

Appendix-XIV
Essentiality Certificates
Certificate-'A'

(To be completed in the case of patient who are not admitted to hospitals for treatment)

Certificate granted to Mrs./Mr./Miss ----- wife/son/daughter/mother/father of Mr. -----
 ----- Employed in the -----

1. Dr. ----- hereby certify
 - a. That I Charged and received Rs. ----- for ----- consultation on -----
 ----- (Dates to be given) at my consulting room/at the residence of the patient.
 - b. That I Charged and received Rs. ----- for administering ----- intravenous/intra-
 muscular/subcutaneous injections on ----- (dates to be given) at -----
 -----my consulting room/the residence of the patient.
 - c. That the injection administered were not/were for immunizing or prophylactic purposes.
 - d. That the patient has been under treatment at ----- hospital/my consulting room and that
 the under mentioned medicines prescribed by me in this connection were essential for the recovery/prevention
 of serious deterioration in the condition of the patient. The medicines are not stocked in the-----
 ---- (name of hospital) for supply to private patients and do not include proprietary preparations for which
 cheaper sustenance's of equal therapeutic value are available nor preparations which are primarily foods, toilets
 or disinfectants.

| Name of medicines | Price |
|--------------------------|--------------|
| 1. ----- | ----- |
| 2. ----- | ----- |
| 3. ----- | ----- |
| 4. ----- | ----- |
| 5. ----- | ----- |
| 6. ----- | ----- |
| 7. ----- | ----- |
| 8. ----- | ----- |

- e. That the patient is/was suffering from----- and is/was under my treatment from -----

- f. That the X-ray, Laboratory test etc., for which and expenditure of Rs. -----was incurred was necessary and
 were undertaken on my advice at -----(Name of the hospital or laboratory).
- h. That I referred the patient to Dr. ----- for specialist consultation and that the necessary
 approval of the ----- (Name of the chief administrative office of the state) as required under the
 rules was obtained.
- i. That the patient did not required hospitalization.

**Signature of AMS/Designation of the medical officer /
 and hospital/dispensary to which attached**

Date -----

N.B.- Certificates not applicable should be struck off. Certificate (e) is compulsory and must be filled in by the medical officer in all cases.

Note 1. -- In case where double that rates of consultation fees are charged by the AMA for night visit (between 10p.m. and 6a.m.) the AMA should furnish a certificate showing why the night consultation was necessary.

[G.I.,M.M.,O.M. No. F. 28-57/60-H.I., dated the 4th April, 1962.]

Note 2.-- The above certificate may be deemed to be regular receipts for the payments received by the Medical Officers, who will be required to affix a revenue stamp on the Essentiality certificate itself when the payment exceeds Rs. 20. Separate receipts (stamped where necessary) would however be necessary from the specialists for consultation with them, who do not sign the Essentiality Certificates.

[G.I.,M.H., O.M. No. F. 28-8/60-H.I. dated the 30 th January, 1960.]

Note 3. Where the receipts issued by the Government hospitals are on authorized form (printed and numbered) and the amount of these receipts is incorporated in the body of the Essentiality Certificate, Countersignature of such receipts need not be insisted upon.

[G.I.,M.F.,O.M. No. F. 61(1)-E. V/60, dated the 29th February, 1960]

CERTIFICATE 'B'

(To be completed in the case of patients who are admitted to hospital for treatment)

Certificate granted to Mrs./Mr./Miss. ----- wife/son/daughter of Mr. -----
----- employed in the -----

PART-A

I, Dr. ----- hereby certify-

(a) That the patient was admitted to hospital on the advice of ----- (name of the Medical Officers)/on my advice.

(b) That the patient has been under treatment at ----- and that the under mentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the ----- (name of the hospital) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants;

| Name of medicines | Price |
|-------------------|-------|
| 1. ----- | ----- |
| 2. ----- | ----- |
| 3. ----- | ----- |
| 4. ----- | ----- |
| 5. ----- | ----- |
| 6. ----- | ----- |
| 7. ----- | ----- |

(c) that the injections administered were/were not for immunizing or prophylactic purposes;

(d) that the patient is/was suffering from ----- and is/was under treatment from ----- to -----;

(e) that the X-ray, laboratory test, etc., for which and expenditure of Rs. ----- was incurred were necessary and were undertaken on my advice at ----- (name of hospital or laboratory);

(f) that I called on Dr. ----- for specialist consultation and that the necessary approval of the ----- (Name of the chief Administrative Medical Officer of the State) as required under the rules, was obtained.

**Signature and Designation to the Medical Officer
in charge of the case at the hospital**

PART-B

I certify that the patient has been under treatment at the ----- hospital and that the service of the special nurses for which an expenditure of Rs. ----- was incurred, vide bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

**Signature of the Medical Officer in charge
of the case at the hospital**

COUNTERSIGNED

Medical Superintendent

-----Hospital

* I certify that the patient has been under treatment at the ----- hospital and that the facilities provided were the minimum which were essential for the patient's treatment.

Medical Superintendent

Place ----- Hospital

NOTE- Certificates not applicable should be struck off. Certificate (d) is compulsory and must be filled in by the medical officer in all cases.

* the 'minimum facilities certificate' may be signed either by the medical Superintendent of the Hospital concerned or another Gazetted Medical Officer who has been authorized in this behalf by the Medical Superintendent.



**MAHATMA GANDHI ANTARRASHTRIYA HINDI VISHWAVIDYALAYA,
WARDHA (MAHARASHTRA)**

APPLICATION FOR GENERAL PROVIDENT FUNDS ADVANCE

1. Name of the Subscriber _____
2. Account Number _____
3. Designation _____
4. Pay (Pay Band/Basic + GP) _____
5. Balance at credit of the subscriber on the date of application as below -----
 - (a) Closing balance as per statement for the year _____ Rs. _____
 - (b) Credit from _____ to _____ monthly subscription Rs. _____
 - (c) Refunds Rs. _____
 - (d) Withdrawals during the period from _____ to _____ Rs. _____
 - (e) Net balanced at credit Rs. _____
6. Amount of advanced/outstanding, if any, and the purpose for which advance was taken by them:-
 - Amount of advance taken Rs. _____
 - Amount outstanding as on date Rs. _____
7. Amount of advance required Rs. _____
8. (a) Purpose for which the advanced is required _____
- (b) Rules under which the request is covered _____
- (c) If advanced is sought for House Building, etc., following information may be given:-
 - (i) Location and measurement of the Plot _____
 - (ii) Whether plot is freehold or on lease _____
 - (iii) Plan for construction _____
 - (iv) If the flat or plot being purchased is from a H.B. Society, the name of the Society, the location and measurement, etc _____
 - (v) Cost of construction _____
 - (vi) If the purchase of flat is from DDA or any Housing Board, etc., the location, dimension, etc., may be given _____

(d) If advanced is required for education of children, following details may be given:-

(i) Name of the son/daughter _____

(ii) Class and Institution/College where studying _____

(iii) Whether a day-scholar or a hostler _____

(e) If advanced is required for treatment of ailing family members, following details may be given:-

(i) Name of the patient and relationship _____

(ii) Name of the Hospital/Dispensary/ Doctor where the patient is undergoing treatment _____

(iii) Whether outdoor/indoor patient _____

(iv) Whether reimbursement available or not _____

Note:- In case of advance under 8(c) to 8(e), no certificate or documentary evidence would be required.

9. Amount of the consolidated advanced Rs _____ in instalments (Items 6 and 7) and number of monthly instalments in which the consolidated advanced is proposed to be repaid

10. Full particulars of the pecuniary circumstances of the subscriber, justifying the application for the advance _____

I certify that particulars given above are correct and complete to the best of my Knowledge and belief and that nothing has been concealed by me.

Signature of Applicant

Name _____

Designation _____

Dated:- _____

Section _____



**MAHATMA GANDHI ANTARRASHTRIYA HINDI VISHWAVIDYALAYA,
WARDHA (MAHARASHTRA)**

APPLICATION FOR DUTY LEAVE / SPECIAL CASUAL LEAVE

Note: Item 1 to 10 must be filled in by all applicants whether Teaching / Non Teaching(Gazetted or Non-Gazetted).Item 11 may be filled in only when it is applicable to the Govt. servant concerned.

1. Name of the applicant _____
2. Leave Rules applicable _____
3. Post held _____
4. Department, office and section _____
5. Pay _____
6. Purpose for Leave _____

7. Specify the date from which leave required _____
and the Institute/University/Organization _____
for which the duty leave is applied _____
8. Indicate and attach relevant Orders _____
if any _____

9. Sunday and holidays, if any proposed _____
to be prefixed/suffixed to leave _____
10. Leave address if granted _____
(with mobile no.) _____

11. Details of work arrangement done _____
during leave period _____

Date.: _____

Signature of employee

For Office use only

Remarks and/or recommendation of
the controlling officer _____

Date:- _____

Signature of the controlling Officer



**MAHATMA GANDHI ANTARRASHTRIYA HINDI VISHWAVIDYALAYA,
WARDHA (MAHARASHTRA)**

**JOINING REPORT AFTER AVAILING EARNED LEAVE / MEDICAL LEAVE /
DUTY LEAVE / ACADEMIC LEAVE**

I have been sanctioned Earned Leave / Medical Leave / Duty Leave / Academic Leave through the office Order No. _____ dated _____ after availing the above leave from _____ to _____.. I am joining my duties today i.e. _____.

Date:- _____

**Signature of employee
with date**

Name _____

Designation _____

Deptt. _____

**To,
Through HOD / Registrar
M.G.A.H.V, Wardha**



**MAHATMA GANDHI ANTARRASHTRIYA HINDI VISHWAVIDYALAYA,
WARDHA (MAHARASHTRA)**

Application for Casual Leave / RH

1. Name & _____
Designation _____
2. Name of Department _____
3. Reason/Grounds for leave _____
4. Address during Leave with _____
mobile no. if any _____
5. Leave applied CL/RH and _____
Date of Leave _____

Date:- _____

Signature of the applicant

FOR OFFICE USE

The CL / RH / of Mr. / Mr. / Dr. _____ is verified and
he/she is having _____ days balance of CL / RH . Hence, applied leave may
be sanctioned / not to be sanctioned.

Signature of Dealing Assistant

S.O / Incharge

FOR USE OF SANCTIONING AUTHORITY

Date:- _____

Signature of sanctioning authority



**MAHATMA GANDHI ANTARRASHTRIYA HINDI VISHWAVIDYALAYA,
WARDHA (MAHARASHTRA)**

**CHILDREN EDUCATION ALLOWANCE RE-IMBURSEMENT FORM
FOR THE YEAR 20__**

| | |
|---|------------|
| Name of Employee | |
| Name of Child | Relation : |
| Name of School | |
| Class in which Studying : | |
| Tuition Fees | |
| Admission Fees | |
| Leboratory Fees | |
| Spl. Fees Charge for Agriculture | |
| Electronics | |
| Music or Any other subject | |
| Fee charged for practical Work under the programme of work Experience | |
| Fees paid for use of any Aid or appliance by the Child | |
| Library Fees | |
| Games / Sports Fees | |
| Fees for extra carricular activities | |
| Reimburse for purchase of one set of Text Books & Notbooks | |
| Two set of Uniforms | |
| One set of School Shoes | |
| Total : | |
| Maximum limit @ 1000/- per month | |

- Certificate issued from School with original Receipts to the above claim are enclosed.

Employee Signature



**MAHATMA GANDHI ANTARRASHTRIYA HINDI VISHWAVIDYALAYA,
WARDHA (MAHARASHTRA)**

APPLICATION FOR EARNED/ MEDICAL LEAVE OR FOR EXTENSION OF LEAVE

1. Name of the applicant _____
2. Leave Rules applicable _____
3. Post held _____
4. Department, office and section _____
5. Pay (Basic + G.P) _____
6. House rent allowance, conveyance allowance or other compensatory allowance drawn in the present Post _____
7. Nature and period of leave applied for and the date from which required _____
8. Sundays and holidays, if any proposed to be prefixed/suffixed to leave _____
9. Date of return from last leave and the nature and period of that leave _____
10. Date of return from last leave and the nature of the period of that leave _____
11. Leave address if granted _____
12. I propose/do not propose to avail myself of leave travel concession for the block year _____

Signature of the applicant (with date)

13. Remarks and/or recommendation of the controlling officer _____

Date:- _____

Signature (with date) & Designation

CERTIFICATE REGARDING ADMISSIBILITY OF LEAVE

14. Certificate that _____ (nature of leave) for _____ period from _____ to _____ is admissible under Rule _____ of the central civil services (leave) rules, 1972.

Signature of Dealing Assistant

ORDER OF THE SANCTIONING AUTHORITY

Date:- _____

Signature of sanctioning authority



**MAHATMA GANDHI ANTARRASHTRIYA HINDI VISHWAVIDYALAYA,
WARDHA (MAHARASHTRA)**

APPLICATION FORM FOR HOUSE BUILDING ADVANCE

(A) APPLICATION PARTICULARS (TO BE FILLED IN BY APPLICANT)

1. Name _____
2. Designation _____
3. Place of present Posting _____
4. Date of Birth (mm/dd/yy)
(recorded in service book) _____
5. Date of Superannuation _____
6. Date of joining/entry in M.G.A.H.V
(i).Contract(dd/mm/yy) _____
(ii).Adhoc(dd/mm/yy) _____
(iii).Regular(dd/mm/yy) _____
7. Date of Appointment in Present Post _____
8. Pay (Basic + GP)
(attached copy of last pay slip) _____

(B) DECLARATION

I solemnly declare that

- (i) I am in genuine need of HBA advanced for
 - (a) purchase of residential plot or house
 - (b) construction of house on the piece of land which is in my ownership (attach attested copy of ownership deed).
- (ii) I have not obtained HBA previously. In case obtained then give of HBA(s) sanctioned during Entire service either refunded or still outstanding.

| Year of Sanction | Amount of HBA sanctioned (Full or partial) | | Refunded amount still outstanding, if any |
|------------------|---|---------|---|
| | Full | Partial | |
| | | | |
| | | | |
| | | | |

- (iii) Above information is correct to be the best of my knowledge and in case advanced is sanctioned to me I will not misuse it for any purpose other than stated above, failing which on concealing of concealing of information I will be liable to be prosecuted and penalized under rules on the subject.

Date: _____

Signature of the applicant

Enclosed:-

- Attested copy of CNIC
- Attested copy of last pay slip
- Attested copy of ownership deed without which application will not be entertained.



**MAHATMA GANDHI ANTARRASHTRIYA HINDI VISHWAVIDYALAYA,
WARDHA (MAHARASHTRA)**

APPLICATION FOR GRANT OF ADVANCE FOR LEAVE TRAVEL CONCESSION

1. Name _____
2. Designation and Division/section to which attached _____
3. Whether permanent/quasi permanent/temporary _____
(If temporary, surety from a permanent employee is to be submitted on stamp paper of appropriate value)
4. Date of appointment _____
5. Pay (Basic + GP) _____
6. Nature of LTC-HomeTown/All India _____
7. Block year for which applied _____
8. Nature and period of leave with prefix and suffix. _____
9. Whether sanctioned or not? If sanctioned quote office order No. and date. _____
10. Details of family members(s) to under journey

| | SL.No. | Name | Age | Relationship |
|-------------------|--------|------|-----|--------------|
| ONWARD JOURNEY | 1. | | | |
| | 2. | | | |
| | 3. | | | |
| | 4. | | | |
| | 5. | | | |
| | 6. | | | |
| RETURN JOURNEY | 1. | | | |
| | 2. | | | |
| | 3. | | | |
| | 4. | | | |
| | 5. | | | |
| | 6. | | | |

11. Details of journey

| | Departure | | Arrival | | Distance of Rly. Journey in Kms. | Class of accommodation proposed to be availed of Mail/Exp | Amt. of fare for each person | Remarks if any |
|----------------|-----------|------------------|---------|------------------|----------------------------------|---|------------------------------|----------------|
| | Date | Name of Rly. Stn | Date | Name of Rly. Stn | | | | |
| ONWARD JOURNEY | | | | | | | | |
| RETURN JOURNEY | | | | | | | | |
| | | | | Total | | | | |

12. Amount of advance being 9 / 10 of the net amount payable Rs. _____

13. Amount of advance asked for Rs. _____
(Rupees.....only)

CERTIFIED THAT

- (a) The journey is proposed to be performed to.....
(Name of Home Town in case of home travel concession and back to wardha)
- (b) If the onward journey(s) does/do not commence with 15 days of the grant of advance, the full amount will be refunded immediately.
- (c) If the return journey(s) is/are not likely to complete within 3 months (90 days), the half of the Amount of advance will be refunded immediately.
- (d) I/ my family have/ has not availed of leave Travel concession earlier for the Block Year, 20.....to 20.....

Signature of the employee



**MAHATMA GANDHI ANTARRASHTRIYA HINDI VISHWAVIDYALAYA,
WARDHA (MAHARASHTRA)**

APPLICATION FORM FOR LTC

1. Name of the Government Servant _____
2. Designation _____
3. Date of appointment _____
4. Pay (basic + GP) _____
5. Whether Permanent or Temporary _____
6. Home town as recorded in service book _____
7. Whether wife/husband is employed and if so whether entitled to LTC. _____
8. Nature of LTC-HomeTown/All India _____
9. Block year for which applied _____
10. Whether the concession is to be availed for visiting home town and if so block for which LTC is to be availed _____
- 11.(a) if the concession is to visit "anywhere in India", the place to be visited _____
(b) Block for which to be availed _____
12. Single rail fare/bus fare from the head quarters to home town/place of visit by shortest route _____
13. Person in respect of whom LTC is proposed to be availed

| Sr.No. | Name and age | Age | Relationship |
|--------|--------------|-----|--------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |

Declaration

I declare that the particulars furnished above are true and correct to the best of my knowledge I undertake to produce the tickets for the outward journey within ten days of receipt of the advance. In the event of cancellation of the journey or if I fail to produce the tickets within ten days of receipt of advance, I undertake to refund the entire advance in one lumpsum.

Date:- _____

Signature of employee

FOR OFFICE USE ONLY

1. Particulars in Cols. 1 to 6 verified _____
2. Amount entitled for reimbursement _____
3. Amount admissible(90% of amount in &)
Amount of Rs. _____ may be sanctioned

Dealing Assistant

Section Officer / Dy. Registrar



**MAHATMA GANDHI ANTARRASHTRIYA HINDI VISHWAVIDYALAYA,
WARDHA (MAHARASHTRA)**

APPLICATION FOR FESTIVAL ADVANCE

Name of the Festival for which Advance is applied for _____

1. Name _____
2. Designation _____
3. Office in which working _____
4. Whether permanent/temporary _____
(if temporary, whether surety from a permanent official is furnished)
5. Basic Pay + GP (Pay Band) _____
6. Whether a festival advanced has
been drawn earlier during the
current financial year and if so,
the name of the festival _____
7. Whether the festival advanced
granted on the previous occasion
has been recovered fully _____
8. Whether under Suspension/EXOL
/HPL/LPR and the period of leave _____

I declare that the particulars furnished above are true.

Station :

Date :

Signature of the applicant