



भारतीय प्रौद्योगिकी संस्थान गुवाहाटी
INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI

FORM - 15

APPLICATION FOR FAMILY PLANNING ALLOWANCE

1.	Name of the staff member	
2.	Designation	
3.	Dept. / Section / Centre	
4.	Basic pay at the time of operation	
5.	Increment at the time of operation	
6.	Date of birth (Please enclose certificates in favour of both)	a) Staff Member : b) Wife / Husband :
7.	No. of surviving children	
	Names & Date of birth	(i)DOB : (ii)DOB : (iii)DOB :
8.	Whether operation was undergone by staff member or his/her wife/husband	
9.	Date of sterilisation operation	
10.	Hospital / Clinic where the operation was undergone *	
Date : _____		Signature of the employee Emp_No. _____

* Notes:

1. A certificate and an undertaking in the prescribed format as on the reverse page must be submitted.
2. The sterilisation operation can be had by the IIT staff or his/ her spouse in the IIT Hospital / Central Govt. Hospital / CGHS / State Govt. Hospital / Clinic as also in a Voluntary Institution getting grants from Central / State Govt. for conducting such operation or in any other approved / recognised hospital of the Institute. Where the operation is conducted by a private medical practitioner / private hospital, the certificate is required to be countersigned by a Civil Surgeon / District Medical Officer / AMA under MA rules / Medical Officer of CGHS / Central Govt. Hospital and the Institute's Senior Medical Officer.

STERILISATION CERTIFICATE

- 1) I, Dr..... hereby certify that I have conducted Vasectomy / Tubectomy operation on Shri / Smt. husband / wife of Shri / Smt. who is employed as at Indian Institute of Technology, Guwahati.
- 2) The sterilisation operation was conducted on (date) at (place/ hospital)
- 3)* A sperm count was undertaken on (date) and on the basis thereof it is certified that the Vasectomy operation has been completely successful.

(* Para 3 is in the case of Vasectomy operation only)

Date: _____

Signature of the Medical Officer

Countersignature of the Sr. Medical Officer of the Institute: _____

TO BE FILLED IN BY THE IIT STAFF

- 1) Certified that I / My spouse have / has undergone Vasectomy / Tubectomy operation at on The Sterilisation Certificate as above issued by is duly filled in and signed by the Medical Officer. In case I / my spouse have to take resort to recanalisation for any reason whatsoever I undertake to report this fact forthwith to the Institute.
- 2) Certified that my spouse, who is a Govt. employee has not / will not claim the benefit of this Incentive for promoting Small Family norms from his/her employer.
- 3) Certified that I have surviving children on this date.
- 4)* Certified that my wife Smt. is not pregnant on this date.
- 5)** Certified that I am not pregnant on this date.

* Para 4 for male staff only.

** Para 5 for female staff only.

Date : _____

Signature of the Institute employee