

त्यौहार अग्रिम हेतु प्रार्थना पत्र

1. आवेदक का नाम
2. पदनाम
3. मूलवेतन
4. आवेदक क्या स्थाई/अस्थायी कर्मचारी है
5. त्यौहार का प्रकार
6. चाही गई राशि
7. क्या पूर्व में अग्रिम लिया गया था
हाँ तो कब ?
8. क्या पूर्व अग्रिम की कटौती शेष है,
हाँ तो कितनी ?
9. अग्रिम की वापसी कितनी किशतों
में की जानी

आवेदक का इम्ताज़




Principal
Govt. Ekavya Collage
Dondi Lohara, Distt. Balod (C.G.)

FORM-3
(See Rule 18)

**MEDICAL CERTIFICATE FOR GAZATTED OFFICERS
RECOMMENDED LEAVE OR EXTENSION OF LEAVE OR
COMMUTATION OF LEAVE**

Signature of the Government Servant:

I, after careful personal examination of the case hereby certify that Sri./Smt./Kumari whose signature is given above, is suffering from and I consider that a period of absence from duty of with effect from is absolutely necessary for the restoration of his/her health.

In my opinion, it is/it is not necessary for the Government servant to appear before a Medical Board.

Civil Surgeon/Staff Surgeon/
Authorised Medical Attendant
.....Dispensary

Date:

Signature of the Government Servant

**MEDICAL CERTIFICATE OF FITNESS
TO JOIN DUTY AFTER LEAVE**

I, Dr. do hereby certify that I have carefully examined Sri./Smt. whose signature is given above and find that he/she recovered from his/her illness and is now fit to resume duties in with effect from I also certify that before arriving at this decision, I have examined the original Medical Certificate and statement of the case on which leave was granted and have taken these in to consideration in arriving at my decision.

Signature of Medical Officer

Registration No.....

Part of Registration

System of Medicine



Place:

Date:


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FORM OF APPLICATION FOR MEDICAL REIMBURSEMENT

(See Rule 8 (1))

(N. B. Seperate form should be used for each patient)

1. Name and designation of the Government servant (in block letter)
2. Office in which employed
3. pay of the Government servant as defined in the Fundamental Rules, and any other emoluments, which should be shown separately.
4. place of duty
5. Actual residential address
6. Name of the patient and his/her relationship to the Government servant.
(in the case children, give the following information also namely) :-
(i) Date of birth
- (ii) Number in order of birth
- (iii) Total number of children
7. Place at which patient fell ill
8. Nature of illness and its duration
9. Details of the amount claimed :-
I-MEDICAL ATTENDANCE :-
(i) Fees for consultation indicating :-
(a) The name and designation of the Medical Officer consulted and the hospital or dispensary to which attached.
(b) The number and dates of consultations and the fees paid for each consultation.
(c) Whether consultations were held at the hospital, the consulting room of the Medical Officer or at the residence of the patient.
(ii) Charges for pathological, bacteriological, radiological or other similar tests undertaken, during diagnosis indicating :-
(a) The name of the hospital or laboratory where the tests were undertaken, and
(b) Whether the teste were undertaken on the advice of the authorised medical attendant, and if so, a certificate to that effect should be attached.
(iii) Cost of medicines purchased from the market.
(List of medicines, cash memos and the essentiality certificate should be attached)




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II- HOSPITAL TREATMENT :-

Charges for hospital, treatment, indicating separately the charges for -

- (i) Accommodation (state whether it was according to the status of pay of the Government servant and in cases where the accommodation is higher than the status of the Government servant, a certificate should be attached to the effect that the accommodation to which he was entitled was not available.
- (ii) Diet
- (iii) Surgical operation or medical treatment
- (iv) Pathological, bacteriological, radiological or other similar tests indicating :-
 - (a) The name of the hospital or laboratory at which undertaken and
 - (b) Whether undertaken on the advice of the Medical Officer in-charge of the case at the hospital if so a certificate to that effect should be attached.
- (v) Medicines
- (vi) Special medicine
(List of medicines, cash memos and the essentiality Certificate should be attached)
- (vii) Ordinary nursing
- (viii) Special nursing, i. e., nurses, specially engaged for the patient. State whether they were employed on the advice of the medical Officer in-charge of the case at the hospital or at the requests of the Government servant or patient. In the former case a certificate from the M. O. I/c. of the case and countersigned by the Medical Superintendent of the hospital should be attached.
- (ix) Any other charges e.g., charges for electric lights, fans, heaters, air conditioning etc. State also whether the facilities referred to are a part of the facilities normally provided to all patients and no choice was left to patient... ..

Note :- If the treatment was received by the Government servant at his residence, give particulars of such treatment and attach a certificate from the authorised medical attendant.

- 10. Total amount claimed
- 11. List of enclosures

Declaration to be signed by the Government servant

I HEREBY DECLARE THAT the statements in application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent upon me.



[Signature]
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Govt. Eklavya Collage
Dondi Lohara, Dist. Balod (C.G.)

FORM II
Form of Essentiality Certificate
(See Rule 8 (2))

A-in case of medicines not included in the Priced Vocabulary of the Medical Stores Depot

Certified that Shri/Shrimati/Kumari.....
Son/Wife/Daughter of shri.....
employed in thehas been under my treatment
from.....to.....for.....(Name of the disease)
as the.....hospital as indoor/outdoor patient and that the
undermentioned medicined have been prescribed by me in this connection. These medicined are not included in the
Priced Vocabulary of the Medical Stores, nor are they Preparation which are primarily food, toilets or disinfectant. These
medicines were absolutely essential for the treatment of the aforesaid patient.

Name of Medicines

- (1).....
- (2).....
- (3).....
- (4).....
- (5).....

Signature and designation of the authorised Medical attendant/
Signature of the Medical Officer I/c. of the case at the hospital

B-In case of Medicines included in the Priced Vocabulary of the Medical Stores Dept

I Certifi that Shri/Shrimati/Kumari.....
Son/Wife/Daughter of Shri.....
employed in thehas been under my treatment
from.....to.....for.....(name of the disease)
at the.....hospital as indoor/outdoor patient and that the undermentioned
medicined have been prescribed by me in this connection. These medicined are not included in the Priced Vocabulary
of the medical Stores and are out of stock/not available in the.....hospital
(They do not include any medicines proprietary or otherwise outside the aforesaid Priced Vocabulary not are they
preparations which are primarily food, toilets or disinfectants)

| | Name of medicines (1) | P.V.M.S. No. (2) | Cost (3) Rs. p. |
|-----|--------------------------|---------------------|-----------------------|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |



[Handwritten Signature]
Principal
Govt. Eklavya Collage
Dondi Lohara, Distt. Balod (C.G.)

C-In Case of Insulin Treatment

CERTIFIED THAT Shri/Shrimati/Kumari.....
Son/Wife/Daughter of Shri/Shrimati.....
has been under my treatment for diabetes at my hospital and that insulin prescribed by the
.....
.....was for treatment during the initial stage/in the
hospital of the disease for which no reimbursement has been made extending over the period from
.....the patient having
developed complications necessitating hospitalisation.

Authorised Medical Attendant/
Medical Officer I/c. of the case at the hospital




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FORM CGTC 63

[See Subsidiary Rule 529 (I)]

Adjustable by
Voucher No.....
Dated the.....

GPF FINAL PAYMENT

Bill for withdrawing Final Payment/Advance/Other withdrawals from General Provident
Fund of ----- the Establishment of the -----
----- for the month of -----.

| Serial No. | Employee Code Name of subscriber and pay | General Provident Fund Account No. | No. and date of sanction letter of authority | Final payment advance other withdrawals | Acceptance |
|------------------|---|--|--|---|------------|
| (1) | (2) | (3) | (4) | (5) | (6) |
| | | | | | |
| TOTAL Rs. | | | | | |

Net amount required for payment (in word) Rupees: -----

(Space for classification)

(Signature)

(Designation of the Drawing Officer)

06-2054-[00]-[000]-0000-(0000)-#00-000-V

Station.....
Dated.....

Contents received
"Signature of the Drawing Officer"

Pay Rs.....
(Rupees.....)

Pay to.....
(Signature of the Drawing Officer)

Treasury Officer
Examined and entered




Principal
Govt. Eklavya Collage
Dondi Lohara, Distt. Balod (C.G.)

CERTIFICATE

Certified that I have satisfied myself that all sums included in bills in form CGTC 63 drawn one month/two month/three month previous to this date in favour of -----
-----, Accounts No. ----- with the exception of those detailed below
(of which the total has been refunded by deduction from this bill) have been disbursed to the
proper persons and that their acquittances have been taken and filed in my office with receipts
stamp duly cancelled for every payment in excess of Rs. 20.

2. Certified that the balance at my credit/the credit of the subscriber on the date of
withdrawal covers the sum drawn in the bill.

The policy No. With company has already been assigned in
favour of the Governor of Madhya Pradesh and submitted to the Accounts Officer (or the details
of the policy proposed to be taken have been communicated to and accepted by the Accounts
Officer in letter No dated.....)

(Signature).....

(Designation).....

[for use in audit office]

Admitted Rs.

Objected Rs.

Auditor

Accountant.

UNDER Rs. -----




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Dondi Lohara, Distt. Balod (C.G.)

छत्तीसगढ़ शासन
वित्त विभाग

क्र. 492/एफ 2014-71-00183/वित्त/नियम/चार अटल नगर, दिनांक 4 अक्टूबर, 2018
प्रति,

शासन के समस्त विभाग
अध्यक्ष, राजस्व मण्डल, बिलासपुर
समस्त विभागाध्यक्ष
समस्त संभागीय आयुक्त
समस्त कलेक्टर
छत्तीसगढ़

विषय :- राज्य शासन की महिला कर्मचारियों के लिए संतान पालन अवकाश लागू करने हेतु अवकाश नियम में संशोधन

राज्य शासन द्वारा निर्णय लिया गया है कि महिला शासकीय कर्मचारियों को उनके 18 वर्ष से कम उम्र के 2 ज्येष्ठ जीवित संतानों के पालन-पोषण हेतु सम्पूर्ण सेवाकाल में अधिकतम 730 दिन की कालावधि के लिए संतान पालन अवकाश स्वीकृत किया जायेगा। उक्त अवकाश के संबंध में मुख्य बिन्दु निम्नानुसार होंगे -

- (1) यह अवकाश एक कलेंडर वर्ष में तीन बार से अधिक स्वीकृत नहीं किया जाएगा।
- (2) किसी एक अवसर हेतु अवकाश की कोई अधिकतम सीमा नहीं होगी, जबकि न्यूनतम सीमा 5 दिन की होगी।
- (3) स्वीकृति हेतु संतान पालन अवकाश अर्जित अवकाश के समान मानी जाएगी तथा उसी प्रकार से स्वीकृत की जावेगी। उक्त अवकाश हेतु तीन सप्ताह पूर्व आवेदन प्रस्तुत करना होगा। यद्यपि विशेष परिस्थितियों में 10 दिन से कम अवधि के अवकाश स्वीकृति हेतु तीन सप्ताह की सीमा शिथिल की जा सकेगी।
- (4) संतान पालन अवकाश हेतु आवेदन अवकाश नियम, 2010 के प्रपत्र-13अ में प्रस्तुत किया जायेगा।
- (5) संतान पालन अवकाश, अवकाश लेखा के विरुद्ध विकलित नहीं किया जायेगा तथा अवकाश नियम के अंतर्गत लागू किसी अन्य अवकाश के साथ संयोजित किया जा सकेगा।
- (6) अवकाश अवधि के लिए अवकाश में प्रस्थान करने के ठीक पूर्व लागू दर से अवकाश वेतन की पात्रता होगी।
- (7) संतान पालन अवकाश के समय केवल जन्म प्रमाण पत्र की आवश्यकता होगी, आवेदक को आवेदन पत्र के कालम-10 पर आवेदित अवकाश का स्पष्ट कारण अंकित करना होगा। यह अवकाश बच्चे के पालन-पोषण अथवा उसके विशिष्ट आवश्यकताओं जैसे कि परीक्षा, बीमारी इत्यादि के लिए स्वीकृत किया जा सकेगा।



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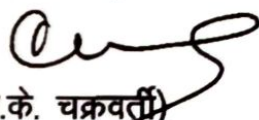
- (8) संतान पालन अवकाश का दावा अधिकार के रूप में नहीं किया जा सकेगा, किन्तु सामान्यतः कार्यालय का सुचारु संचालन सुनिश्चित करते हुए स्वीकृतकर्ता अधिकारी द्वारा उक्त अवकाश स्वीकृत किया जायेगा। किसी भी परिस्थिति में विधिवत अवकाश स्वीकृत होने के पश्चात् ही महिला शासकीय कर्मचारी द्वारा अवकाश पर प्रस्थान किया जाएगा।
- (9) अवकाश के पहले या बाद में पड़ने वाले राजपत्रित या साप्ताहिक अवकाश स्वयमेव अवकाश के साथ संयोजित माने जावेंगे तथा अवकाश अवधि में पड़ने वाले ऐसे अवकाश संतान पालन अवकाश की गणना में शामिल किये जाएंगे।
- (10) संतान पालन अवकाश स्वीकृति का पूर्ण अधिकार प्रशासकीय विभाग को होगा तथा शेष प्रत्यायोजन अर्जित अवकाश के समान होगा।
- (11) संतान पालन अवकाश लेखा का संधारण संलग्न प्रपत्र में किया जायेगा।

छत्तीसगढ़ सिविल सेवा (अवकाश) नियम, 2010 में संशोधन के संबंध में जारी अधिसूचना क्रमांक एफ 2014-71-00183/वित्त/नियम/चार, दिनांक 4 अक्टूबर, 2018 आवश्यक कार्यवाही हेतु संलग्न है। ये संशोधन छत्तीसगढ़ राजपत्र में इनके प्रकाशन की तिथि से लागू माने जायेंगे।

संलग्न :-

- (1) छत्तीसगढ़ सिविल सेवा (अवकाश) नियम, 2010 में संशोधन की अधिसूचना
- (2) संतान पालन अवकाश लेखा का प्रपत्र

छत्तीसगढ़ के राज्यपाल के नाम से
तथा आदेशानुसार


(एस.के. चक्रवर्ती)
संयुक्त सचिव




Principal
Govt. Eklavya Collage
Dondi Lohara, Distt. Balod (C.G.)

1. राज्यपाल के सचिव, राजभवन, रायपुर
 2. सचिव, छत्तीसगढ़ विधानसभा सचिवालय
 3. सचिव, मुख्यमंत्री सचिवालय, अटल नगर
 4. रजिस्ट्रार जनरल / महाधिवक्ता / उपमहाधिवक्ता, छत्तीसगढ़ उच्च न्यायालय, बिलासपुर
 5. सचिव, छत्तीसगढ़ लोक सेवा आयोग/मानवाधिकार आयोग/राज्य निर्वाचन आयोग/लोक आयोग, रायपुर
 6. निज सचिव/निज सहायक, मंत्री (समस्त), छत्तीसगढ़, अटल नगर
 7. महालेखाकार, छत्तीसगढ़, रायपुर
 8. मुख्य सचिव के उप सचिव, मंत्रालय, अटल नगर
 9. आयुक्त जनसंपर्क संचालनालय, अटल नगर
 10. आवासीय आयुक्त, छत्तीसगढ़ भवन, नई दिल्ली
 11. राज्य सूचना आयुक्त, अटल नगर
 12. समस्त अधिकारी एवं समस्त शाखा, वित्त विभाग, अटल नगर
 13. संचालक, कोष, लेखा एवं पेंशन, छत्तीसगढ़, अटल नगर
 14. मुख्य लेखाधिकारी, मंत्रालय, अटल नगर
 15. समस्त संभागीय संयुक्त संचालक, कोष, लेखा एवं पेंशन, छत्तीसगढ़
 16. समस्त कोषालय अधिकारी, जिला/इंद्रावती कोषालय, छत्तीसगढ़
 17. समस्त प्राचार्य, लेखा प्रशिक्षण शाला, रायपुर/बिलासपुर, छत्तीसगढ़
 18. संचालक, शासकीय लेखन सामग्री एवं मुद्रण, अटल नगर
- को सूचनार्थ/आवश्यक कार्यवाही हेतु
19. संचालक, वित्तीय प्रबंध एवं सूचना प्रणाली, अटल नगर को वित्त विभाग की वेबसाइट www.cgfinance.nic.in पर अपलोड करने हेतु


(पूजा शुक्ला)
अवर सचिव




Principal
Govt. Eklavya Collage
Dondi Lohara, Distt. Balod (C.G.)

छत्तीसगढ़ शासन
वित्त विभाग
मंत्रालय, महानदी भवन, अटल नगर

अधिसूचना

अटल नगर, दिनांक 4 अक्टूबर, 2018

क्रमांक एफ 2014-71-00183/वित्त/नियम/चार : भारत के संविधान के अनुच्छेद 309 के परन्तुक द्वारा प्रदत्त शक्तियों को प्रयोग में लाते हुए, छत्तीसगढ़ के राज्यपाल, एतद्वारा, छत्तीसगढ़ सिविल सेवाएं (अवकाश) नियम, 2010 में निम्नलिखित और संशोधन करते हैं जो कि राजपत्र में इसके प्रकाशन की तारीख से प्रवृत्त होगा, अर्थात्:-

संशोधन

उक्त नियमों में:-

1. नियम 13 के उप-नियम (1) के स्थान पर, निम्नानुसार प्रतिस्थापित किया जाये, अर्थात्:-

“(1) संतान पालन अवकाश को छोड़कर, अवकाश अथवा अवकाश में वृद्धि हेतु आवेदन, प्रपत्र-1 में प्रस्तुत किया जाना चाहिये तथा संतान पालन अवकाश अथवा अवकाश में वृद्धि हेतु आवेदन, प्रपत्र-1अ में, सक्षम प्राधिकारी को ऐसे अवकाश अथवा अवकाश में वृद्धि स्वीकृत करने हेतु प्रस्तुत किया जाना चाहिये।”

2. नियम 38-ख के पश्चात्, निम्नलिखित जोड़ा जाए, अर्थात्:-

“38-ग. संतान पालन अवकाश- (1) इस नियम के उपबंधों के अध्यधीन रहते हुए, महिला शासकीय सेवक को सक्षम प्राधिकारी द्वारा उसके संपूर्ण सेवाकाल के दौरान उसकी दो ज्येष्ठ जीवित संतानों की देखभाल के लिए अधिकतम 730 दिन की कालावधि का संतान पालन अवकाश स्वीकृत किया जा सकेगा।

(2) अधिकार के रूप में अवकाश का दावा नहीं किया जा सकेगा।

(3) उप-नियम (1) के प्रयोजनों के लिए, “संतान” से अभिप्रेत है,-

(क) अठारह वर्ष की आयु से कम की संतान (विधिक रूप से दत्तक संतान को सम्मिलित करते हुए); या



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Govt. Eklavya College
Dondi Lohara, Distt. Balod (C.G.)

- (ख) सामाजिक न्याय तथा सशक्तिकरण मंत्रालय, भारत सरकार की अधिसूचना क्रमांक 16-18/97-एन 1.1, दिनांक 1 जून, 2001 में यथा विनिर्दिष्ट न्यूनतम चालीस प्रतिशत निःशक्तता वाली संतान (आयु सीमा का कोई बंधन नहीं)।
- (4) उप-नियम (1) के अधीन किसी महिला शासकीय सेवक को संतान पालन अवकाश की स्वीकृति, निम्नलिखित शर्तों के अधीन दी जायेगी, अर्थात्:-
- (क) यह एक कैलेण्डर वर्ष में तीन बार से अधिक के लिए स्वीकृत नहीं किया जाएगा। यदि स्वीकृत किये गये अवकाश की कालावधि, आगामी कैलेण्डर वर्ष में भी जारी रहती है तो बारी की गणना ऐसे वर्ष में की जायेगी जिसमें कि अवकाश का आवेदन किया गया था अथवा जिसमें आवेदन किये गये अवकाश का अधिक भाग आता है। कैलेण्डर वर्ष से अभिप्रेत है वर्ष के 1 जनवरी से प्रारंभ होकर 31 दिसम्बर तक की कालावधि।
- (ख) यह सामान्य रूप से परिवीक्षा कालावधि के दौरान स्वीकृत नहीं किया जाएगा। तथापि, विशेष परिस्थितियों में, यदि परिवीक्षा कालावधि के दौरान अवकाश स्वीकृत किया जाता है तो परिवीक्षा की अवधि, उस कालावधि के बराबर अवधि तक के लिए बढ़ा दी जाएगी, जिसके लिए अवकाश स्वीकृत किया गया है।
- (5) संतान पालन अवकाश की अवधि के दौरान, महिला शासकीय सेवक को अवकाश पर प्रस्थान करने के ठीक पूर्ववर्ती मास में आहरित वेतन के समान अवकाश वेतन का भुगतान किया जाएगा।
- (6) संतान पालन अवकाश, अवकाश लेखा के विरुद्ध विकलित नहीं किया जायेगा तथा यह अवकाश किसी अन्य प्रकार के अवकाश के साथ संयोजित किया जा सकेगा।
- (7) इस अवकाश का खाता, पृथक से संधारित किया जाएगा तथा इसकी प्रविष्टि संबंधित महिला शासकीय सेवक की सेवा पुस्तिका में की जाएगी।”




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**“प्रपत्र-1अ
(नियम 13 देखिये)**

संतान पालन अवकाश हेतु आवेदन पत्र

1. आवेदक का नाम
2. पदनाम
3. विभाग/कार्यालय/अनुभाग
4. संतान का नाम जिसके लिए संतान पालन
अवकाश का आवेदन किया जा रहा है
5. संतान की जन्मतिथि (जन्म प्रमाण पत्र संलग्न करें)
6. संतान के 18 वर्ष पूर्ण होने की तिथि
7. क्या संतान दो बड़े बच्चों में शामिल है हां/नही
8. खाते में शेष अर्जित अवकाश (आवेदन की तिथि
पर)
9. अवकाश की अवधि— दिन से तक
पूर्वयोजित/अनुयोजित अवकाश, यदि कोई हो
10. आवेदित अवकाश का/के कारण
11. आवेदन की तिथि तक उपभोग की गई कुल संतान
पालन अवकाश
12. (क) क्या मुख्यालय छोड़ने की अनुमति मांगी गई हां/नहीं
है
(ख) यदि हां, तो अवकाश अवधि के दौरान पता
13. पिछले अवकाश से लौटने की तिथि, उस अवकाश
की प्रकृति एवं अवधि

दिनांक :

आवेदक का हस्ताक्षर.....

कर्मचारी कोड संख्या



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नियंत्रक अधिकारी की अभियक्तियां

अवकाश अनुमोदित किया जाता है/ नहीं किया जाता है

दिनांक :

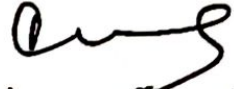
हस्ताक्षर

पदनाम

कार्यालय

छत्तीसगढ़ के राज्यपाल के नाम से

तथा आदेशानुसार


(एस.के. चक्रवर्ती) 4/10/2018
संयुक्त सचिव




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APPLICATION FOR LEAVE
(For both Gazetted & Non-Gazetted Govt. Servants)

Note :- Items 1 to 10 must be filled in by all applicants whether Gazetted or Non-Gazetted. Items 13 apply only in the case of Gazetted officers. Items 14 & 15 apply in the case of Non-Gazetted officers.

1. Name of Applicant
2. Leave rules applicable
3. Post held
4. Department or Office
5. Pay
6. House rent allowance, conveyance allowance or other Compensatory allowances drawn the present post
7. Nature & period of leave applied for and date from which required
8. Ground on which leave is applied for
9. Date of return from last leave and the nature & period of that leave
10. Leave address, if granted

11. I undertake to refund the difference between the leave salary drawn during leave on average pay/commuted leave and that admissible during leave on half average pay/half pay leave, which would not have been admissible had the provision to F.R. 81(b)(II)M.B.F.R. 79(c) Rule 11(c) of the revised leave Rules 1933/Rule 14(c) of Madhya Pradesh Revised Leave Rules, 1934/Rule 963(c) of the Rajasthan Service Rules, Not been applied in the event of my retirement from the service at the end or during the currency of the leave.

Date 201
Signature
&
Designation

12. Remarks and/or recommendation of the Controlling Officer.
Date 201
Signature
&
Designation

13. Report of the Audit Officer
Date 201
Signature
&
Designation




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Dondi Lohara, Distt. Balod (G.G.)

P.T.O.

14. Statement of leave granted to applicant previous to this application :-

| Name of leave (1) | In current year (2) | During past year (3) | Year (4) |
|----------------------|------------------------|-------------------------|-------------|
|----------------------|------------------------|-------------------------|-------------|

Privilege/on average pay/Earned

On average pay on M.C./ Commuted

On half average pay/half pay

Not due

On Quarter average pay

Extraordinary

Total

15. Certified that leave on average pay/earned leave for month and days from201 to201 is admissible under of the

Date 201

Signature
&
Designation

16. Order of the Sanctioning Authority

Date 201

Signature
&
Designation

If the applicant is drawing any compensatory allowance, the sanctioning authority should state whether on expiry of leave he is likely to return to the same post or to another post carrying a similar allowance.



[Signature]
Principal
Govt. Eklavya Collage
Dondi Lohara, Dist. Balod (C.G.)

Partial Withdrawal form for Tier I account under NPS
(Please fill all the details in CAPITAL LETTERS & in BLACK INK only.)

For Nodal Office use

PAO/DTO/POP/POP-SP Reg. No.

| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Receipt No.:

| | | | | | | | | | | | | | | | | |
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PRAN

| | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Ack No.
(Generated by CRA System)

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Entered By: _____

Date: _____

Verified By: _____

Date: _____

Please select your Category (please tick ✓)

Government Sector

Corporate Sector

All Citizen of India

NPS Lite/ Swavalamban

To,
NPS Trust
Sir/Madam,

I _____ holding a Permanent Retirement Account under National Pension System, hereby submit partial withdrawal request for withdrawal from my Tier I account under NPS and give below the necessary details:

Section A – Subscriber’s Personal Details:

| | | | | | | | | | | | | | | |
|-------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| PRAN* | | | | | | | | | | | | | | |
| Name of the Subscriber* | | | | | | | | | | | | | | |
| Mobile No.# | | | | | | | | | | | | | | |
| Email ID# | | | | | | | | | | | | | | |

Subscribers Mobile No. and Email ID provided here will not be updated in CRA records. For updation of Mobile No. and Email ID in CRA records, subscriber is required to submit S2 Form.

a. % of Partial Withdrawal* %

(Maximum 25% of own contribution (without accrued income earned thereon) only)

b. Purpose of withdrawal* (please tick ✓ on box below with reason applicable)

- 1. for Higher education of children including a legally adopted child
- 2. for the marriage of children, including a legally adopted child;
- 3. for the purchase or construction of a residential house or flat in own name or in a joint name with legally wedded spouse (it is not available for already owned flat/house)
- 4. for treatment of specified illnesses (please tick ✓)
 - a. Cancer
 - b. Kidney Failure (End Stage Renal Failure)
 - c. Primary Pulmonary Arterial Hypertension
 - d. Multiple Sclerosis
 - e. Major Organ Transplant
 - f. Coronary Artery Bypass Graft
 - g. Aorta Graft Surgery
 - h. Heart Valve Surgery
 - i. Stroke
 - j. Myocardial Infarction
 - k. Coma
 - l. Total blindness
 - m. Paralysis
 - n. Accident of serious/ life threatening nature
- 5. to meet medical and incidental expenses arising out of the disability or incapacitation suffered by the subscriber
- 6. for skill development/re-skilling or any other self-development activities (Please refer instruction no 11)
Enter course fee:* Rs. _____
*mandatory if subscriber opts for withdrawal under skill development
- 7. for establishment of own venture or any start-up (Please refer instruction no 12)

c. Bank account details of the subscriber (please provide the details of the bank where the withdrawal amount shall be credited, tick ✓ as applicable)

same bank account already registered under NPS another Bank account, please provide the details below

Bank Account No.

| | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Bank Name

| | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Type of Account

Savings Account Current Account

Branch Name & Address

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |

IFS Code

| | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|



[Signature]

Principal
Govt. Eklavya Collage
Dondi Lohara, Distt. Balod (C.G.)

Section B – Declarations

Declaration by the Subscriber*:

- I hereby declare that information stated above is true and correct to the best of my knowledge & belief and that I have completed minimum of three years in to the NPS as required for partial withdrawal and eligible to withdraw the amount requested above due to the urgent need of funds to support the reason mentioned above.
- I _____ (name) with PRAN _____ agree that in case of any failure of Direct Credit, for any reason whatsoever or wrong credit to another account (but as per my details), NPS Trust / CRA shall not be responsible. I also agree that NPS Trust / CRA shall not be responsible/liable for any losses that may arise due to incorrect bank account details provided herein above.

Date

Place :

Signature / Thumb Impression of the Subscriber**

** Left thumb impression in case of illiterate male claimant and Right thumb impression in case of illiterate female

Declaration by Nodal Office(for government sector subscribers):*

I/We hereby declare that the subscriber Sh./Smt/Kum _____ with PRAN _____ is employed with us and I have verified the genuineness of the reasons for his/her withdrawal request and bank details submitted by him/her in respect of his/her request for partial withdrawal are correct.

Date

Registration No. of DDO

Signature & stamp of the DDO

Date

Registration No. of PAO/CDDO/DTO

Signature & stamp of the DTO/PAO/CDDO

Declaration by POP/Aggregator(for Non government sector subscribers):

I hereby declare that the subscriber Sh./Smt/Kum _____ with PRAN _____ has signed/thumb impressed before me after he/she has read the entries/have been read over by him/her for the request of partial withdrawal under NPS. I have verified the genuineness of the reasons for his/her withdrawal request and bank details submitted by him/her in respect of his/her request for partial withdrawal are correct.

Date

Registration No. of POP-SP/NL-CC/CHO

Signature & stamp of the Authorised person at POP-SP/NL-CC/CHO

Date

Registration No. of POP/NL-AO

Signature & stamp of the Authorised person at POP/NL-AO

ACKNOWLEDGMENT RECEIPT

Acknowledgment slip to the NPS Subscriber on receipt of partial withdrawal application form

(To be filled by DDO/CDDO/PAO/DTO/POP/Aggregator)

Received from PRAN :

DDO/POP-SP/NL-CC Registration Number:

PAO/CDDO/DTO/POP/NL-AO Registration Number

Acknowledgement Number



Date

Received at
Principal
Govt. Eklayya Collage
Dondi Lohara, Distt. Balod (C.G.)

Instructions**Instructions for filling up the form:**

1. All fields marked with * are mandatory. All dates should be in DDMMYYYY format.
2. The Subscriber shall submit the application to the respective Nodal Office/POP/Aggregator for processing of request.
3. Before submitting the withdrawal form, subscriber should ensure that the bank account details are matched from the bank passbook/ bank statement or cheque etc to ensure that the details are correct. Subscriber should also attach the bank proof (cancelled cheque/copy of bank passbook/bank certificate) with the Partial Withdrawal Form submitted.
4. Subscriber should specify the purpose of Partial Withdrawal and a proof need to be submitted for the same.
5. Subscriber should be in the NPS atleast for a period of 3 years.
A subscriber shall be permitted to withdraw not exceeding 25% of the contributions made by such subscriber to his/her individual pension account,
6. The Nodal officer/POP/Aggregator must verify the details of the bank account of subscriber.
7. Withdrawal amount received after the execution of the withdrawal request can be different from the requested amount to the extent of difference in NAV of two different days.
8. The withdrawal amount shall directly be credited to the bank account of the subscriber as mentioned in the withdrawal form.
9. In case, the subscriber already owns either individually or in the joint name a residential house or flat, other than ancestral property, no withdrawal under PFRDA regulations is permitted.
10. Treatment of specific illness covers the subscriber, his legally wedded spouse, children, including a legally adopted child or dependent parents suffer from the specified illness, which shall comprise of hospitalization and treatment.
11. Withdrawal under skill development/re-skilling is applicable as per following conditions:
 - Skill Development program/activities sponsored by employer for employees is not eligible for partial withdrawal
 - Amount which can be released under Skill Development option shall be subject to the actual fee of the course/training, subject to the maximum ceiling of 25% of employees own contribution without considering returns thereto.
 - Duration of the course should be of 3 months or more
 - The course should be either a regular program or distance education program or a skill development program
12. Withdrawal under establishment of own venture or any start up is applicable to subscribers registered under All India Citizen (UOS) sector only
13. For further details regarding point no 11 & 12 kindly refer PFRDA Circular No: PFRDA/2018/55/Exit/5 dated August 06, 2018.
14. The permitted withdrawal shall be allowed only if the eligibility criteria and limit for availing the benefit are complied with by the subscriber.
15. Frequency: the subscriber shall be allowed to withdraw only a maximum of three times during the entire tenure of subscription under the National Pension System.
16. For more detailed description of Partial Withdrawal option under NPS, please refer Regulation 8 of PFRDA (Exits & Withdrawals under NPS) Regulations 2015 and amendments thereto
17. The Nodal office/POP/Aggregator shall capture the details of the subscriber mentioned on the form and forward the same to NPS Claims Processing Cell (NPS CPC) at address mentioned below:
NPS Claim Processing Cell,
Central Record Keeping Agency, NSDL,
10th Floor, Times Tower, Kamala Mills Compound,
Senapati Bapat Marg, Lower Parel West, Mumbai - 400013
18. Document to be submitted for availing partial withdrawal.

| Sr. No. | Type of Withdrawal | Documents Required |
|---------|---|---|
| 1. | For Higher education | Copy of admission letter of the Institute along with Fees schedule |
| 2. | For marriage of his or her children | Self-Declaration |
| 3. | For purchase or construction of a residential house or flat in his or her own name or in a joint name with his or her legally wedded spouse | Photocopy of Title Documents of the Property. Approved Plan and self-declaration OR Loan offer letter from a housing finance company or a Bank and self-declaration |
| 4. | For treatment of specified illnesses: if the subscriber, his legally wedded spouse, children, including a legally adopted child or dependent parents. | Certificate from Doctor |
| 5. | to meet medical and incidental expenses arising out of the disability or incapacitation suffered by the subscriber | Disability certificate from a Government surgeon or Doctor (treating such disability or invalidation of subscriber) stating the nature and extent of disability and also certifying that subscriber need not be discharged from duty. |
| 6. | For Skill development/re-skilling or any other self-development activities | a) Admission/Sanctions letter from university in India/abroad with fee detail b) For distance learning programs, copy/s of invoice/s which confirm the payment of required fee for desired course c) For other skill development programmes, copy of invoices confirming payment of fee for the desired course d) study leave sanction letter/NOC provided by the organisation/ department/ministry, if required in terms of the employee's service conditions (not applicable where employee-employer relationship does not exists) |
| | For Establishment of own venture or any start-up | a) Registration Certificate of entity b) Proof of ownership of the entity (it should be in the name of the subscriber) c) Registration number issued by Government Authorities like GST/ Income Tax/Govt. Departments |



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Dondi Lohara, Distt. Balod (C.G.)