

# INDEX

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Key Indicator : ... 6.3 Faculty Empowerment Strategies

Metric No. : ..... 6.3.1 .....

Metric Name : The institution has effective welfare measures for teaching and non-teaching staff.

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**A-01**

## 6.3 - Faculty Empowerment Strategies

### 6.3.1 - Welfare Measures for Teaching and Non-Teaching Staff

The institution implements effective welfare measures to support both teaching and non-teaching staff. These measures include:

#### **For Teaching Staff:**

Establishment of medical panels in collaboration with advanced super-specialty private hospitals and diagnostic centers to ensure cost-effective diagnosis and treatment. Provision of duty leave, wherever applicable. Granting of medical leave as per state government regulations. Contributions to the Employees' Provident Fund and the Pension Fund Regulatory Authority as per the respective guidelines. Gratuity benefits and encashment of Earned Leave (EL) at the end of service. Timely disbursement of government welfare schemes for employees. Interest-free loans from the Provident Fund. Study leave opportunities for pursuing higher education.

#### **For Non-Teaching Staff:**

Access to medical panels in partnership with super-specialty private hospitals and diagnostic centers for affordable healthcare. Festival advances and medical leave granted as per the University Act and State regulations. Employees' Provident Fund benefits provided in accordance with PF rules. Gratuity benefits applicable to all employees after completing five years of permanent service. Fully paid maternity leave of 180 days, along with childcare leave for all female employees. Encashment of Earned Leave (EL) at the time of retirement. Ensuring timely salary deposits into employees' bank accounts. These welfare initiatives reflect the institution's commitment to the well-being and professional growth of its staff.

APPLICATION FOR LEAVE  
(For both Gazetted & Non-Gazetted Govt. Servants)

Note :- Items 1 to 10 must be filled in by all applicants whether Gazetted or Non-Gazetted. Items 13 apply only in the case of Gazetted officers. Items 14 & 15 apply in the case of Non-Gazetted officers.

- 1. Name of Applicant .....
- 2. Leave rules applicable .....
- 3. Post held .....
- 4. Department or Office .....
- 5. Pay .....
- 6. House rent allowance, conveyance allowance or other Compensatory allowances drawn the present post .....
- 7. Nature & period of leave applied for and date from which required .....
- 8. Ground on which leave is applied for .....
- 9. Date of return from last leave and the nature & period of that leave .....
- 10. Leave address, if granted .....

11. I undertake to refund the difference between the leave salary drawn during leave on average pay/commuted leave and that admissible during leave on half average pay/half pay leave, which would not have been admissible had the provision to F.R. 81(b)(II)M.B.F.R. 79(c) Rule 11(c) of the revised leave Rules 1933/Rule 14(c) of Madhya Pradesh Revised Leave Rules, 1934/Rule 963(c) of the Rajasthan Service Rules, Not been applied in the event of my retirement from the service at the end or during the currency of the leave.

Date ..... 201  
*Signature*  
 &  
*Designation*

12. Remarks and/or recommendation of the Controlling Officer.  
 Date ..... 201  
*Signature*  
 &  
*Designation*

13. Report of the Audit Officer  
 Date ..... 201  
*Signature*  
 &  
*Designation*



14. Statement of leave granted to applicant previous to this application :-

Name of leave	In current year	During past year	Year
(1)	(2)	(3)	(4)

Privilege/on average pay/Earned

On average pay on M.C./ Commuted

On half average pay/half pay

Not due

On Quarter average pay

Extraordinary

Total \_\_\_\_\_

15. Certified that leave on average pay/earned leave for ..... month and ..... days from .....201 to .....201 is admissible under ..... of the .....

Date ..... 201

*Signature*  
&  
*Designation* }

16. Order of the Sanctioning Authority .....

Date ..... 201

*Signature*  
&  
*Designation* }



If the applicant is drawing any compensatory allowance, the sanctioning authority should state whether on the expiry of leave he is likely to return to the same post or to another post carrying a similar allowance.

**A-02**

FORM 3

(See Rule 19)

MEDICAL CERTIFICATE FOR GAZETTED OFFICERS  
RECOMMENDED LEAVE OR EXTENSION OF LEAVE OR  
COMMUTATION OF LEAVE

Signature of the Government servant .....

I, ..... after careful personal examination of the case hereby certify that Shri/Shrimati/Kumari ..... whose signature is given above, is suffering from ..... and I consider that a period of absence from duty of ..... with effect from ..... is absolutely necessary for the restoration of his/her health.

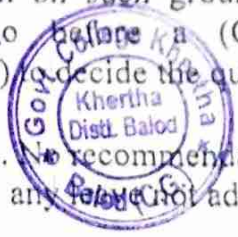
Civil Surgeon/Staff Surgeon/  
Authorised Medical Attendant

Dated : .....

.....Dispensary

NOTE : 1. This form should be adhered to as closely as possible and should be filled in after the signature of the Government servant has been taken. The certifying officer is not at liberty to certify that the Government servant requires a change from or to a particular locality or that he is not fit to proceed to a particular locality. Such certificates should only be given at the explicit desire of the administrative authority concerned to whom it is open to decide, when an application on such grounds has been made to him, whether the applicant should go before a (Civil Surgeon/Staff Surgeon/Authorised Medical Attendant) to decide the question of his/her fitness for service.

NOTE : 2. No recommendation contained in this certificate shall be evidence of a claim to any benefit not admissible to the Government servant.



**FORM:4**

**MEDICAL CERTIFICATE FOR LEAVE OR EXTENSION OF LEAVE OR  
COMMUTATION OF LEAVE**

Signature of the Government servant .....

I .....after careful personal examination of the case hereby certify that  
Shri/Smt./Kumari .....whose signature is given above as suffering from  
..... and I consider that period of absence from duty of ..... with  
effect from ..... is absolutely necessary for the restoration of his / her health.

Authorised Medical Attendant  
.....Hospital/  
Dispensary of other Registered  
Medical Practitioner .

Dated: .....

- NOTE I: *The nature and probable duration of the illness should be specified.*
- NOTE II: *This form should be adhered to as closely as possible and should be filled in after the signature of the Government servant has been taken. The certifying Officer is not at liberty to certify that the Government servant requires a change from or to a particular locality, or that he is not fit to proceed to a particular locality. Such certificates should only be given at the explicit desire of the administrative concerned, to whom it is open to decide, when an application on such grounds has been made to him, whether the applicant should go before a Civil Surgeon or Staff surgeon to decide the question of his / her fitness for service.*
- NOTE III: *Should a second medical Opinion be required, the authority competent to grant leave should arrange for the second medical examination to be made at the earliest possible date by a medical officer not below the rank of a Civil Surgeon or Staff Surgeon, who shall express an opinion both as regards the facts of illness and as regards the necessity for the amount of the leave recommended and for this purposed he may either require the Government servant to appear before himself or before a medical officer nominated be himself.*
- NOTE.IV: *No recommendation contained in this certificate shall be evidence of a claim to any leave not admissible to the Government servant.*





FORM:5

Signature of the Government servant .....

We, the members of Medical Board.

.....  
Civil Surgeon / Staff Surgeon  
Authorised Medical Attendant  
Registered Medical Practitioner.

do hereby certify that we / I have carefully examined Shri/Smt./Kumari .....  
whose signature is given above. and find that he / she recovered from his / her illness and is  
now fit to resume duties in Government servant. We / I also certify that before arriving at this  
decision. We / I have examined the original certificate(s) and statement(s) of the case (or  
certified copies thereof) pm which leave was granted or extended and have taken these into  
consideration in arriving at our / my decision.

Members of the Medical Board  
1.....  
2.....  
3.....  
Civil Surgeon / Staff Surgeon.,  
Authorised Medical Attendant.  
Registered Medical Practitioner

Dated:.....

NOTE:- *The original medical certificate(s) and statement(s) of the case on which the leave was originally granted or extended shall be produced before the authority required to issue the above certificate. For this purpose, the original certificate(s) and Statement(s) of the cast should be prepared in duplicate, one copy being retained by the Government servant concerned.*



**A-03**

# त्यौहार अग्रिम हेतु प्रार्थना पत्र

(1)

1. आवेदक का नाम .....
2. पदनाम .....
3. मूलवेतन .....
4. आवेदक क्या स्थाई/अस्थायी कर्मचारी है .....
5. त्यौहार का प्रकार .....
6. चाही गई राशि .....
7. क्या पूर्व में अग्रिम लिया गया था  
हाँ तो कब ? .....
8. क्या पूर्व अग्रिम की कटौती शेष है,  
हाँ तो कितनी ? .....
9. अग्रिम की वापसी कितनी किश्तों  
में की जानी .....



आवेदक का हस्ताक्षर