

TATA INSTITUTE OF FUNDAMENTAL RESEARCH
National Centre of the Government of India for Nuclear Science and mathematics
Homi Bhaba Road, Colaba, Mumbai – 400 005
Claim / Certificate for Transport Allowance

FORM B (for staff members using Institute's shuttle bus service)

I _____ hereby certify that

1. I am residing in accommodation
(a) Provided by the institute (b) Not provided by the institute
(In case of (a) above)

I am not residing within one kilometer from the entry gate of my work place or in a residential colony located in the same a campus as the work place.

2. My present address is as given below:

3. I am/am not orthopedically handicapped person with disability of lower extremities.
4. I am aware of the provision that is case of my absence from duty exceeding 30 day's due to leave, training tour etc. transport allowance will not be admissible.
5. I am not utilizing any Institute transport for commuting to work except for the Institute's shuttle bus service.
I request that my case be considered for grant of Transport Allowance as per rules.
Strike off the point from the above whichever not applicable.

Sign _____

Name _____

Comp. Code _____

Section _____

Through Section / Group Head _____

To
The Director
TIFR
Mumbai- 400 005

(Please forward the completed form to Establishment Officer III)

For Office Use Only

The accommodation details vide para 1 & 2 above are verified to be correct. Officer Incharge Accommodation	The certificate at para 5 above is verified to be correct. Officer Incharge Transport
--	---

Transport allowance as per Rules
is admissible / not admissible

Approved / Not approved

Establishment Officer – III

Registrar

Chief Accounts Officer

TO BE SUBMITTED IN TRIPLICATE

Application for grant of personal pay as incentive
for promoting small family norms in terms of Ministry
of Finance O.M. No. 7 (39)-E.III / 79 dated 4.12.1979

1. Name -
2. Designation / Grade –
3. Scale of pay -
4. Present 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

9. Details of the sterilization operation undergone

Type of operation undergone –

10. Whether the operation has been undergone by employee / spouse
11. Date of operation
12. 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 granded the personal pay.

Signature :

Name :

Designation :

Section :

Comp. Code :

Pune

Date

Verified from the relevant records and found to be correct.

As the necessary requirement for the eligibility of grant of increment in terms of O.M. No. 7(39)-E. III /79 dated 4.12.1979 have been fulfilled, the increment of Rs. _____ Maybe granted to Shrr. / Smt. _____ w.e.f. _____

Establishment Officer

UNDERTAKING TO BE GIVEN BY STAFF MEMBER
OF THE INSTITUTE

I / My spouse has undergone Vasectomy / Tubectomy operation

At _____ on _____

Necessary Sterilization certificate issued by 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 employee only)

Signature :

Name :

Designation :

Section Group :

Comp. code :

CERTIFICATE

I certify that Smt. _____ wife of
Shri. _____ who was operated on _____
for Labroscopic _____
_____ was examined post operatively on _____
and on the basis of Tubal potency / Sperm count test carried out the operation has been
completely successful.

Place :

Signature :

Medical Officer / Doctor

Date :