

Date:

CERTIFICATE

I certify that Smt. _____ Wife of Shri _____
Who was operated on _____ for Abdominal Sterilization at
_____ was examined post operatively on
_____ and on the basis of Tubule Potency/Sperm Count Test
carried out the operation has been completely successful.

Place: _____

Signature:

Medical Officer/Doctor

(Put Stamp)

**UNDERTAKING TO BE GIVEN BY STAFF MEMBERS
OF THE INSTITUTE**

I/My spouse have/has undergone Vasectomy/Tubectomy operation at _____ on _____
_____. Necessary sterilization certificate issued by _____
_____ is enclosed. In case I/my spouse have/has to take resort to recanalisation for any reason whatsoever, I undertake to report this fact forthwith to the Institute. I also undertake to report to the Institute if there is failure of sterilization operation.

I also certify that my wife Smt. _____ is not pregnant on this date.

(para 2 for male employees only)

Signature : _____

Name : _____

Designation: _____

Section/Group: _____

Computer Code : _____

TO BE SUBMITTED IN TRIPLICATE

Application for grant of Family Planning Allowance as incentive for promoting Small Family Norms in terms of Ministry of Finance O.M. No. 7(39)-E.III/79 dated 04.12.1979

1.	Name	:	
2.	Designation	:	
3.	Scale of pay	:	
4.	Present basic pay	:	
5.	Date of next increment	:	
6.	Date of birth of the employee	:	
7.	Date of birth of spouse/husband	:	

8. Particulars of living children :

Sr. No.	Name	Date of birth
1.		
2.		
3.		

9. Details of the sterilisation operation undergone :

a.	Whether the operation has been undergone by	:	Employee/Spouse
b.	Type of operation undergone	:	
c.	Date of operation	:	
d.	Name of the hospital/Institution which conducted the operation (original certificate issued by the Hospital/Institution to be attached)	:	

Certified that the particulars furnished above are correct.

I may be granted the Family Planning Allowance.

Signature : _____
 Name : _____
 Designation : _____
 Section : _____
 ID. No. : _____

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Verified from the relevant records and found to be correct.

As the necessary requirements for the eligibility of grant of increment in terms of O.M. No. 7(39)-E.III/79 dated 04.12.1979 have been fulfilled, the increment of Rs. _____ may be granted to Shri/Ms./Dr. _____ with effect from _____.

Establishment Officer

Registrar