



**SRI VENKATESWARA COLLEGE**  
**(University of Delhi)**

*Managed by Tirumala Tirupati Devasthanams (TTD)*

*NAAC Accredited "A+" Grade (2022), DBT Star College Status (2016), NIRF Rank # 13(2023)*

*Benito Juarez Road  
Dhaura Kuan, New Delhi -110021  
Phone: 91 11-24118590  
Fax: 911124118535  
Webpage: [www.svc.ac.in](http://www.svc.ac.in)  
Email: [principal@svc.ac.in](mailto:principal@svc.ac.in)*

**CRITERIA 6**

**SUPPORTING DOCUMENT**

**6.3.1** The institution has effective welfare measures for teaching and non-teaching staff

**6.3.1.1** *Table depicting facilities, benefits and welfare schemes availed by staff in the last 5 years*

**6.3.1.2** *Benefits and Rules as per guidelines of UGC and adopted by the University*

**6.3.1.3** *Support Facilities & Welfare for teaching & Non-Teaching Staff in the campus*

**6.3.1.4** *Formats for availing benefits /welfare for College staff*

**6.3.1.1 : Table depicting Welfare Schemes availed by the staff in the last 5 years**

S. No.	Welfare Scheme	2018-19		2019-20		2020-2021		2021-22		2022-23	
		Teaching	No n-Teaching	Teaching	No n-Teaching	Teaching	No n-Teaching	Teaching	No n-Teaching	Teaching	No n-Teaching
1.	Number of Staff Quarters on Campus	14	22	14	22	14	22	14	22	14	22
2.	Number of Thrift & Credit Society Members	88	85	83	84	79	85	71	69	99	89
3.	Number of PF Loan Facility availed by Staff	06	16	10	20	09	14	2	7	6	9
4.	Banking Facility on Campus	Applicable & available to all the employees (Teaching, Non-teaching & Contract Staff) as well as to all the students on all working days as per RBI Rules.									
5.	Computer / Wi-Fi Facility & E-Resources	Applicable & available to all the employees (Teaching, Non-teaching & Contract Staff) as well as to all the students on all working days as per DU Rules.									
6.	Subsidized Photocopying Shop	Applicable & available to all the employees (Teaching, Non-teaching & Contract Staff) as well as to all the students on all working days as per SVC Rules									
7.	W.U.S. Health Scheme	Open to all Delhi University employers									
8.	Canteen on Campus	Applicable & available to all the employees (Teaching, Non-teaching & Contract Staff) as well as to all the students on all working days as per SVC Rules.									



9.	Ward Quota for college admission & fee concession.	Seats allocated as per DU admission rules for ward quota applicable to both teaching and non-teaching staff			
10.	Medical Facilities on Campus	Applicable & available to all the employees (Teaching, Non-teaching & Contract Staff) as well as to all the students on all working days as per SVC Rules & at UDSC at the time of emergency.			
11.	Medical Reimbursement	Applicable & available to all the employees (Teaching, Non-teaching)			
12.	Children Education Allowance	Applicable & available to all the employees (Teaching, Non-teaching) as per Rules			
13.	Leave Rules LTC Retirement Benefits GIC	Applicable & available to all the employees (Teaching, Non-teaching) as per Rules			
14.	Sport Facilities	Applicable & available to all the employees (Teaching, Non-teaching staff) as well as to all the students on all working days as per SVC Rules			
15.	MS Team interface for online teaching/meetings	NA	Provided to all teaching and students for online teaching	Provided to all teaching and students for online teaching	Provided to all teaching and students for online teaching



### **6.3.1.2 Benefits and Rules as per guidelines of UGC and adopted by the University**

#### **Link to Leave Rules as per University guidelines**

##### **❖ Teaching Staff**

[https://www.ugc.ac.in/pdfnews/4033931\\_UGC-Regulation\\_min\\_Qualification\\_Jul2018.pdf](https://www.ugc.ac.in/pdfnews/4033931_UGC-Regulation_min_Qualification_Jul2018.pdf)

[http://www.du.ac.in/du/uploads/Guidelines/01022016\\_Rules\\_CCL\\_women-faculty.pdf](http://www.du.ac.in/du/uploads/Guidelines/01022016_Rules_CCL_women-faculty.pdf).

[http://www.svc.ac.in/SVC\\_MAIN/Policy/Leave%20Rules%20Teaching%20Staff.pdf](http://www.svc.ac.in/SVC_MAIN/Policy/Leave%20Rules%20Teaching%20Staff.pdf)

##### **❖ Non-Teaching Staff**

[http://www.du.ac.in/uploads/Rules\\_Policies\\_Ordinances/Non\\_teaching/71013\\_New%20Terms%20&%20Conditions%20of%20non%20teaching%20employees%202013\\_1%20.pdf](http://www.du.ac.in/uploads/Rules_Policies_Ordinances/Non_teaching/71013_New%20Terms%20&%20Conditions%20of%20non%20teaching%20employees%202013_1%20.pdf)

#### **Leave Travel Concession Rules**

<https://doptcirculars.nic.in/Default.aspx?URL=ApYu5J8VtciK%20>

#### **Guidelines to PF, Pensions & Gratuity**

**Ord. XXIX. General Provident Fund-cum-Pension-cum-Gratuity and Contributory Provident Fund-cum-Gratuity**

[http://www.du.ac.in/uploads/Rules\\_Policies\\_Ordinances/Acts/pages/act-iv.pdf](http://www.du.ac.in/uploads/Rules_Policies_Ordinances/Acts/pages/act-iv.pdf)

**Delhi University Gratuity Act**

[http://du.ac.in/du/uploads/Rules\\_Policies\\_Ordinances/Acts/pages/act-ii.pdf](http://du.ac.in/du/uploads/Rules_Policies_Ordinances/Acts/pages/act-ii.pdf).

**University of Delhi Notification 2015 regarding payment of Gratuity**

[http://www.du.ac.in/du/uploads/Guidelines/15102015\\_Notification.pdf](http://www.du.ac.in/du/uploads/Guidelines/15102015_Notification.pdf)

**Clarification regarding payment of Gratuity by University of Delhi - 2019**

<http://oldweb.du.ac.in/index.php?mact=News,cntnt01,detail,0&cntnt01articleid=23609&cntnt01returnid=83>





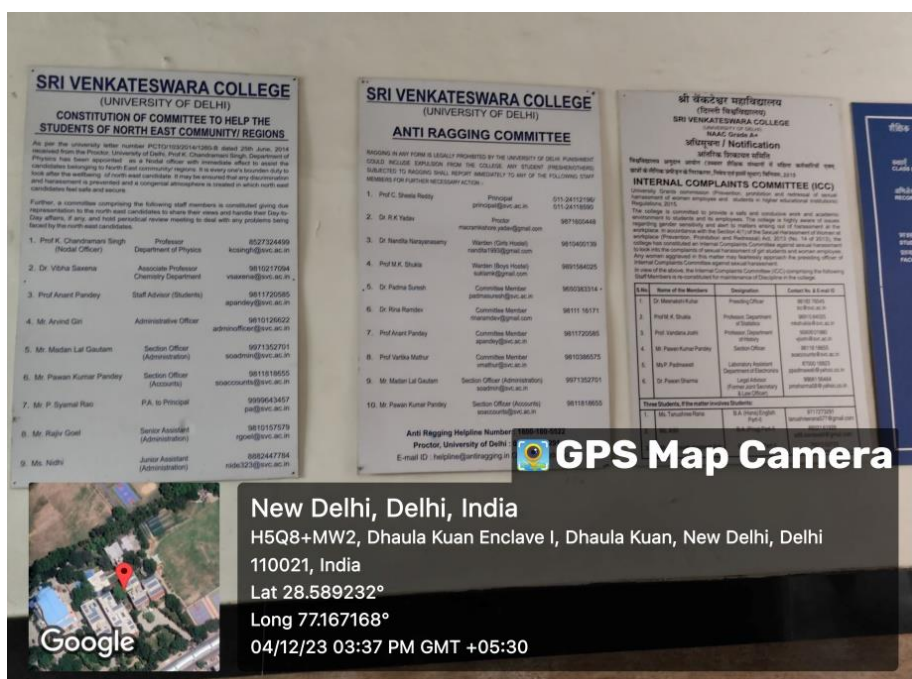
### 6.3.1.3 Support Facilities & Welfare for Teaching & Non-Teaching Staff in the campus

## Safety Practices as per COVID Protocols

### Sanitizers in the campus

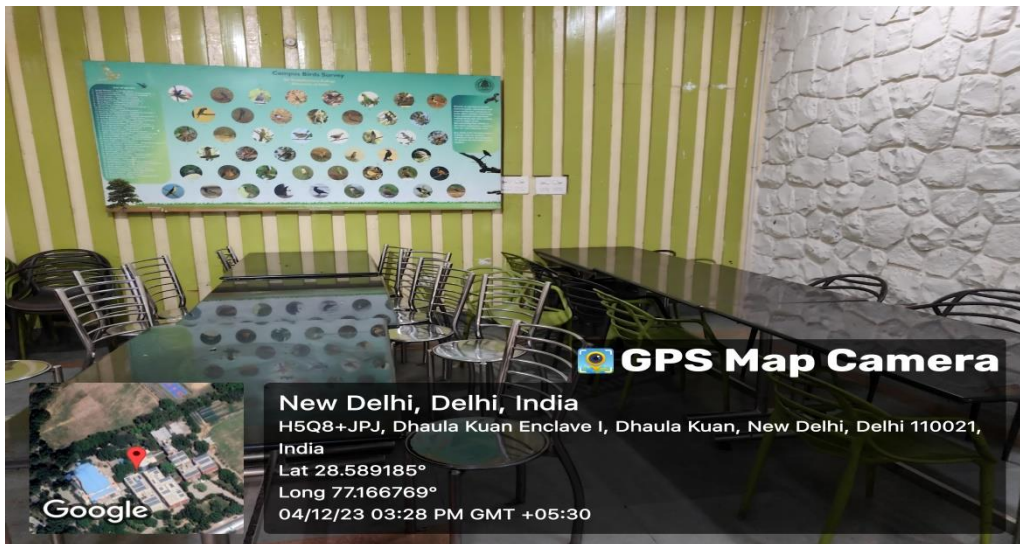


### Display of Notices



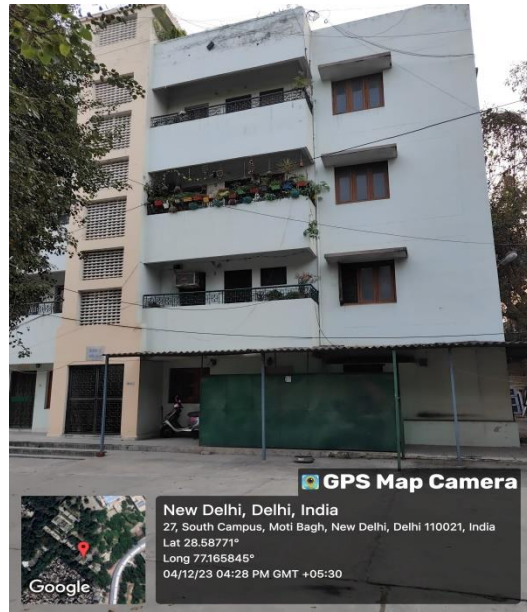
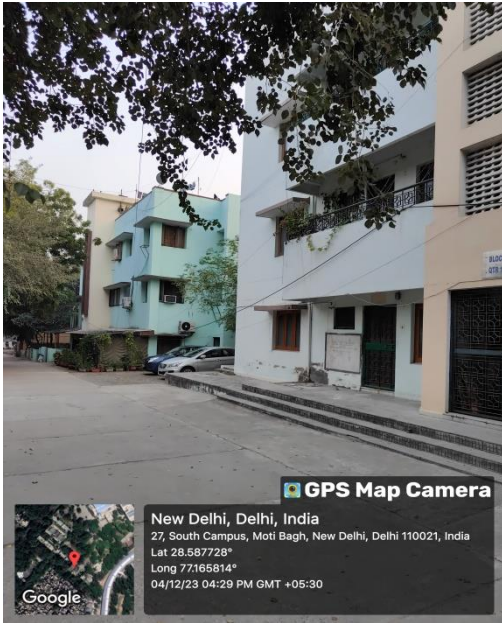
*[Handwritten signature]*

## Canteen





## Residential Quarters for Teaching & Non-Teaching Staff



## Banking Facility



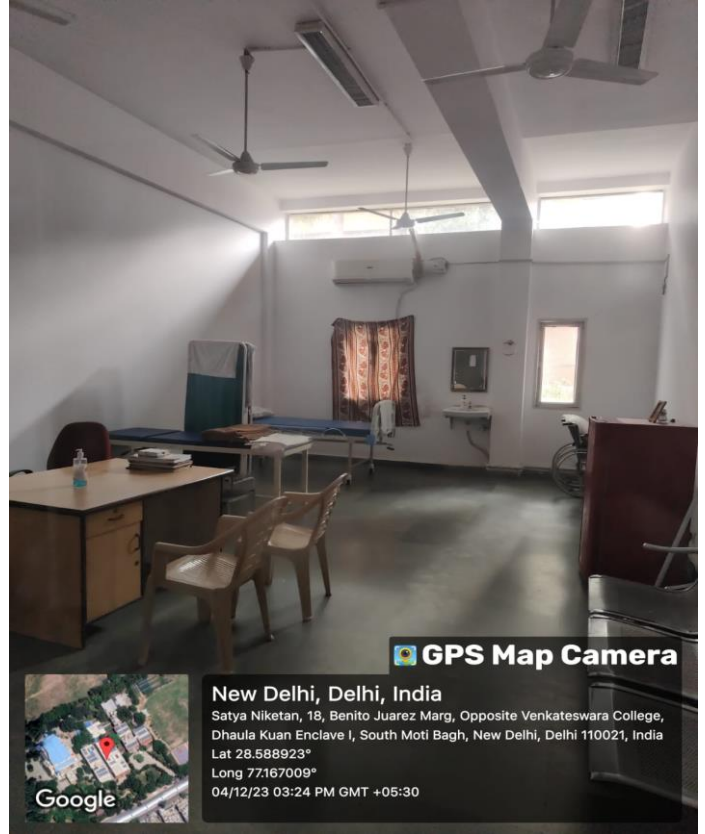
## Parking



*R. J. Kumar*



## Medical Room



## Common Staff Room



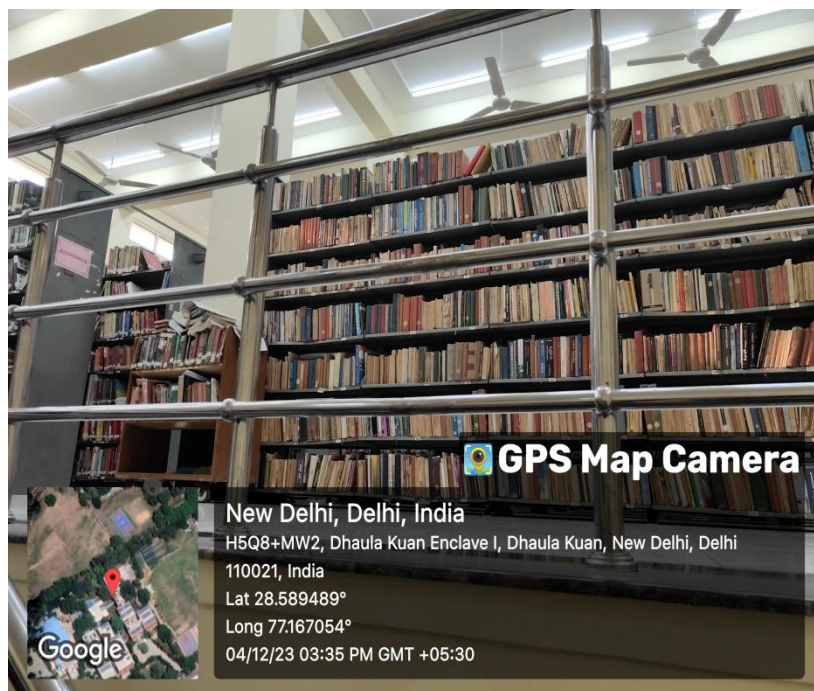
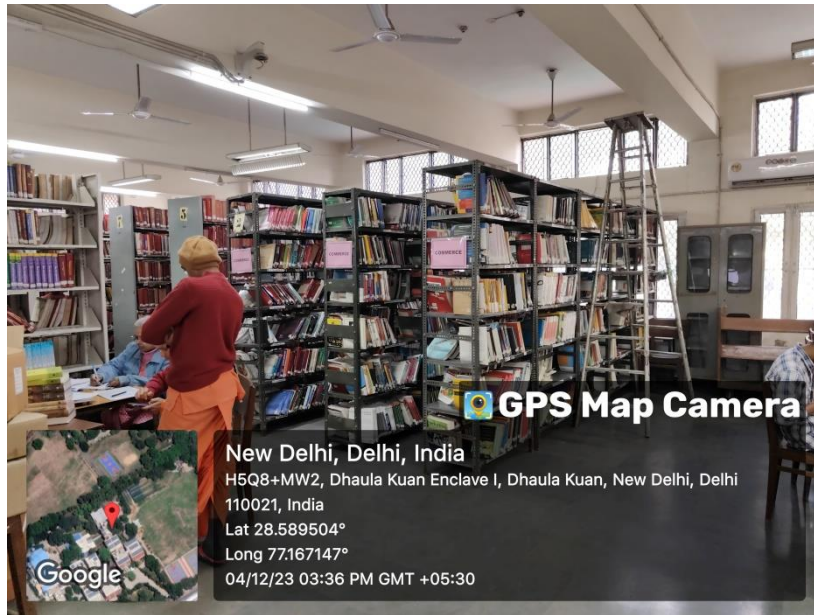
## Sports & Nearby Metro Facilities



*Pranav*

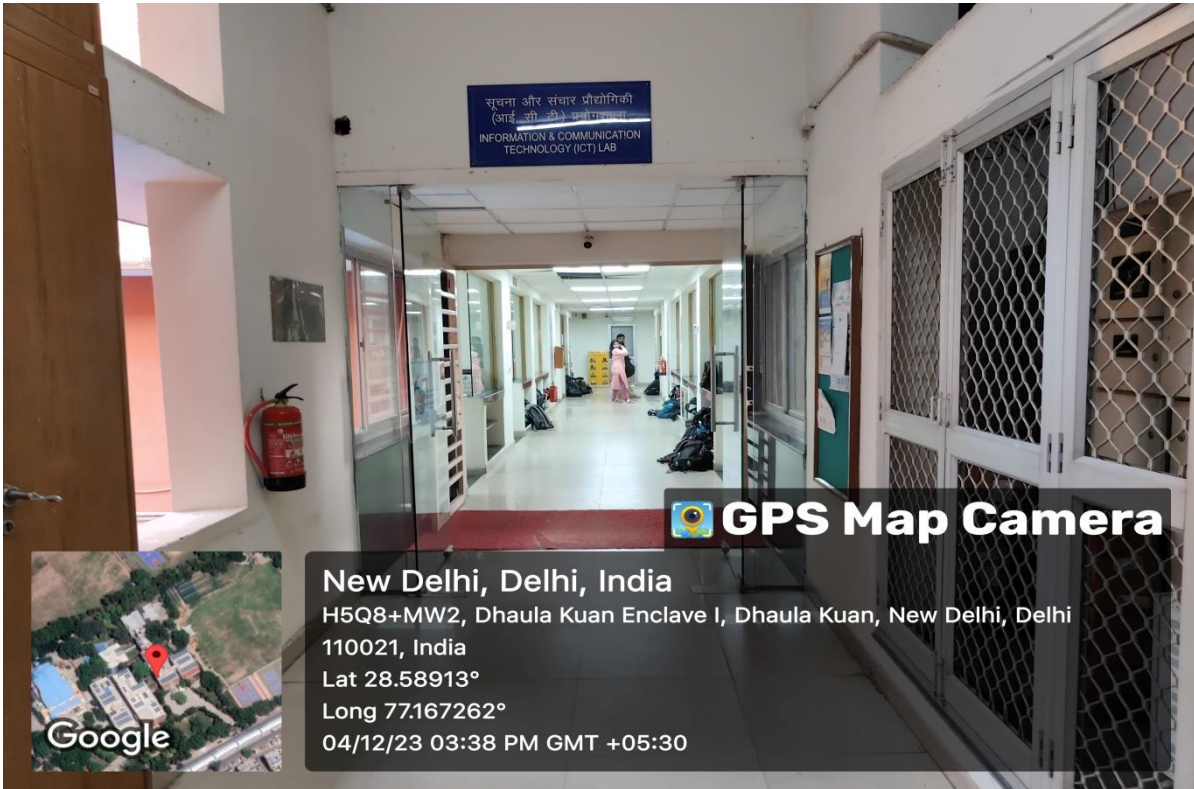


## Library for teacher's and students





## ICT facility offered by the college



*Signature*

## Table Tanis facility



## Free Gymnasium

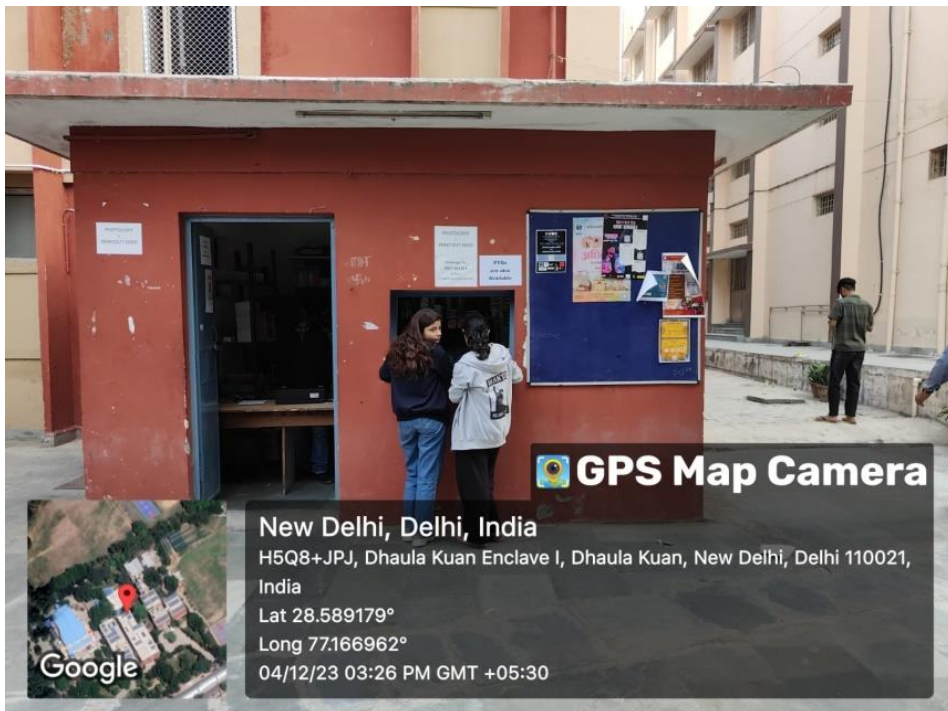




## Badminton facility



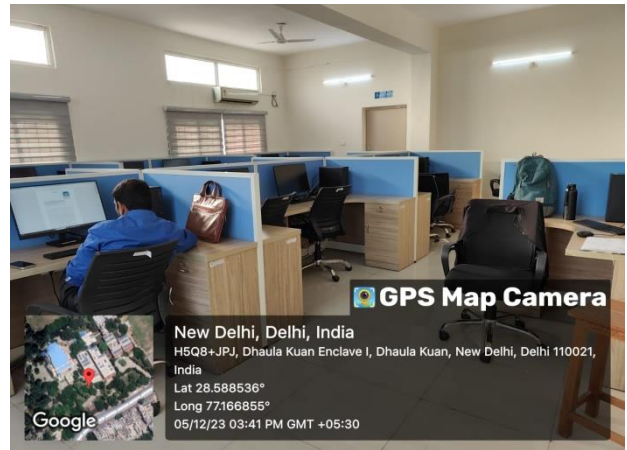
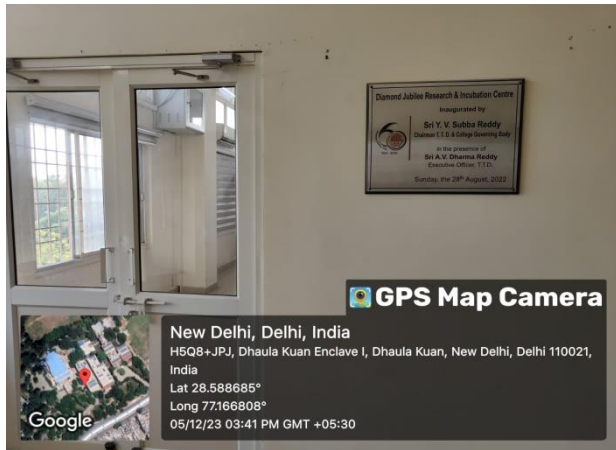
## Photocopy facility



*R. J. ...*



## Research and incubation Centre



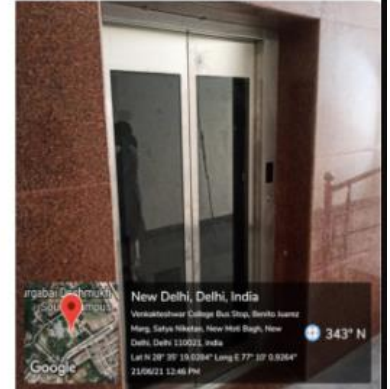
## Facilities for the PWD students and faculty



Pedestrian-friendly pathways and tactile paving for visually impaired



Disabled-friendly washroom



Lifts for easy access to classrooms

## *Sports for the staff*



*Rajiv*

#### ***6.3.1.4 Formats for availing benefits /welfare for College staff***

A handwritten signature in blue ink, appearing to be 'R. Kumar', is located in the bottom right corner of the page. The signature is enclosed in a thin black rectangular border.





**SRI VENKATESWARA COLLEGE**  
(University of Delhi)

Date:

**CASUAL LEAVE APPLICATION FORM**

1. Name and Designation of the Applicant : .....
2. Number of Days applied for leave : .....
3. Date (From\_\_\_\_\_To\_\_\_\_\_): .....
4. Reason for leave : .....

**(In case of employee going out of Station – Please Tick)**

- A) I may please be permitted to be away from the Station during the leave period.
- B) I will be claiming/not be claiming Leave Travel Concession.
- C) Address during Leave period : .....

Signature of the Applicant

**Recommended By** :: S.O. (Admn/Acts)/Teacher – in – Charge/Technical Assistant/ Librarian.

**GRANTED**

Dealing Assistant	S.O.(Admn)	Administrative Officer	Principal
-------------------	------------	------------------------	-----------



**SRI VENKATESWARA COLLEGE**  
(University of Delhi)

Date:

**CASUAL LEAVE APPLICATION FORM**

1. Name and Designation of the Applicant : .....
2. Number of Days applied for leave : .....
3. Date (From\_\_\_\_\_To\_\_\_\_\_): .....
4. Reason for leave : .....

**(In case of employee going out of Station – Please Tick)**

- A) I may please be permitted to be away from the Station during the leave period.
- B) I will be claiming/not be claiming Leave Travel Concession.
- C) Address during Leave period : .....

Signature of the Applicant

**Recommended by** :: S.O. (Admn/Acts)/Teacher – in – Charge/Technical Assistant/ Librarian

**GRANTED**

Dealing Assistant	S.O.(Admn)	Administrative Officer	Principal
-------------------	------------	------------------------	-----------



SRI VENKATESWARA COLLEGE  
(University of Delhi)  
"APPLICATION FOR EARNED LEAVE/EXTENSION OF LEAVE"

1. Name & Designation of the Applicant :: -----
2. Nature of Leave applied for :: -----
3. Period of Leave applied for :: From-----To-----
4. Sunday and Holidays, if any,  
Proposed to prefixed/suffixed to leave :: -----
5. Ground on which leave is applied for :: -----
6. I proposed/do not propose to avail my self  
of LTC for the Block Year during the  
ensuring leave. :: -----
7. Address during the leave :: -----  
-----  
-----
8. Remarks/Recommendations of the  
Department/Section – in – Charge :: -----

Signature of the Applicant  
(With Date)

Signature of the Department/Section  
in – Charge  
(With Date)

.....  
CERTIFICATE REGARDING ADMISSIBILITY OF LEVEL

9. Certified that-----leave for Dr./Mr./Mrs-----  
From-----To----- is admissible and may be granted.
10. Order of the principal

Section Officer (Administration) Granted  
Principal

.....  
SRI VENKATESWARA COLLEGE  
(UNIVERSITY OF DELHI)

Ref No : SVC/Admn/P/

MEMORANDUM

Date ::-----

Dr/Mr/Ms-----Designation-----working in the  
College is granted leave as per the details given here under :

- | 1. <u>Nature of the Leave</u>         | <u>From</u> | <u>To</u> |
|---------------------------------------|-------------|-----------|
| a) Earned Leave for ----- days        | -----       | -----     |
| b) Half Pay Leave for ----- days      | -----       | -----     |
| c) Commuted Leave For----- days       | -----       | -----     |
| d) EOL Leave (without pay) ----- days | -----       | -----     |

With permission to leave Headquarters and Prefix/Suffix Sunday and Public Holidays.

1. No extension of Leave will be granted.
2. On the expiry of Leave he/she is expected to returned to same post.
3. HRA and CCA re – admissible subject to the production of the necessary certificate.

Principal



**SRI VENKATESWARA COLLEGE  
(UNIVERSITY OF DELHI)**

Ref No : SVC/Admn/P/

Date.....

**REIMBURSEMENT OF TUITION FEE**

..... School/College  
**(Name and Address of the School/College/Institution)**

This is to certify that Mr/Ms.....Son/Daughter of  
Mr..... and  
Ms..... passed out from Class  
.....in..... He/She has paid Tuition Fees for  
the period from .....to..... as per details given here under :-

- 1. Tuition Fees Rs.....
- 2. Science Fees Rs.....
- 3. Music Fees Rs.....
- 4. Other Fees Rs.....

It is further certified that Mr/Ms.....is at present a  
student of class.....since.....and has paid Tuition Fees for  
the Period from..... to..... as per details given here under :-

- 1. Tuition Fees Rs.....
- 2. Science Fees Rs.....
- 3. Music Fees Rs.....
- 4. Other Fees Rs.....

It is also certified that this is a School/College/Institution run by the Central Government/State  
Government/Union Territory/Administration/Municipal Corporation/Municipal  
Committee/Panchayat Samiti/Zila Parishad and is recognized by the Education Authorities of  
.....State/Union Territory/Administration.

**Signature of the Principal/Head of the School/College/ Institution  
with Official Stamp**

Contd Page.....2/.....





**SRI VENKATESWARA COLLEGE  
(UNIVERSITY OF DELHI)**

**REIMBURSEMENT OF TUITION FEE**

(To be submitted duly filled in and signed by the College Staff)

This is to certify that the **Child as per details given here under in respect of whom reimbursement of Tuition Fee is claimed is wholly dependant** upon me:-

- 1. Name of the Child :: .....
- 2. Date of Birth :: .....
- 3. Name of the School/College :: .....
- 4. Course/Class of Study :: .....
- 5. Academic Year :: .....
- 6. Monthly Tuition Fee actually payable :: .....
- 7. Tuition Fee paid from.....to..... :: .....
- 8. Amount of reimbursement claimed (in Rs) :: .....

**It is further certified that:-**

- a) The Tuition Fee indicated against my Child had actually been paid by vide certificate (s) issued from the Institution (s) attached.
- b) My Wife/Husband is not a Central Government Servant.
- c) My Wife/Husband is a Central Government Servant and he/she will not claim reimbursement of Tuition Fee in respect of my/our Child/Children mentioned above.

**It is also certified that:-**

- a) During the period covered by this claim, my/our Child/Children attended the School (s) regularly and did not absent himself/herself/themselves from the School/College without proper leave period of exceeding one day.
- b) I or my Wife/Husband have not claimed and will not claim the Children's Educational Allowance in respect of the Children mentioned above.
- c) In the event of any change in the particulars given above which effect my eligibility for reimbursement of Tuition Fees, I hereby undertake to intimate the same promptly and also to refund excess payment, if any, made.

**Signature of the Employee** :: .....

**Name of the Employee** :: .....

**Date of submission** :: .....



**SRI VENKATESWARA COLLEGE  
(UNIVERSITY OF DELHI)**

**DECLARATION OF FAMILY MEMBERS**

**I hereby declare :-**

1. that the following are the **members of my family residing with me and are wholly dependent on me**:-

Note: "husband/wife/child/parent having an independent source of income is not treated as a member belonging to the family of the Government Servant except when the income including (inclusive of temporary increase in pension and pension equivalent of death-cum-retirement benefits) does not exceed **Rs 3500/-** per month."

S.No.	Name	Date of Birth and Age	Relationship	Occupation monthly income, if any	Remarks
1	2	3	4	5	6
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

2. that my Husband/Wife/Son/Daughter is not in the service. If in service, a certificate from the employer to the effect that **he/she shall not avail the facility of LTC & Medical** hereafter (Attached).

3. that my Father/Mother/Father-in-law/Mother-in-law is/is not a retired pensioner and the amount of pension drawn by him/them is as shown in the attached income certificate.

4. that any change in the list of '**Family Members**' declared will be intimated to the University/College immediately for record.

5. that the information provided above is correct and nothing has been concealed. **If any information is found wrong at any stage, I shall be held liable for the same.**

Signature of the Employee

::

Name in block letters

::

Contd Page.....2/....



**SRI VENKATESWARA COLLEGE  
(UNIVERSITY OF DELHI)**

**DECLARATION OF FAMILY MEMBERS**

(Page.....2/....)

Joint declaration for claiming reimbursement of medical expenses/hospitalization charges in case where both husband and wife are employee in the University and its affiliated College or elsewhere

1. \_\_\_\_\_

\_\_\_\_\_

(Name and address with designation)

and my wife \_\_\_\_\_

\_\_\_\_\_

(Name and address with designation)

I hereby declare that I/my wife will only prefer the claim for L.T.C. reimbursement of medical expenses/hospitalization charges and O.P.D. treatment in the dispensary, approved by the University.

\_\_\_\_\_  
(Signature of the Husband)

\_\_\_\_\_  
(Signature of the Wife)

(To be signed by the employer of the Husband)

(To be signed by the employer of the Wife)

**Signature of the Principal**

**Important Note** :- The required **proforma for "Declaration of Family Members"** duly filled in and signed should be submitted to the office of the Section Officer (Administration) for further necessary action. A copy is to be retained in the office of the Husband and other copy is to be retained by the office of the Wife or vice-versa for records.





**SRI VENKATESWARA COLLEGE**  
(University of Delhi)

**“APPLICATION FOR EARNED LEAVE ENCASHMENT AT THE TIME OF  
AVAILING LTC FOR HOME TOWN / ANYWHERE IN INDIA”**

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

1.	Name of the Employee	::	
2.	Designation	::	
3.	Pay Band Pay in the Pay Band + Grade Pay		
4.	Department	::	
5.	Date of Birth	::	
6.	Date of Joining in the College	::	
7.	Date of Retirement	::	
8.	Earned Leave encashment on LTC Home Town / Anywhere in India	::	
9.	LTC Block Year	::	
10.	Earned Leave applied (if any)	::	
11.	Date of Journey	::	
12.	Number of Days EL (Balance) in Credit		
13.	Earned Leave encashed already, if any (no. of days)	::	
14.	Earned Leave credit balance for encashment (no. of days)		
15.	No. of days earned leave applied for encashment	::	
16.	No. of days Earned Leave Sanctioned for encashment	::	
17.	Amount of EL encashment admissible (((Basic + DA)/30) * No. of days of EL)	::	Rs.

**Signature of the Employee**

.....days Earned Leave debited from Earned Leave account of Mr/Ms/Dr.....

**Dealing-in-Charge**

**Section Officer (Administration)**

Passed bill for payment Rs. \_\_\_\_\_.

**Section Officer (Accounts)**

**Administrative Officer**

**Bursar**

**Principal**







## SRI VENKATESWARA COLLEGE : DHAULA KUAN, NEW DELHI-110021

(UNIVERSITY OF DELHI)

Form of application for claiming refund of Medical Expenses incurred in connection with Hospitalisation of University/College Employees and their families.

N.B. Separate form should be used for each patient.

1. Name and Designation of the Employee : \_\_\_\_\_  
(in Block letters)
- (i) Whether Married or Unmarried : \_\_\_\_\_
- (ii) If married, the place where wife/  
husband is employed (wherever applicable) : \_\_\_\_\_

2. Where Employed : S.V. College, Dhaula Kuan, New Delhi-110021

3. Pay of the College Employee and any other Basic = Rs.  
emoluments which should be shown separately Allowance = Rs.  
Total = Rs.

4. Place of duty : S.V. College, Dhaula Kuan, New Delhi-110021

5. Actual residential Address :

6. Name of the patient and his/her relationship to the college Employee.  
N.B. : In case of children state age also

7. Place at which the patient fell ill.

8. Details of the Amount claimed:

(1) Hospital Treatment:

Name of the Hospital, charges for hospital treatment indicating separately the charges for :

(i) Accommodation:

(State whether it was according to the status or pay of the employee and in cases whether the accommodation is higher than the status of the employee, a certificate should be attached to the effect that the accommodation to which he was entitled was not available.)





- (ii) Diet :
- (iii) Surgical operation or  
Medical Treatment on  
Confinement.
- (iv) Pathological, bacteriological, radiological or other similar tests, indicating.
- (a) The Name of the Hospital or Laboratory at which undertaken.
- (b) Whether undertaken on the advice of the Medical Officer-in-charge of the case at the hospital. If so, a certificate to the effect should be attached.
- (v) Medicines:
- (vi) Special Medicines : List of Medicines, Cash Memos and the essential certificates should be attached.
- (vii) Ordinary Nursing.
- (viii) Special Nursing i.e. nurses, specially engaged for the patient. State whether they were employed on the advice of the Medical Officer-in-charge of the case at the Hospital or at the request of the employee or patient. In the former case a certificate from the Medical officer-in-charge of the case and countersigned by the Medical Superintendent of the Hospital should be attached.
- (ix) Ambulance charges:  
(state the journey to and fro undertaken)
- (x) Any other charges for electric light, fan, heater, air-conditioning, etc., State also whether the facilities referred to are a part of choice left to the patient.

### **Notes:**

- (i) If the treatment was received by the employee at his residence give particulars of such treatment and attach a certificate from the authorized medical attendant as required in the rules.
- (ii) If treatment was received at the hospital other than a Government Hospital, necessary details and the certificate of the authorized Medical attendant that the requisite treatment was not available in any nearest Government Hospital should be furnished.
- (xi) Consultation with specialist :
- Fees paid to the specialist or a Medical Officer  
that the authorised Medical Attendant, indicating :
- (a) The Name and Designation of the specialist or Medical Officer consulted and the Hospital to which attached.



- (b) Number and dates of consultation and the fees charged for each consultation.
- (c) Whether consultation was had at the hospital, at the consulting room of the specialist or Medical Officer at the residence of the hospital.
- (d) Whether the specialist or medical officer was consulted on the advice of the Authorised Medical Attendant and the prior approval of the Chief Medical Officer of the State was obtained, if so, certificate to that effect should be attached.

9. Total Amount claimed : Rs.

10. List of enclosures :

**DECLARATION TO BE SIGNED BY THE COLLEGE EMPLOYEES :**

I hereby declare that the statements in this application are true to the best of my knowledge and belief and that the person for whom Medical Expenses were incurred is wholly dependent upon me.

Certificated that there is no Co-operative Store/Medical purpose Super Bazar within a radius of 3 Kms. from my residence. Certified that I am not a member of W.U.S. Health Centre.

Signature of the Employee  
and office to which attached

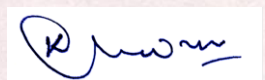
Passed for Rs. .... (Rupees ..... and  
Paise .....)

Dealing Assistant

S.O. (A/Cs)

Bursar

PRINCIPAL





## CERTIFICATE - A

Certificate granted to Mr./Mrs./Miss .....  
wife/son/daughter of Mr./Mrs. .... employed in  
Sri Venkateswara College, New Delhi -21.

- (a) I, Dr. .... hereby certify that I charged Rs. ....  
for ..... consultation of ..... at  
my consultation room at the Hospital OPD (Dates to be given).
- (b) That, I charged Rs. .... for administering .....  
intervenous/intramuscular/subcutaneous injection ..... (Dates to be  
given) at my consulatation room at the Hospital OPD.
- (c) That the injections administered were/were not for immunizing or prophylactic purpose.
- (d) That the patient has been under treatment at ..... and that the  
undermentioned 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  
..... for supply to private patients and do not include propriety preparations for  
which cheaper substances of equal therapy value are available nor preparations which are primarily foods.

Name of the Medicines: (IN BLOCK LETTERS)

Name of the tests recommended/conducted

- (e) That the patient is/was suffering from ..... and is/was under  
treatment from .....
- (f) That the patient was not given pre-natal or post-natal treatment.
- (g) That the X-ray, Laboratory test etc. stated above for which an expenditure of Rs. ....  
was incurred, were necessary and were taken on my advice at .....  
..... (name of Hospital or Lab.)
- (h) That I referred the patient to Dr. .... for special  
consultation and the necessary approval of the ..... as  
required under the rules is obtained.
- (i) That the Patient required/did not require Hospitalization

Date :

Signature and designation of Medical Officer/MS  
and the hospital to which attached





# SRI VENKATESWARA COLLEGE

(UNIVERSITY OF DELHI)

## 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 Sri Venkateswara College, New Delhi.

### PART - A

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

- a) That the patient was admitted to hospital on the advice of .....  
(Name of the Medical Officer) / 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;

S.No.	Name of Medicines	Price (Rs.)
1.	.....	.....
2.	.....	.....
3.	.....	.....
4.	.....	.....
5.	.....	.....

- c) that the injections administered were/were not for immunising or prophylactic purpose;
- 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 an expenditure of Rs. .... was incurred were necessary and were undertaken on my advice at ..... (Name of the Hospital or Laboratory).





CT  
2/10/20

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 of 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

S.No.	Name of Medicines	Price (Rs.)
<b>COUNTERSIGNED</b>		
1.	.....	.....
2.	.....	.....
3.	.....	.....
4.	.....	.....

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 ..... Hospital

Note : Certificates not applicable should be struck off.  
Certificate(a) is compulsory and must be filled in by the Medical Officer in all cases.





# Sri Venkateswara College

( UNIVERSITY OF DELHI)

DHAULA KUAN, NEW DELHI-110021

Vr. No. .... Dt. ....

No. of Encl ..... C.B. Page No. ....

Cashier S.O. A/cs. Bursar Principal

## Application Form for Grant of Provident Fund Loan/ Advance

Date .....

1. Name of the Subscriber .....
2. P.F. Option exercised : CPF/GPF ..... Account No. ....
3. Designation .....
4. Basic Pay .....
5. Date of Joining .....
6. Amount of loan outstanding on the day of applying : Rs. ....
7. Amount of loan required : Rs. ....
8. Amount of consolidated loan : Rs. ....  
(Column 6 & 7)
9. Purpose for which the loan/ advance is required .....

(Note:- Indicate name of the dependent with probable date of ceremony and also furnish certificate of dependence, if applicable)

10. No. of instalments for repayment .....  
(Maximum permissible 36 in CPF and 24 GPF)
11. Last P.F. loan granted on .....
12. Residential Address .....

Signature of the applicant

Note :- The application should be complete in all respects and should reach the office before 20th of the month.



(To be filled in by the College Office)

**PART 'B'**

1. Amount of subscription at the credit of the applicant : Rs.....  
(Opening Balance+Subscription+Loan recoveries made during the year)
2. Whether he/she is drawing 1/3rd of salary amount? Yes/No
3. Last P.F. Loan granted on.....
4. Case Recommended to the P.F. Committee for consideration for sanctioning of Rs. ....  
The application is in order/not in order.

Date .....

Dealing Assistant .....

S.O. Accounts .....

Bursar .....

**PART 'C'**

Sanction is hereby recommended/not recommended by the P.F. Committee for grant of a temporary advance/loan of Rs..... at the meeting held on ..... at .....

Member Secretary  
P.F. Committee

**PART 'D'**

1. Sanction is accorded/not accorded to the above Loan/Advance sanctioned by the P.F. Committee and the amount be paid to the subscriber after adjustment of the previous loan of Rs. ....
2. The above Loan/Advance will be recovered in ..... monthly regular instalments of Rs ..... each commencing from the salary of ..... payable in ..... for a period of 24/36 months at the interest rate of ..... percent.
3. Paid out of the Contributory/General Provident Fund.

S.O. Accounts

Bursar

Principal







**SRI VENKATESWARA COLLEGE, DHAULA KUAN, NEW DELHI -110021**

**Proforma for grant of Child Care Leave (CCL)**

1. Name of the Employee :
2. Designation & Department :
3. Date of Appointment :
4. Date of Confirmation :
5. Number of Children :
6. Age of each Child :
  
7. Period of CCL Applied for :

From	To	Duration ( in days)

8. Details of CCL availed ( if any ) :
  
9. Reasons for applying for Child Care leave :

Date:

Signature of Employee

***Name of the Employee***