

**Subject:- Grant of incentives under Family Planning Scheme.**

1. Eligibility ✓ On the date of operation –
  - .. Male employee should not be over 50 years and his wife should be between 20 to 45 yrs.;
  - .. Female employee should not be over 45 years and her husband must not be over 50 yrs.
2. Family Planning allowance would be granted only on production of sterilisation certificate issued by an authorised competent authority of Government hospital or Government aided hospital or Trust hospital operating on a no profit no loss basis or Hospital / Nursing Home registered with local bodies / State Government.

**Note:** 1. Information in respect of all columns is compulsory for processing of application.  
 2. \* Strikeout whichever is not applicable.

1.	Employee code No.		2.	Name of the employee
3.	Designation		4.	Place of posting
5.	Status	* Regular / Probation / Adhoc	6.	Date of appointment

7.	Scale of pay with rate of increment on the date of operation	Scale Rs. _____ * IDA / CDA Rate of Increment – Rs. _____			
8.	Present pay	9. Date of <b>Vasectomy/Tubectomy*</b> operation			
10.	Nature of incentive applied for	<ul style="list-style-type: none"> <li>• Monthly Family Planning Allowance, _____ and / or</li> <li>• ½% rebate on interest on house building advance.</li> </ul>			
11.	If delayed claim, reasons for delay <i>(Claims submitted after 6 months of operation would be treated as delayed claim. For such cases, employee is required to submit the reasons for delayed claim)</i>				
12.	Date of birth of the employee and age on the date of operation	DOB : ____ (day) ____ (month) ____ (year) Age : ____ (years) ____ (months) ____ (days)			
13.	Was the employee in <b>reproductive age group</b> on the date of operation	Yes / No			
14.	Date of birth of spouse and age on the date of operation	DOB : ____ (day) ____ (month) ____ (year) Age : ____ (years) ____ (months) ____ (days)			
15.	Was the spouse in <b>reproductive age group</b> on the date of operation	Yes / No			
16.	Details of living children	S.No.	Name	M/F	D.O.B.
17.	Name & address of the Institution / Hospital from where the sterilization operation has been conducted.				
18.	Category of hospital from where the operation has been done <i>(Tick mark in the relevant box)</i> <input type="checkbox"/> Government Hospital <input type="checkbox"/> Government aided hospital <input type="checkbox"/> Trust hospital operating on a no profit no loss basis <input type="checkbox"/> Hospital / Nursing Home registered with local bodies / State Government				
19.	Serial number of the data bank of hospitals maintained by IRCON from where the hospital's name has been indicated.				
20.	If the name does not exist in the Data bank Details of registration alongwith documentary evidence be enclosed. <i>Note: Claim will not be entertained without documentary evidence</i>				

**UNDERTAKING**

1. I / my spouse have / has undergone vasectomy / tubectomy operation at \_\_\_\_\_ on \_\_\_\_\_. Necessary sterilization 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 Company.
2. I also certify that \* I / my wife Smt. \_\_\_\_\_ is not pregnant on this date.

Date: \_\_\_\_\_

Signature of Employee \_\_\_\_\_

**Encls: (Tick mark the documents enclosed with this application)**

- ( ) 1. Original sterilization certificate in the prescribed proforma, as enclosed, issued by the hospital
- ( ) 2. Copy of Pay Slip duly attested by the Accounts Officers / Project In-charge at the time of operation
- ( ) 3. Photocopy of D.O.B. certificates of the employee
- ( ) 4. Photocopy of D.O.B. of spouse duly certified by the Functional / Project Head. In case DOB certificate of spouse is not available, an MBBS doctor's certificate certifying the age would suffice the purpose (*Strike out which is not applicable*)
- ( ) 5. *Certificate of registration of the hospital / nursing home.*

***Certificate from the Controlling Officer / Project In-charge:***

Information furnished by the employee has been verified. Documents, as stated above, are enclosed. Forwarded to HRM Corporate Office for further action.

**Signature of Controlling Officer / Project Head :** \_\_\_\_\_

**Name and Designation:** \_\_\_\_\_

***FOR USE IN HRM CORPORATE OFFICEI***

1. The above information has been checked / scrutinized and found to be in order.
2. \* Sh. /Smt. \_\_\_\_\_ has submitted delayed claim. Since this is a delayed claim he would be eligible for family planning allowance with prospective effect only.
3. Employee is eligible for grant of one increment @ Rs. \_\_\_\_\_ p.m. w.e.f. \_\_\_\_\_ in the form of "Family Planning Allowance" not to be absorbed in future increases of pay either in the same post or on promotion in higher post / grade and / or half percent rebate on interest on house building advance or both.
4. Kind approval of Director( ) is solicited for sanction of this incentive.

Signatures of Dealing Official

**Manager/ HRM**

**DGM / HRM**

**GM / HRM**

**Director**

**(To be submitted on the letterhead of Doctor or Hospital)**

Sterilization certificate

I, Dr.\_\_\_\_\_ hereby certify that I have conducted  
\*Vasectomy / Tubectomy operation on Shri / Smt.\_\_\_\_\_  
husband / wife of Shri / Smt.\_\_\_\_\_ employed as  
\_\_\_\_\_ in IRCON International Limited at \_\_\_\_\_ on \_\_\_\_\_.

(2) A sperm count was undertaken on \_\_\_\_\_ and on the basis thereof it  
is certified that the vasectomy operation has been completely successful. (Para 2 in case  
of vasectomy operation only)

\* Delete words where not applicable

Signature:\_\_\_\_\_  
To be signed by an authorised  
competent authority of the hospital)