

**4. Patient population Data**

- 4.1 Districts and region covered/proposed to be covered by the institute (give details):
- 4.2 Population in the above mentioned districts
- 4.3 Expected number of new cases of cancer per year:
- 4.4 Registered new cancer cases/year in the last 3 years
- 4.5 User charges levied or not : Yes/No  
(if yes give details)

**5. Radiotherapy Facilities**

Equipments Existing Number\* & details

- Cobalt
- Linear Accelerator
- Manual Brachytherapy
- Remote A/L Brachytherapy
- Simulator
- Treatment Planning System
- Radiation Physics
  - Survey meter
  - Other instrument

*\*Existing Equipments : mention number, make, source, source strength, Xray/electron energies, accessories, year of purchase etc. in separate page.*

*# Proposed Equipments : mention proposed number of equipment (s) and the year by which it will be acquired in Part II of the form*

**6. Surgical Oncology**

- No. of Operation Theatres
- General Surgery
  - Cancer Surgery
- Details of major surgical equipments

No. of beds in Surgical Oncology

No. of Cancer Surgeries done in the last three years

**7. Medical Oncology**

No. of beds in Medical Oncology

No. of new patients treated with Chemotherapy during the last 3 years

## 8. Teaching Programme

<u>Speciality</u>	<u>Course</u>	<u>Duration</u>	<u>Seats/Year</u>	<u>Affiliation</u>	<u>Existing/ Proposed</u>
-------------------	---------------	-----------------	-------------------	--------------------	---------------------------

---

- Radiotherapy
- Surgical Oncology
- Medical Oncology
- Palliative Care
- Cancer Epidemiology
- Radiation Physics
- Technologist  
(specify)
- Nursing
- Other (specify)

## 9. Research and Training Activities

- 9.1 Mention in Brief Continuing/proposed research works in cancer epidemiology, basic sciences, clinical sciences etc.
- 9.2 Mention in brief training activities and community oriented programmes (within and outside the institution).
- 9.3 Research Publications already carried out (attach separate list, if any)
- 9.4 Palliative care activities carried out by the institution.
- 9.5 Cancer Registry activities carried out by institution.

## PART-II

### **PROPOSAL FOR OBTAINING FINANCIAL ASSISTANCE (ACTION PLAN)**

Equipments can be procured for Radiotherapy/Surgical Oncology/Medical Oncology/Pathology/Radio-diagnosis/Nuclear Medicine etc. (refer annexed indicative list) related to cancer care

#### **10. Radiotherapy (Teletherapy/Brachytherapy) Equipment**

- |       |                                     |   |                            |
|-------|-------------------------------------|---|----------------------------|
| 10.1  | Equipment with estimated cost       | : | Details to be annexed      |
| 10.2. | Building for Equipment              | : | Ready / under construction |
| 10.3  | Approval by AERB/BARC               | : | Obtained / not obtained    |
| 10.4  | Building Plan for proposed SCI/TCCC | : | Attached / not attached    |

#### **11. Medical Oncology/Palliative care**

- |      |  |   |                         |
|------|--|---|-------------------------|
| 11.1 | Equipment proposed with estimated cost                 | : | Details to be annexed   |
| 11.2 | Medical Oncologist/dedicated physician or surgeon      | : | Available/Not available |
| 11.2 | Palliative Care Physician/Surgeon or PMR specialist:   | : | - do -                  |
| 11.3 | Dedicated day care ward/facility for chemotherapy      | : | Details to be annexed   |
| 11.4 | Dedicated palliative Care ward or Rehabilitation ward: | : | - do -                  |

#### **12. Surgical Oncology**

- |      |  |   |                         |
|------|--|---|-------------------------|
| 12.1 | Equipment proposed with estimated cost | : | Details to be annexed   |
| 12.2 | Surgical Oncologist/Trained Surgeon    | : | Available/Not available |
| 12.2 | Dedicated Operation Theatre/OT table   | : | - do -                  |

#### **13. Diagnostic/pathology/other equipment**

- |      |  |   |                       |
|------|--|---|-----------------------|
| 13.1 | Equipment proposed with estimated cost | : | Details to be annexed |
| 13.2 | Other details                          | : |                       |

#### **14. Timelines (Gantt Chart) for different stages of completion of action plan**

**Mention details of any previous grants taken earlier and the status of its Utilization Certificate.**

Date: \_\_\_\_\_

Name and Seal of Head of TCCC/Institution

P.S. The proforma should be forwarded by the competent authority. Attach separate sheets to provide information wherever necessary.

### **Check list for Financial Assistance to SCI/TCCCs**

1. Filled up proposal as per format containing availability of infrastructure, manpower and action plan including construction plan.
2. Availability of Radiotherapist & Medical Physicist in case of request for Radiotherapy Equipment.
3. Details of the previous grants received & Utilization certificate/s
4. Copies of AERB/BARC lay out plan and letter in case of radiotherapy equipment.
5. State Government Recommendation as per the format.

PART – III

CERTIFICATE & RECOMMENDATIONS OF THE STATE GOVT./U.T. ADMINISTRATION

No..... Station ..... Government of ..... Department of .....

1. The Institution is a Govt. Medical College/Hospital/registered leading NGO /other and is involved in cancer treatment activities since last 5 years.
2. The State Government is satisfied about the soundness of the project and that the institution is of proven capability for undertaking the project.
3. The State Government has examined the audited accounts of the Institution and is satisfied that their financial position is sound
4. The information furnished by the Institution is correct.
5. The State-Government recommends the proposal for a total grant of `..... (Maximum grant amount ` 120 crores (for SCI) with 75% share (90% for NE & hilly states) by Central Govt. or ` 45 crores (for TCCC) with 75% share (90% for NE) by Central Govt. ) to be utilized in \_\_\_\_\_(name of the institution) for the purpose given in application.
6. State Govt. agrees to make contribution to the development of SCI/TCCC (delete whichever is not applicable) in the institution through grant-in-aid and/or any other assistance required.
7. State Govt. share of 25% of the grant (10% in case of NE & hilly region) would be released to as per guidelines of Government of India.
8. The State Govt. will ensure that the institution (including erstwhile NGO RCCs) shall provide free treatment to BPL cancer patients as per the state policy. For poor patients who may not be BPL, the user charges are expected to be reasonable and not market determined, since the purpose of enhancing these facilities is to provide affordable treatment for cancer. Beds/treatment facilities for well to do patients who can afford to be pay can cross subsidize the poor patients. User charges will be fixed with the approval of the State Government.
9. State Govt. undertakes the responsibility of monitoring free treatment and beds for cancer care.
10. State Government will be monitor progress of the utilisation of the grant & ensure that GOI guidelines and conditions of grant are not contravened or violated.
11. The recurring costs will be borne by Institution/State Government concerned.
12. The State Govt. and the institution (name.....) undertake to enter into an MOU with the Govt. of India prior to release of the central Govt. grant amount.

**Signature, Name & Designation**

(To be signed by an officer of the State Govt. not below the rank of Jt. Secretary to the State Govt.)

Date.....

**STAMP**

**PART IV**  
**INSPECTION REPORT**

15.1. Name & Address of the Institution Inspected:

15.2 Date/s of Inspection

15.3. Inspection Team

<u>Member's Name</u>	<u>Designation</u>	<u>Address</u>	<u>Phone/Fax</u>
1.			
2.			
3.			

15.4 Inspection Report: (As per check-list & Inspection Performa;

Brief outline summary to be given below here)

15.5 Recommendation: Recommended/Not Recommended

\_\_\_\_\_

Signature

\_\_\_\_\_

Signature

\_\_\_\_\_

Signature

## Indicative List of equipment for Cancer Care Services at SCI/TCCC

### 1. Teletherapy:

- Cobalt Radiotherapy Machine
- Low Energy Linear Accelerator with MLC and 3DCRT
- High end Dual energy Linear Accelerator *with/without* MLC and electrons, Image Guided Radiotherapy (IGRT), Intensity Modulated Radiotherapy (IMRT), SRS/SRT/SBRT etc.
- Mould room facility
- Gamma Knife
- Tomotherapy machine /Cyberknife

### 2. Brachytherapy

- High-dose rate (HDR) Brachytherapy system or LDR

### 3. Planning

- Simulator or CT Simulator with Virtual Simulation facility
- Treatment Planning System

### 4. Verification (Physics accessories for comprehensive QA)

- Secondary Standard Dosimeter
- Gamma Zone monitor
- Survey Meter (Ion chamber based)
- Radiation Frequency Analyzer
- Other Physics lab equipment

### 5. Surgical Oncology

Fibre-optic endoscopes, Operation Theatres, Anaesthesia equipment etc.

### 6. Medical Oncology

Bone marrow transplant unit, Haematology/Pathology/Biochemistry/ Microbiology/  
Molecular Oncology setup and other equipment

### 7. Other equipment

- X- ray Machines/ Mammography Machine
- Ultrasound Equipment
- CT Scan Machine
- MRI
- PET scan
- Gamma camera and other Nuclear Medicine Equipment
- Pathology and Cytology microscope and other related equipment

### Note:

1. List is indicative only (Institution can procure any equipment related to cancer care)

2. There would be ceiling rates for the common costly equipment for financial assistance from Govt. of India. Any amount more than the ceiling price of any equipment would be borne by Institution/State Government concerned.

**Annexure III**

**GFR 19-A**

Form of Utilization Certificate

Sl. No.	Letter No. and Date	Amount
	Total	

Certified that out of ` \_\_\_\_\_ of grants-in-aid sanctioned during the year \_\_\_\_\_ in favour of \_\_\_\_\_ under this Ministry / Department Letter No. given in the margin and ` \_\_\_\_\_ on account of unspent balance of ` \_\_\_\_\_ on account of unspent balance of the previous year, a sum of ` \_\_\_\_\_ has been utilized for the purpose of \_\_\_\_\_ for which it was sanctioned and that the balance of ` \_\_\_\_\_ remaining unutilized at the end of the year has been surrendered to Government (vide No. \_\_\_\_\_, dated \_\_\_\_\_)/will be adjusted towards the grants-in-aid payable during the next year \_\_\_\_\_.

2. Certified that I have satisfied myself that the conditions on which the grants-in-aid was sanctioned have been duly fulfilled/are being fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

Kinds of checks exercised

- 1.
- 2.
- 3.
- 4.
- 5.

Signature \_\_\_\_\_  
 Designation \_\_\_\_\_  
 Date \_\_\_\_\_

