

**CLAIM FOR THE GRANT OF SPECIAL INCREMENT IN THE
FORM OF PERSONAL PAY AS INCENTIVE FOR PROMOTING
SMALL FAMILY NORMS**

Authority:- Min of Def.letter B/37263/AG/PS 3(b)/ 1502/D/(Pay/Services) dt 18 Apr 80

Name :

Rank and Personal No. :

Ship/Establishment :

Age and date of Birth : Age D.O.B

(a) Self :

(b) Spouse :

Number of living Children at the
Time of Sterilisation :

Whether self or spouse has
Undergone sterilisation operation
Prior to 04 Dec 79 :

Whether the operation has been
Performed on self or spouse :

Date of operation :

Name of Hospital/Institution
Where the sterilisation operation
Was performed :

Notes:-

- (1) The Sterilisation operation must be conducted by a central/state Government Hospital or an institution recognised by the Central Govt. for the purpose.
- (2) Certificate from the Hospital should be enclosed in original.

Whether husband/wife is employed and
If, so whether he/she is no receipt of special
Increment on this account :

Amount of Special increment claimed and date
From which due :

DECLARATION

The particulars given above by me are true to the best of my knowledge and belief. I undertake to refund the same in case any of the above information is found to be false or inaccurate. I understand that disciplinary action may be taken against me for attempting to receive special increment by making false or inaccurate statement of facts.

Signature of the claimant_____

II

(Remarks of Commanding Officer)

Ref No. _____

Date : _____

(Signature of the Commanding Officer)

III

(Orders of Sanctioning Authority)

Ref No. _____

Date: _____

- (i) The condition laid down in Govt. of India, Min. of Def Letter No. B/37263/AG/PS3(b)/1502/D/(Pay/Services) dated 18 Apr 80 for the grant of special increment have been fulfilled.
- (ii) Necessary sterilisation certificate in support of the claim has been received, verified & recorded.
- (iii) The Grant of Special Increment in hereby accorded.

(Sanctioning Authority)