

**Satluj Jal Vidyut Nigam Limited  
(Corporate Personnel Department)**

**Request for Grant of Financial Incentives for Pursuing Small Family Norms  
(Vide Rule 4.5)**

1. Name ..... 2. Employee No. ....
3. Designation ..... 4. Department .....
5. Scale of Pay ..... 6. Basic Pay .....
7. Date of Sterilization Operation/ .....  
insertion of I.U.C.D.
8. Name of Doctor/Clinic/Hospital: .....  
(Certificate to be enclosed)
9. Sterilization/insertion of IUCD undergone by: Self/Spouse
10. Name of the spouse: .....  
(To be indicated if the answer at Serial No. 9 is spouse)
11. Age/Date of Birth: ..... a) Self  
b) Spouse 1
12. No of living children: .....
13. In case number of children is four, please: Yes/No  
state if the last two children were  
born as twins

**DECLARATION**

1. I certify that :
- i) I/My wife Smt. .... am /is not pregnant on this date.
  - ii) I/my wife Smt. .... have/has not undergone hysterectomy operation on medical grounds.
  - iii) I/my spouse have/has not undergone this sterilization operation due to the earlier sterilization operation, undergone prior to date of issuance or order, turning out to be a failure.
  - iv) I/my spouse have/has not received any amount from any authority under any State/Central Government Scheme/ I/ my spouse have/has received Rs. .... For undergoing this sterilization operation from .....
  - v) My husband /wife is not employed;
  - vi) My husband/wife is employed in ..... but he/she not and will not claim any financial incentive from his/her organization for this kind of

sterilization operation ( to be supported by a certificate from the latter organizations, wherever possible).

2. I solemnly declare that the information furnished by me in reply to the various items indicated above is true to the best of my knowledge and belief.

It is, therefore, requested that I may please be granted the financial incentive as admissible under the rules.

If I/my spouse have/has to take resort to recanalisation for any reason whatsoever, I undertake to report the fact forthwith to the concerned Personnel Department.

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

Forwarded to the Personnel Manager / \_\_\_\_\_ Unit

Date: \_\_\_\_\_ Controlling Officer (Designation and Department)

(For use in Personnel Department)

1. The application has been scrutinized in terms of the rules and it is certified that:
- a) the applicant fulfils all the eligibility conditions and other requirements of the rules; and
  - b) the facts stated in the application are correct as per the official records.
3. It is recommended that the following financial incentive(s) may be granted to the applicant.
- a) Cash (lump sum): Rs.
  - b) Special Increment: Rs.

Date: \_\_\_\_\_ Signature of Personnel officer/  
Sr. Personnel Officer

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The financial incentive (s) as proposed at 2 (a) and/ or 2 (b) is hereby sanctioned to the applicant.

Date: \_\_\_\_\_ Signature of Sanctioning Authority

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