Page -1/2

HALL MANAGEMENT CENTRE INDIAN INSTITUTE OF TECHNOLOGY KHARAGPUR

KHARAGPUR - 721302

Application form for special increment under Small Family Scheme

(Application to be submitted duly filled in and signed along with the medical treatment card, which will be returned after verification)

1.	Name of the applicant :	
	a) Designation :	
	b) Hall:	
	c) Date of Birth / Age :	
2.	Name of the Employee's wife / husband :	
3.	Name / Relation of / to the person who undergone sterilisation operation:	
4.	Date of Operation : Name and address of the Hospital / Institution where the employee / spouse under- gone such operation	
	(Certificate in original along	with an attested copy thereof obtained from the Hospital

(Certificate in original along with an attested copy thereof obtained from the Hospital / Institution must be produced.)

5.	Number of living Children		
	Name	Age	Relationship
	1.		
	2.		
6.	Whether the employee or		

spouse sterilised earlier. If so give details

I declare that my wife / husband is not employed / is employed and that she / he has not been granted with such special increment sanctioned by his / her employer.

Date :

(SIGNATURE OF THE APPLICANT)

Signature of Warden



STERILISATION CERTIFICATE

I, Dr		hereby certify
that I have conducted Vasectomy / T	Subectomy operation on Sri / Smt.	
	husband / wife of Sri / Smt	
	employed as	
in	at	
on		
2. A sperm count was undertake		

and on the basis there of it is certified that the Vasectomy Operation has been completely successful.

(Para 2 in the case of Vasectomy Operations only) * Delete words where not applicable.

Signature _____

UNDERTAKING TO BE GIVEN BY ALL GOVERNMENT EMPLOYEES

I / My spouse have / has undergone Vasectomy / Tubectomy Operation

-	4	L.	
Я	1	Γ.	
u		L	

on

necessary sterilisation certificate issued by _____

is enclosed. In case I / My spouse have to take resort to recanalisation for any reason whatsoever

I undertake to report this fact forthwith to the Government.

2. I also certify that my wife Smt.

_____ is not pregnant on this date.

(Para 2 for male Government employees only)

Signature _____