

STATEMENT OF IMMOVABLE PROPERTY RETURN FOR THE YEAR (AS ON _____)

Service: Central Health Services

Name of officer (in full): _____ Department _____ Date of Birth _____

Department Lady Hardinge Medical College & Smt. S. K. Hospital, New Delhi (Min of H & FW)

Pay Matrix level _____ correspondence to PB- _____ with Grade Pay _____

Name of district sub-division, Taluk and Village in which property is situated	Name and details of property housing, lands and other buildings.	Cost of construction/ acquirement including land in case of house and year when purchased.	Present value	If not in own state in whose name held and his/her relationship to the Govt. servant	How acquired-whether by purchase, lease, mortgage, inheritance gift or otherwise, with date of acquisition and name with details of persons from whom acquired.	Annual income from property	remarks
1	2	3	4	5	6	7	8

Signature _____

Date _____

To

- Director, LHMC, New Delhi. (Through proper channel)

FORM - 2

REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE

{REF.: OM No. 12011/03/2008 (allowance) dated 02/09/2008 }

1. Certified that Children/child mentioned below in respect of whom re-imbursement of Children Education Allowance claimed is wholly dependent upon me: -

Name of the child & date of Birth	School in which studying	Class in which studying & A/Y	Total education allowance paid	Total amount of reimbursement claimed in Rs.
1	2	3	4	5
1)				
# Tuition fees – for the whole year _____ I/II/III/IV- Term				
Purchase of books (one set/per child/ per A/Y)				
Purchase of note-books (one set/per child/ per A/Y)				
Purchase of Uniforms (two sets/per child/ per A/Y)				
Purchase of School Shoes (one set/per child/ per A/Y)				
Total to be filled in column 4 above				
2)				
# Tuition fees – for the whole year _____ I/II/III/IV- Term				
Purchase of books (one set/per child/ per A/Y)				
Purchase of note-books (one set/per child/ per A/Y)				
Purchase of Uniforms (two sets/per child/ per A/Y)				
Purchase of School Shoes (one set/per child/ per A/Y)				
Total to be filled in column 4 above				

2. Certified that the education allowance indicated against the child/ children has actually been paid by me (receipts enclosed).

(Note: Copy of school fee card & Bank challan/ paid up receipts/ purchase receipts in original are to be enclosed)

3. Certified that :-

- i) My spouse is not a Central Government servant.
 - ii) My spouse is a Central Government servant and that she/he has not claimed/ will not claim children's educational allowance in respect of our child/ children.
4. Certified that during the period covered by the claim which child/ children attended the school regularly and did not absent himself/ herself from the school without proper leave for a period exceeding one month.
5. In the event of any change in the particulars given above, which affect my eligibility for children's education allowance, I undertake to intimate the same promptly and also to refund excess payments, if any made.

Note: # Tuition fees means Tuition fees, admission fees, Lab fees, special fees charged for agriculture, electronics, music or any other subject fee charged for practical work under the programme of work experience, fees paid for the use of any aid for appliance by the child, library fee, games/ sports fees and fee for extra curricular activities.

Encl:

Signature of the Govt. Servant

Name _____

Designation _____

Place & Date: _____

FORM - A
PROFORMA FOR AVAILING ACADEMIC LEAVES
LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS, NEW DELHI

Name & Designation: _____

Department: _____

Details regarding Academic leaves to be availed & previously availed:

a) Purpose of visit:	
b) Dates of event:	
c) No. of Academic leaves required (including travel days, if any):	
d) Academic leave availed till date in current financial year	
e) No. of Occasions , Academic leaves availed in current financial year	

Enclosures: Invitation letter

(Yes/No)

Note: i) *No covering letter to be attached.*

ii) *If claiming TA/DA/Delegate fee, please fill up the form B.*

This is to certify that the leave availed will be issued for the purpose intended and it has been ensured that the work of the department /patient care will not suffer during above period.

Date:

Signature of Faculty

It has been ensured that the above faculty's allocated work will be taken care by the other faculty in the department

Signature of HOD (with Stamp)

Forwarded and recommended to Director

For official purpose only(to be filled by TET)

Not recommended/ Remarks _____

Recommended for sanction of academic leaves of _____ days from _____ to _____

Member TET

Member TET

Chairperson/AMS(T)/Director

LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS, NEW DELHI
PROFORMA FOR AVAILING FINANCIAL ASSISTANCE for ATTENDING CONFERENCE/CME/SYMPOSIA ETC

1. Name & Designation:			
2. Department:			
3. Type of concession asked for the present conference:			
Details of scientific meeting	TA/DA & mode of travel	Registration fee	Period/ type of leave
4. If member of association(yes/no), If yes membership number:			

5. Details of concession availed in current financial year:		
Details of conference/CME/Training/Workshop/ meeting	TA/DA & mode of travel	Registration fee availed

Date:

Signature of Faculty

Signature of HOD (with Stamp)

Forwarded and recommended to Director

Enclosures(Tick):

Conference Brochure with delegate fee details

Official invitation/Abstract acceptance

Form A (If academic leave is required)

For official purpose only(to be filled by TET only)

Recommended/ Not recommended for permission to attend. TA/DA as per rules and Registration fee for Rs. _____ may be sanctioned.

Member TET

Member TET

Chairperson/AMS(T)/Director
Officially permitted to attend

Director

Application Form for grant of LTC

1. Name of the Government servant _____
2. Designation _____
3. Date of appointment _____
4. Home town as recorded in the Service Book _____
5. Place of visit _____
6. Nearest station/airport _____ 7. Approx. Distance _____ KMS
7. Concession available (if any) in _____ for block year _____
8. Date of journey _____ for block year _____
- Cost per ticket _____ No. of fare _____ Total amount _____

9. Persons in respect of whom LTC is proposed to be availed:

Sl. No.	Name	Relationship	Date of birth

* In case of child is more than 18 years a dependency undertaking is required.

10. Amount of advance required Rs.
11. Admissible claim Rs. _____ 12. Advance payable i.e. 90% _____

Signature of applicant

CERTIFICATE

Certified that my wife/husband is not in government service or my wife/husband is in government service but he/she is not entitled to claim LTC benefit.

Or

My wife/husband is in government service but she/he has neither claimed LTC for the block year _____ nor he/she claims.

Date _____

Signature of applicant