

Application For The Grant of Personal pay Equivalent To Increment At The Existing Stage of Present Scale Of Employee For Observing The Small Family Norms.

1. Name of the Employee :
2. Designation Station & Staff No. :
3. Date of Appointment :
4. Age & Date of Birth of Employee :
5. Rate of Pay & Scale of Pay :
6. Date of last increment drawn :
7. Name of the Spouse & Relationship :
8. Age of the Spouse :
9. No. of children at the time of undergoing family planning operation :
10. Particulars of person i.e. whether the employee or spouse who underwent Sterilization operation. :
11. Date on which employee/spouse underwent the sterilization operation :
12. Name of the Hospital where the Sterilization operation was done :
13. Whether "Undertaking" required under RB's Lr No.80/H (FW)7-1 of 2/4-7891 is enclosed. : Given overleaf
14. Whether sterilization Certificate issued by the Doctor/Hospital is enclosed : Given overleaf / enclosed

I declare that the above particulars are correct and request the DPO/SC to grant me personal pay as admissible under the existing rules.

Date : Signature of the Employee.

No. Date :

Forwarded to DRM (P) SC for necessary action. Verified his declaration submitted for the purpose of passes/PTOs and the above particulars requiring the age of the employee, age of his/her spouse are found correct including the number of children he is having.

Signature of the Supervisory Official.

STERILIZATION CERTIFICATE

This is to certify that I have conducted Vasectomy / Tubectomy operation on
Sri/Smt _____
Husband/Wife of Sri/Smt. _____
Employed as _____ in _____
At _____ on _____
(Name of Hospital and Place)
Sperm count was undertaken on _____ and on the basis there of
it is certified that the vasectomy operation has been completely successful for Vasectomy
Operation only.
(Delete words where not applicable)

A.D.M.O

UNDERTAKING TO BE GIVEN BY ALL THE GOVT.EMPLOYEES.

I/My spouse have/has undergone Vasectomy/ Tubectomy operation
At _____
In case I/My spouse have to take to recannalisation for any reasons whatsoever, I undertake the
responsibility to report the fact forthwith to the Government.

I also certify that my wife Smt. _____ is not pregnant on
this date.
For Govt. employee only.

(Authority Rly, BD's Sr. Circular No.80/H (Fn) 7-1 of 2/4-7-81.)

Signature of the employee.

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1. Date of sterilization operation should have been done on or after 04/12/1979.
 2. The employee should have Two living children only.
 3. Age of the husband should be below 50 and that of his wife would be between 20 to 45 years.
 4. The sterilization operation must be conducted and certificate issued by a Central Govt. Hospital or under the auspices of the Central Govt. Health Scheme. Where this is not possible the sterilization certificate issued by a State Govt. Hospital or an Institute recognized by the Central Govt. for the purpose will suffice.

SPECIAL INCREMENT FOR FAMILY WELFARE OPERATION

I beg to say that my wife/husband/my self is undergone Family Welfare operation viz. Vasectomy/Tubectomy at It is requested that a special increment my kindly be sanctioned to me in terms of Rly.Bd.'s Ir.No.80.II.FW.7.1 dt.28/7/1980.

Further I state that;

I) My wife/spouse has not been operated for vasectomy/Tubectomy in past,

II) My wife is not pregnant on the date of operation;

III) My rate of pay is Rs in Gr

IV) The family composition is as under

| <u>S.No.</u> | <u>Name</u> | <u>Age/DOB</u> | <u>Relationship</u> |
|--------------|-------------|----------------|---------------------|
|--------------|-------------|----------------|---------------------|

1.

2.

The declaration as given above is true to the best of my knowledge, If the same proved false I am aware that I am liable for DAR action in addition to the with-drawl/recovery of the incentives extended to under the Small Family Welfare scheme.

Signature of the employee

Designation

Seal.