To,
The CMO / CMS
Central Hospital
Saraidhella, Dhanbad.

SUB. : IDENTITY OF THE PATIENT.

Dear Sir,

From the available service record of Mr. / Mrs. .....

Designation ..... Colliery ..... (Place of Posting)

and also as per vision of the worker patient Name ..... Age ..... is

His / her wife / son / daughter and entitle for the treatment as per C. I. L. Medical Attendane Rule.

Note :- Not issue for Medical Health Card all CISF Persons.

Signature of the Employee

& Date : .....

E. B. No. : .....

Signature of Controlling Officer
with Seal

BCCL Press 07 / 59 / 16 – 17 — 20 Pads. x 100 Lvs.

CLEARANCE CERTIFICATE

Certified that nothing out standing against No.....Rank..... Name.....
..... of area ( ) of CISF Unit BCCL Dhanbad who is proceeding on regular posting to CISF Unit ..... Authority letter No .....

INDIVIDUAL SIGNATURE

PART-II

CLEARANCE CERTIFICATE TO BE OBTAINED FROM CONCERNED AREA

1. Post Commander.....2 CHM.....3 Area Kote.....
4. Area canteen.....5. Area Mess.....6. Area QM.....
7. Unit library/Recreation Hall .....8. Any amount out standing with management on settlement to medical advance.....
9. Is the individual a member(PW/DW) of any DE.....
10. Is DE Under rule-37 or 34 pending against him.....
11. CL & RH Balance.....days (in word) RH.....day(in word)
12. Leave encashment up to .....days 13. Whether family member or not.....
14. Whether railway warrant required or not.....
15. No. of days EL/HPL sanctioned with joining time.....
16. whether pass book of GPF/RMS fund have been handed over to the individual or not.....
17. Canteen Card Issued or Not.....

SIGNATURE OF AREA COMMANDER

SIGNATURE OF COY COMMANDER

PART-III

CLEARANCE TO OBTAINED FROM CONCERNED SECTOR HQRS

1. I/C Discipline sec..... 2. PA to commandant.....
3. SI(ADM/HC) ..... 4. Whether individual is member of any PE .....

SECTOR COMMANDER /AC(ADM)

PART-IV

CLEARANCE TO BE OBTAINED FROM KN HQRS

1. Mess secretary.....2. Medical section.....3.GPF section.....
4. Risk fund Sec.....5. Cashier NGF..... 6.Cashier Govt. .....
7. I/C Discipline Sec.....8. I/C Doc. Sec of (Table I,II,II or IV) .....9. I/C Document .....
10. QM (KN)..... 11. PA to Corndt/DIG (Only for SOS).....
12. Family Accommodation.....13. OPS Sec..... 14. I/C CIW.....
15. Bill Sec (only for GOS License fee clearance).....16. Pay Fixation .....
17. ADM –V Sec.....18. I/C Account.....19. Rectt. Sec.....
20. Leave Sec..... 21. Legal Sec.....22. I/C QM(KN).....
23. ADM-II .....24. ADM-III..... 25. ADM-IV.....
26. Unit Master Canteen ..... 27. KPKB.....28. Pension Sec.....
29. Head Clerk ..... 30.T A/DA.....31. BHM (KN).....

ASST. COMMANDANT (JAO/ADM)

CISF No. _____ Rank _____ Name _____

ANNESURE - 1

CHECK LIST

TO BE ENCLOSED WITH MOVEMENT ORDER

(The Check list duly completed in all respect to be enclosed with movement order)

1. Risk Fund Pass Book duly completed : Enclosed / Not Enclosed
2. GPF Pass Book duly completed : Enclosed / Not Enclosed
3. Details of Identity Card : I. D. Card No. .....
4. ACR / CR duly Initiated / reviewed (as the case may be) in a sealed cover : Enclosed / Not Enclosed
5. Details of El / Medical Leave / LTC / EL / Warrant etc. availed in last one year Alongwith details of so orders issued : Medical Leave .....

   PET

   AME -

   ARC -

   R/TRG -

   LTC availed for the year.....Yes / No

   Rly. Warrant availed for.....Yes / No

   Addl. LTC for the year.....

   Availed / Not Availed
6. Details of loan from UWF / GPF : Outstanding loan of UWF.....

   -do- GPF.....
7. Details of Medical Advance taken if pending : Sanctioned Rs. .....

   Balance Rs. .....
8. Living with Family : Yes / No
9. Balance of CL / RH : CL.....Days.....Days
10. ECL Particulars Claimed / Paid

Sl.No.	Month	Dates	No. of Days	U.S.O. No.	Date
1.	January				
2.	February				
3.	March				
4.	April				
5.	May				
6.	June				
7.	July				
8.	August				
9.	September				
10.	October				
11.	November				
12.	December				

11. Details of pending of charge sheet etc
    i) Minor
    ii) Loader
12. Details of Punishment awarded in last one year :
    i) Minor
    ii) Loader

Signature of the Area A/C

LONG ROLL

Dues in _____ Increase _____ AWL _____ L/R _____

01. CISF No. _____ (O) _____ (New) 02. Rank _____ 03. PSL No. _____

04. Name _____ 05. D.O.B. _____ 06. D.O.A _____

07. D.O.Promotion _____ 08.Probation _____ 09. Father's Name _____

10. Religion _____ 11. Education Qualification _____ 12. SC/ST/OBC _____

13. Direct/ Ex-Army / Optee _____ 14. Date of joining in this unit _____

15. Taken of Strength _____ 16. Last CISF Unit _____

17. Blood Group _____ 18. I/Card No. _____

19. Telephone No. _____ 20. S.B.I. Account No. _____

21. COURSE ATTAINED :-

01. _____

02. _____

03. _____

22. POSTING PARTICULARS

Sl.No.	PERIOD		NAME OF UNITS	NAME OF STATE
	From	To		

23. Next of Kin _____ (Name with relationship)

24. Other Qualification / experience _____

25. Address : Village _____ Post _____ to _____

P.S. _____ Dist _____ State _____ Pin _____

Near Rly Stn. _____ (As per service Document)

Note : I have availed ____ days EL/HPL/with J/time & OSL from _____ to _____

a) CL____ days. b) R/H_____ days. c) ECL_____ days. (Balance as per Movement order)

d) Height _____ (in C.M.) e) Weight _____ (in KG).

Date : _____

SIGNATURE OF INDIVIDUAL

सहायक कमाण्डेन्ट का कार्यालय

केन्द्रीय औद्योगिक सुरक्षा बल

(गृह मंत्रालय)

टिप्पणी-पत्र

विषय :- <u>चिकित्सा अवधि का नियमन</u>।

मैं बल संख्या ..... पद ..... नाम .....

के. औ. सु. ब. इकाई बी. सी. सी. एल. धनबाद के क्षेत्र संख्या ..... में कार्यरत हूँ। मैं चिकित्सक के सलाह पर दिनांक ..... से दिनांक ..... तक चिकित्सा विश्राम/ अस्पताल में भर्ती रहा। अतएव चिकित्सा विश्राम दिनांक ..... से दिनांक ..... तक कुल ..... दिन तक के अवधि को नियमानुसार नियमन किया जाना है। मैं चिकित्सा विश्राम से संबंधित चिकित्सा अवधि के नियमन हेतु निम्नलिखित दस्तावेज संलग्न करता हूँ।

1.

2.

<u>बल सदस्य का हस्ताक्षर</u>

सहायक लिपिक दस्तावेज अनुभाग

प्रमाणित किया जाता है कि दिनांक .....तक उक्त बल सदस्य ने ..... दिन अर्जित अवकाश ..... दिन अर्द्धवैतनिक अवकाश बकाया हैं।

<u>सहायक लिपिक का हस्ताक्षर</u>

कम्पनी कमान्डर की सिफारिस

<u>कम्पनी कमान्डर का हस्ताक्षर</u>

सहायक कमान्डेन्ट की अभियुक्ति

बल सदस्य का दिनांक ..... से दिनांक ..... तक कि अवधि कुल ..... दिन निम्न प्रकार से नियमन हेतु सिफारिश किया जाता है।

परिणत अवकाश ..... दिन,	दिनांक ..... से दिनांक .....
अर्जित अवकाश ..... दिन,	दिनांक ..... से दिनांक .....
अर्द्धवैतनिक अवकाश ..... दिन,	दिनांक ..... से दिनांक .....

<u>सहायक कमान्डेन्ट</u>

कमान्डेन्ट का आदेश

उक्त बल सदस्य का दिनांक ..... से दिनांक ..... तक कुल ..... दिन कि अवधि निम्न प्रकार से नियमन किया जाता है।

परिणत अवकाश ..... दिन,	दिनांक ..... से दिनांक .....
अर्जित अवकाश ..... दिन,	दिनांक ..... से दिनांक .....
अर्द्धवैतनिक अवकाश ..... दिन,	दिनांक ..... से दिनांक .....

<u>कमान्डेन्ट</u>

BHARAT COKING COAL LIMITED

(A Subsidiary of Coal India Limited)

APPLICATION FOR MEDICAL REIMBURSEMENT OF MEDICAL EXPENSES

1. Name of the Employee : .....
2. Designation & Pay : .....
3. C.I.S.F. No. : .....
4. Name of the patient and his / her relation with employee : .....
5. Doctors of treatment with duration : .....
6. Place of treatment with duration : .....
7. Expense in amount : .....

Sl. No.	Name of the Pharmacy	Cash Memo No. & Date	Name of the Medicine	Amount Rs. P.

Total Amount Rupees .....

8. Original Prescription, Receipts, Cashmemos etc. must be enclosed with this application and cash / Memo should be countersigned by attending / Doctored Medical Officer.

I hereby, declared that the statement in this application is true and the family members who medical expenses were incurred is enclosed under the Medical Attendance Rules.

Signature of the Employee

Rank & No. .....

Name.....

Controlling Officer with Designation

Area : Koyla Bhawan

For A/c. Officer use only

Amount passed for payment of Rs. .....(Rupee.....

.....) onlyh.

CENTRAL INDUSTRIAL SECURITY FORCE, CISF UNIT BCCL DHANBAD
(CERTIFICATE FOR MEDICAL TREATMENT)

Photograph

Stamp
Photograph to be attested

CISF No._____ Rank_____ Name_____ is a member of CISF & presently posted at CISF Unit BCCL Dhanbad wef_____ and his family members as mentioned below are eligible for medical treatment at BCCL Hospital.

FAMILY MEMBER

SL. NO.	NAME	DOB/AGE	RELATIONSHIP

Dy./Asstt. Commandant/CISF
CISF Unit BCCL Dhanbad

VALIDITY

1. Valid up to _____ _____
Signature of Dy./Asstt. Commandant

2. Valid up to _____ _____
Signature of Dy./Asstt. Commandant

3. Valid up to _____ _____
Signature of Dy./Asstt. Commandant

Appx-F

APPLICATION FOR ISSUANCE OF KPKB BHANDAR CARDS (For serving/retired)

Full Name: _____

Employee ID /PPO: _____

Affix Photograph

Rank: ☐ Officer ☐ SO ☐ OR's

Department/ Organisation:

☐ CAPF ☐ CPO ☐ State Police

Contact Number: _____

Email Address: _____

Passport-sized Photograph: Please attach a recent passport-sized photograph for pasting it into KPKB Bhandar Card

Details of Family Members: Please provide the following information for each family member/ Dependents (if applicable):

1. Name: _____ Relationship: _____
2. Name: _____ Relationship: _____
3. Name: _____ Relationship: _____
4. Name: _____ Relationship: _____

Bhandar Card Details: (Please tick which ever required both can be ticked)

- Main Bhandar Card ☐
- Dependent Card ☐

Declaration: I hereby declare that the information provided above is true to the best of my knowledge. I understand that the Bhandar card is issued for my personal use only and I will be responsible for any misuse.

I also declare that I have not applied for any other Bhandar Card earlier

Signature: _____ Date: _____

Form 60

[See rule 47(1) (ca)]

Working Certificate

To

The Registering Authority,

.....

.....

We hereby declare that Shri ....S/o/ D/o..... permanent address ....is working in our company/organization since..... It is further to certify that we have offices in four States/UTs or more. Details of our organisation is as follows -

1. Name of organisation -
2. Registration number of organization -
3. GST registration number (optional) -
4. PAN -
5. Address of registered/corporate office -
6. E- mail address –

Details of employee is as follows-

1. Employment id of employee-
2. UAN (Unique Account Number) of employee-
3. Mobile number of employee-
4. E- mail address of employee –
5. PAN of employee-

Signature /e-signature of the Applicant

Signature of the Authorised Signatory of the Organisation

Name of the Authorised Signatory

Address of the Authorised Signatory

Mobile number of the Authorised Signatory

E-mail address of the Authorised Signatory

Date : ..... official seal.

Annexure-B

घोषणा पत्र

मैं बल संख्या 9 ,149804 पद ASI/Exe नाम Jmdra Kymar इकाई / क्षेत्र Dcp-10 यह प्रमाणित करता हूँ कि मुझ पर आश्रित मेरा परिवार वर्तमान में निम्नलिखित पते पर दिनांक 13.04.23 से निवासरत है।

Address of the dependent (Details is to be filled in capital letters)	
Name of House Owner & Mob No / मकान मालिक का नाम एवं मोबाईल नम्बर	Mahender Nang. Mo. No. 9 749901
House No. / मकान संख्या	Plot No 63
Village/Town / ग्राम / शहर	Jyoti Hira Road.
Post Office / पोस्ट	Near CISF Camp.
Tehsil / तहसील	Bijwasan.
Land marks / प्रमुख स्थान चिन्ह	New Delhi
District / जिला	South West Delhi
State / राज्य	Delhi
Pin Code / पिन कोड	110061
Dependent Mobile No. / आश्रित का मोबाई नम्बर	7011150021, 8076719467

मेरे द्वारा प्रस्तुत उपरोक्त पते पर, मुझ पर आश्रित मेरा परिवार निवास करता है। इसमें यदि किसी भी प्रकार की भिन्नता पाई जाती है तो उसका जिम्मेदार मैं स्वयं रहूँगा तथा मेरे खिलाफ उचित कानूनी के लिए अनुशासनिक कार्यवाही किया जा सकता है।

हस्ताक्षर : Jmdra

नाम : Jmdra

क्रमांक : 149804

पद : ASI/Exe

दिनांक : 13.04.23

A-10 Ltr. No. 45 dt. 20/4/23
163 dt 25/04/23

Annexure-A

APPLICATION FOR CLAMING REDUCED HRA IN R/O PERSONNEL RESIDING IN BARRACK

01	CISF No. Rank & Name	192804 - ASI/Exe Jendra Kumar
02	Coy/ Area & Unit	Area-10, BCCL Dhanbad.
03	Contact No. / Mobile No.	7735788929.
04	Name of Barrack with residing date	Area-10 Date 13.04.23
05	Detail of dependents:-	
	01) Name and relation	Smt. ... Rani (wife)
	02) Contact no. of dependent and home owner if staying in rent	8802*7790, 7011150021 H/O - WONER No. 9289749901
	03) Occupation of the dependent, if dependent is residing at home town, if no, provide the details as below:-	House wife Women
	Address of the dependent:-	
	01) Village	C/O. Mahendra Rana Plot No. 603.
	02) Post Office	Dunda Hera Road
	03) Tehsil	Near CISF Camp Rijwashan.
	04) Land marks	New Delhi.
	05) District	
	06) State	
	07) Pin Code	110061.
06	Documents submitted by the individual. (Tick the appropriate documents, which is submitted)	**01. Rent agreement for "X" class city if rented house.** ✓ **02. Domestic Gas connection slip.** ✓ **03. Ward's School Certificate.** **04. Electricity Bill.** **05. Water Bill.** **06. Any other documents as deemed fit by competent authority.**
07	If personnel not having any dependent, shall have to submit document.	**An undertaking to that effect**
08	Whether Govt. Quarter occupied in the previous Unit.	No -
09	Date of vacation of Quarter occupied at the old station (Copy of quarter vacation certificate to be enclosed).	—

I hereby declared that the facts and detail information given by me in this application are true to the best of my knowledge and belief. I understand that in the event of any of the particulars for information above being found false or incorrect at any stage, disciplinary action may be initiated against me.

01/04/2023

Signature of Candidate

01	Recommendation of Coy Commander (ensure all the columns are properly filled by the individual).	15/4/23
02	Recommendation of concerned Area Commander/In charge (ensure all the columns are properly filled by the individual).	Rcd 19/4/23

Return

Verified by DDMRC ...

Annexure-C

APPLICATION FOR GRANT OF HRA

01. CISF NO:- 170204 Rank:- CT/GD Name:- I YAS KUMAR BARA

02. Authority No. regarding out living: 1422 dt 23/5/2023
Permission granted (Photo copy be enclosed)

03. Complete address of the tented House BADI DEYDIH, PO - KHANUDIH, PS-BAGMARA, DHANBAD (JHARKHAND) PIN-828307
(Locality certificate be enclosed)

04. Amount of House rent paid by the Individual (Money receipt of the House Owner with date when the house occupied be enclosed. 6000/- (Six thousand)

05. Whether the locality of the rented house is suitable hygienically and free from bad elements if so indicate yes or no. YES

06. Distance of house from Area HQrs in KM. 1.5 Km

07. Exact date of occupation of rented house 24/05/23

08. Whether individual's application for HRA As well as individual's certificate is enclosed YES

09. Whether the individual's has brought his Family if so indicate yes. YES

10. Whether permission of HRA is within the Quota (percentage of accommodation be Enclosed)

24/05/23 Yas Kumar Bara
Signature of the individual

Individual has shifted in outliving address or not with date Yes 24/05/23
Stn Recommended please.
19/6/23
Signature of Coy Comdr.

It is to certify that the above information/declaration has been verified and found correct. It is recommended for granting house rent allowance.

19/6/2023
Signature of Area In-charge

I agree/do not agree on the above report for grant of House rent allowance.

1) Current add electricity bill

Commandant

Annexure-D

ANNEXURE – II
INDIVIDUAL CERTIFICATE OF H.R.A.

Certificate to be furnished by a Central Govt. servant drawing pay of Rs 34300 P.M. as well as by a Central Govt. employees drawing pay above Rs 34300 P.M. but claiming house rent allowance with reference to pay of Rs 6000 is terms of Para-I(5) of OM NO. 11011/1/E-II/(B)/75 dated 25.02.77.

1. I certify that I have applied for the govt. accommodation in accordance with the prescribed procedure but) have not been provided with Govt. accommodation/ (have refused the allotment of Govt. accommodation during the period in respect of which the allowance is claimed
2. I certify that I am incurring some expenditure on rent (contributing towards rent)

OR

3. I certify that I am not sharing accommodation allotted to my parent (child) the state/central Govt. and autonomous Public Undertaking or Semi Govt. organization such as Municipality Port Trust etc. is/are not in receipt of House Rent Allowance from the Central State Govt./Autonomous Public Undertaking or Semi Govt. organization like Municipality , Port trust etc.

4. I certify that my husband/wife/child/parent who is/are sharing the accommodation with me allotted to another employee of the Central/State Govt. and autonomous Public Undertaking or Semi Govt. organization such as Municipality Port Trust etc. is/are not in receipt of House Rent Allowance from the Central State Govt./Autonomous Public Undertaking or Semi Govt. organization like Municipality , Port trust etc.

5. I also certify that my wife has not been allotted family accommodation at the same station by the state/central Govt. and autonomous Public Undertaking or Semi Govt. organization such as Municipality Port Trust etc Nationalized Bank LIC etc.

Name & Signature of the Individual
Name S. KUMAR BARA
No. 10204 Rank CT/GD
Area BK-II

The words shown in bracket may be omitted if the Govt. Servant is not eligible for Govt. Servant is not eligible for Govt. accommodation or if his case is covered by notes under para-4)8) of the OM dated 27.11.65 or where it is obligatory for him to apply for Govt. accommodation for eligibility for House Rent allowance in terms of Ministry of Finance OM No. 11011/10E (8)75 dated 25.11.75

Area In-charge
Area: BK-II

Annexure-E

LOCALITY CERTIFICATE

(To be filled in capital letters, only)

1. Locality certificate in respect of No. 10447204 Rank CT/GD

   Name B' IAS KUMAR BARA of Area No. BK-II

2. House No. : _____

3. Name of the House owner : AJAY KUMAR MAHTO

4. Full address of locality : BADA PANDEYDIH, PO- KHANUDIH

   : PS- BAGHMARA, DIST-DHANBAD (JHARKHAND) PIN - 828307

5. Distance from duty post : 1.5 KM

6. Place where rented house is situated is hygienically point of view fit for accommodation and free from bad element : YES

7. Exact date of occupation : 24/05/2023

Jayaas K. ah Barua
Signature of the Individual

CERTIFICATE

This is to certify that No. 10447020 4 Rank CT/GD Name B'IAS KUMAR BARA of Area BK-II is living at rented quarter at BADA PANDEYDIH, PO- KHANUDIH PS- BAGHMARA, DIST- DHANBAD (JHARKHAND) PIN - 828307. The place where the rented house situated is hygienically fit for accommodation and free from bad elements.

2. The rented quarter is situated at a distance of about 1.5 KM from the Area Line/duty station. There is no difficulty for individual.

3. Shri AJAY KUMAR MAHTO is house owner of the house is respectful person of the locality.

4. The individual is actually living with his family subject to the sanction of outliving permission with HRA.

Area In charge/Area BK-II
(Seal be affixed)
Asstt. Commandant
BCCL Dhanbad

Annexure-F

RENT RECEIPT

It is certified that Mr. /Mrs. P AS KUMAR BARA is residing in my house and he is paying me Rs. 6000/- per month as a rent .The complete address of my house is as following.

ADDRESS-

C/O AY KUMAR MAHTO.
Locality/Land Mark.....
PS-. BAGHMARA.....
PO....KHANUDIH.....
Distt..DHANBAD.....
State..JHARKHAND.....
Pin.....828307.....

House Owner
Mr./Mrs. A KUMAR MAHTO

RENT RECEIPT

It is certified that Mr. /Mrs. I AS.KUMAR.BARA is residing in my house and he is paying me Rs. 6000/- per month as a rent .The complete address of my house is as following.

ADDRESS-

C/O. AY. KUMAR. MAHTO.
Locality/Land Mark.....
PS-. BAGHMARA.....
PO....KHANUDIH.....
Distt. DHANBAD.....
State. JHARKHAND.....
Pin.....828307.....

House Owner
Mr./Mrs. A KUMAR MAHT

Annexure-A

APPLICATION FOR CLAMING REDUCED HRA IN R/O PERSONNEL RESIDING IN BARRACK

01	CISF No, Rank & Name	
02	Coy/ Area & Unit	
03	Contact No. / Mobile No.	
04	Name of Barrack with residing date	**Date ……/……/……**
05	Detail of dependents:-	
	01) Name and relation.	
	02) Contact no. of dependent and house owner if staying in rent	
	03) Occupation of the dependent, if dependent is residing at home town. if no, provide the details as below :-	
	Address of the dependent:-	
	01) Village	
	02) Post Office	
	03) Tehsil	
	04) Land marks	
	05) District	
	06) State	
	07) Pin Code	
06	Documents submitted by the individual. (Tick the appropriate documents, which is submitted)	**01. Rent agreement for "X" class city if rented house.** **02. Domestic Gas connection slip.** **03. Ward's School Certificate.** **04. Electricity Bill.** **05. Water Bill.** **06. Any other documents as deemed fit by competent authority.**
07	If personnel not having any dependent, shall have to submit document.	**An undertaking to that effect**
08	Whether Govt. Quarter occupied in the previous Unit.	
09	Date of vacation of Quarter occupied at the old station (Copy of quarter vacation certificate to be enclosed).	

I hereby declared that the facts and detail information given by me in this application are true to the best of my knowledge and belief. I understand that in the event of any of the particulars for information above being found false or incorrect at any stage, disciplinary action may be initiated against me.

Signature of Candidate

01	Recommendation of Coy Commander (ensure all the columns are properly filled by the individual).	
02	Recommendation of concerned Area Commander/In charge (ensure all the columns are properly filled by the individual).	

Annexure-B

घोषणा पत्र

मैं बल संख्या..... पद ..... नाम .....
इकाई/क्षेत्र .....यह प्रमाणित करता हूँ कि मुझ पर आश्रित मेरा परिवार वर्तमान में निम्नलिखित पते पर दिनांक.....से निवासरत है।

Address of the dependent (*Details is to be filled in capital letters*)	
Name of House Owner & Mob No. / मकान मालिक का नाम एवं मोबाईल नम्बर	
House No. / मकान संख्या	
Village/Town / ग्राम / "ाहर	
Post Office / पोस्ट	
Tehsil / तहसील	
Land marks / प्रमुख स्थान चिन्ह	
District / जिला	
State / राज्य	
Pin Code / पिन कोड	
Dependent Mobile No./ आश्रित का मोबाई नम्बर	

मेरे द्वारा प्रस्तुत उपरोक्त पते पर, मुझ पर आश्रित मेरा परिवार निवास करता है। इसमे यदि किसी भी प्रकार की भिन्नता पाई जाती है ता उसका जिम्मेदार मैं स्वयं रहूँगा तथा मेरे खिलाफ उक्त कृत्य के लिए अनु"ाासनिक कार्यवाही किया जा सकता है।

हस्ताक्षर :——————————

नाम :——————————

कमांक :——————————

पद :——————————

तिथि :——————————

Annexure-C

APPLICATION FOR GRANT OF HRA

01 CISF NO:-_____Rank:- _____ Name: - _____

02. Authority No. regarding out living:
Permission granted (Photo copy be enclosed)

03. Complete address of the tented House_____
(Locality certificate be enclosed)

04. Amount of House rent paid by the _____
Individual (Money receipt of the House
Owner with date when the house occupied
be enclosed.

05. Whether the locality of the rented house _____
is suitable hygienically and free from bad
elements if so indicate yes or no.

06. Distance of house from Area HQrs in KM. _____

07. Exact date of occupation of rented house _____

08. Whether individual's application for HRA
As well as individual's certificate is enclosed _____

09. Whether the individual's has brought his
Family if so indicate yes. _____

10. Whether permission of HRA is within the
Quota (percentage of accommodation be
Enclosed)

Signature of the individual

Individual has shifted in outliving address or not with date _____

Signature of Coy Comdr.

It is to certify that the above information/declaration has been verified and found correct. It is recommended for granting house rent allowance.

Signature of Area In-charge

I agree/do not agree on the above report for grant of House rent allowance.

Commandant

Annexure-D

ANNEXURE – II
INDIVIDUAL CERTIFICATE OF H.R.A.

Certificate to be furnished by a Central Govt. servant drawing pay of Rs.....P.M. as well as by a Central Govt. employees drawing pay above Rs.....P.M. but claiming house rent allowance with reference to pay of Rs .....is terms of Para-I(5) of OM NO. 11011/1/E-II/(B)/75 dated 25.02.77.

1. I certify that I have applied for the govt. accommodation in accordance with the prescribed procedure but) have not been provided with Govt. accommodation/ (have refused the allotment of Govt. accommodation during the period in respect of which the allowance is claimed
2. I certify that I am incurring some expenditure on rent (contributing towards rent)

OR

3. I certify that I am not sharing accommodation allotted to my parent (child) the state/central Govt. and autonomous Public Undertaking or Semi Govt. organization such as Municipality Port Trust etc. is/are not in receipt of House Rent Allowance from the Central State Govt./Autonomous Public Undertaking or Semi Govt. organization like Municipality , Port trust etc.

4. I certify that my husband/wife/child/parent who is/are sharing the accommodation with me allotted to another employee of the Central/State Govt. and autonomous Public Undertaking or Semi Govt. organization such as Municipality Port Trust etc. is/are not in receipt of House Rent Allowance from the Central State Govt./Autonomous Public Undertaking or Semi Govt. organization like Municipality , Port trust etc.

5. I also certify that my wife has not been allotted family accommodation at the same station by the state/central Govt. and autonomous Public Undertaking or Semi Govt. organization such as Municipality Port Trust etc Nationalized Bank LIC etc.

Signature of the Individual
Name .....
No.....Rank.....
Area.....

The words shown in bracket may be omitted if the Govt. Servant is not eligible for Govt. Servant is not eligible for Govt. accommodation or if his case is covered by notes under para-4)8) of the OM dated 27.11.65 or where it is obligatory for him to apply for Govt. accommodation for eligibility for House Rent allowance in terms of Ministry of Finance OM No. 11011/10E (8)75 dated 25.11.75

Area In-charge
Area: ----------

Annexure-E

LOCALITY CERTIFICATE
(To be filled in capital letters, only)

1. Locality certificate in respect of No. _____ Rank_____

   Name_____ of Area No. _____

2. House No. : _____

3. Name of the House owner : _____

4. Full address of locality : _____

   : _____

5. Distance from duty post : _____

6. Place where rented house is situated is hygienically point of view fit for accommodation and free from bad element : _____

7. Exact date of occupation : _____

Signature of the Individual

CERTIFICATE

This is to certify that No.....Rank.....Name ..... of Area..... is living at rented quarter at ..... The place where the rented house situated is hygienically fit for accommodation and free from bad elements.

2. The rented quarter is situated at a distance of about ..... KM from the Area Line/duty station. There is no difficulty for individual.

3. Shri ..... is house owner of the house is respectful person of the locality.

4. The individual is actually living with his family subject to the sanction of outliving permission with HRA.

Area In charge/Area--------
(Seal be affixed)

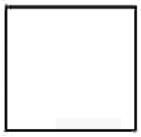
Annexure-F

RENT RECEIPT

It is certified that Mr. /Mrs..... is residing in my house and he is paying me Rs..... per month as a rent .The complete address of my house is as following.

ADDRESS-

C/O.....
Locality/Land Mark.....
PS-.....
PO.....
Distt.....
State.....
Pin.....



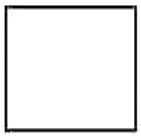
House Owner
Mr./Mrs.....

RENT RECEIPT

It is certified that Mr. /Mrs..... is residing in my house and he is paying me Rs..... per month as a rent .The complete address of my house is as following.

ADDRESS-

C/O.....
Locality/Land Mark.....
PS-.....
PO.....
Distt.....
State.....
Pin.....



House Owner
Mr./Mrs.....

BHARAT COKING COAL LIMITED

(A Subsidiary of Coal India Limited)

APPLICATION FOR MEDICAL REIMBURSEMENT OF MEDICAL EXPENSES

1. Name of the Employee :
2. Designation & Pay :
3. CISF No :
4. Name of the patient and his/her Relation with employees :_ _
5. Doctor's Name and Reg. No. :_ _
6. Place of treatment with duration :_ _
7. Expenditure amount :_ _

Sl No	Name of the Pharmacy	Cash Memo No. & Date	Name of the Medicine	Amount Rs. P.
Total amount in rupees				

8. Original prescription, receipts, cash memos etc. must be enclosed with this application and Cash Memo should be counter signed by attending/Doctored Medical Officer.

I herby, declared that the statement in the application is true and the family members for who medical expenses were incurred is enclosed under the medical attendance Rules.

Signature of the Employee
Rank & No .....
Name .....
Area .....

(**Controlling officer with designation**)

For A/c Office use only

Amount passed for payment of Rs .....(Rupees .....

.....only)

Signature of passing authority

Document1

कोल इण्डिया लिमिटेड
भारत कोकिंग कोल लिमिटेड
(कोल इण्डिया लिमिटेड का एक अंग)

नाम : पदनाम : मूल वेतन :

कर्मी संख्या : सी0सी0नं0 : विभाग :

क्रम संख्या	नाम	नाम एवं संबंध	डा0 का नाम एवं पं0 सं0	अवधि के साथ चिकित्सा स्थान	खर्च की गई एकम रु. पै.	कुल	अभियुक्ति
01.							
02.							
03.							
04.							
05.							
				दावे की कुल विनियोगित राशि			
					शून्यान्त राशि रूपये में–		
दावे की कुल राशि शब्दों में :– ( )							

संलग्नक :

मै यह प्रमाणित करता हु कि इस आवेदन पत्र मे दिए गए सभी विवरण सत्य है और परिवार के सभी सदस्यों जिनके लिए चिकित्सा दावा प्रस्तुत किया गया है,

मुझपर पूर्णरूपेण आश्रित है और वे चिकित्सा सहायता नियमावली के अनुसार चिकित्सा खर्च प्रतिपूर्ति पाने के हकदार है।

कर्मचारी का हस्ताक्षर तिथि के साथ

पदनाम सहित नियंत्रण पदाधिकारी
निरीक्षक/प्रशा0
केंजौसुब इकाई बीसीसीएल धनबाद।

Document

Appendix – "A"

DECLARATION BY THE OFFICIAL BE EXAMINED FOR SHAPE CATEGORY

1.	Were you examined for any ailment or Hospitalized during last one year	Please record your answer (Yes/No)
2.	Are you a patient of : A) Hypertension (High Blood Pressure) B) Iscdaemic Heart Disease? C) Diabetes Mellitus? D) Chronic cough/B r. Asthma/COPD? E) Epilepsy (Fits) F) Persistent Headache G) Mental instability?	
3.	Have you suffered from giddiness at any time?	
4.	Have you suffered from Chest Pain/Palpitation	
5.	Did you ever suffered from Tuberculosis?	
6.	Your a) Appetite b) Sleep	
7.	Smoking habit (if yes, No. of cigarettes per day)	
8.	Alcohol intake (if yes, average quantity per day)	
9.	Any accident/injury/major surgery undergone so far?	
10.	Have you been transferred recently or under orders of transfer? if so your a) Previous Unit b) New Unit	

It is further certified that the above facts stated by me are true to my best knowledge and belief. I have not suppressed any fact concerning my health condition ever in past and as is at present.

Signature .....
Name .....
Rank .....
CISF No.....
CISF Unit .....

Date:

Place:

APPENDIX-"C"

MEDICAL EXAMINATION PROFORMA FOR OFFICERS AND MEN IN CAPF

1. Name :_____Rank_____Date of AME-_____
2. IRLA/Force No.:
3. Age : Years 4. Sex : M/F : 5. Height (CMs):
6. Weight (KGs) : Kg 7. Chest (Not for ladies):- Body mass Index:
On Expiration : cm On full Inspiration:- cm
8. Abdominal girth: 9. Trans-trochanteric girth: 10. Ration (8/9):

S: PSYCHOLOGICAL ASSESSMENT AS LAID DOWN

i) Any past history of psychiatric illness, if so details:
ii) Any history of breakdown/outburst or taking wrong decisions, Indecisiveness leading to public reaction or castigation of civil authority.
iii) History of any alcoholic/drug abuse.
iv) History of Head injury/infective/metabolic en-cephalopathy
v) Objective Psychometric scale, if any, applied and result thereof:

CATEGORISATION: S-1 / S-2 / S-3 / S-4 / S-5

H: HEARING

i) Normal in both ears.
ii) Moderate defect in one ear.
iii) Partial defect in both ears.
iv) Any other combinations.
(v) Auroscopy.
vi) Rennie's Test-
vii) Weber's Test-
viii) Audiometry(if indicated)

CATEGORISATION: H-1 / H-2 / H-3

A: APPENDAGES

i) Upper limb ii) Lower limb
iii) Any loss/infirmity in any joint or part must be indicated in detail.

CATEGORISATION: A-1(U), A-2(U), A-3(U)
A-1(L), A-2(L), A-3(L)

P: PHYSICAL

General examination:

Distance covered in 12 minutes run/walk (Meters) :

Body built	:	BP (mmHg)	:
Tongue	:	Pulse/mt	:
Anaemia :		Temp©	:
Cyanosis :		Respiration	:
Icterus	:		
Oedema	:		
Clubbing	:		
Koilonychia	:		
Lymph glands palpable:		Tonsils	:
JVP	:	Teeth/Denture	:
Thyroid	:	Throat	:
Spleen	:	Liver	:
C.V.S.	:	E.C.G.: Required after age of 45 years	
S1	:	Blood Sugar	: If applicable
S2	:	Urine exam	: In all cases.
		Hb%	: In all cases

Murmur if any:

R-System:	Any deformity of chest:	Percussion
	Breath sounds	adventitious sounds
C.N.S.	Higher functions:	Memory (Recent & Remote)
		Intelligence
		Personality

Orientation (time,place & person)

Cranial Nerves

Meningeal Sign if any –

Motor System	Nutrition of muscles	Wasting-
	Tone	
	Coordination	
	Abnormal movement/fasciculation	
	Power	
	DTR	
	Plantar- Abdominal & Cremasteric refl.-	
	Cerebellar Sign Gower's Sign	

Sensory System-

Reflexes- Romberg's sign- SLR Finger-Toe Test

Skull & Bone

Abdomen: General: Any mass palpable any other abnormality.

Piles/Fissure- Fistula - Prolapse recturm

INVESTIGATION :

1. Hb%
2. Urine examination for all ages.
3. ECG after age of 45 years : Blood sugar if Applicable and for all above 45 years.
4. Any other investigation as deemed necessary by examining Medical Board (i.e.X-Ray Chest, Lipid Profile, Glycosylated Hb etc)

I agree/Don't agree to undergo HIV test Signature of Individual———————

CATEGORISATION: P1 P2 P3

E. "E" Factor (Eye sight/Visinn)

(a) Distance Vision (b) Near Vision

(c) Colour Vision (d) Field of Vision

(e) Any other Pathology (f) IOL

CATEGORISATION: E1 E2 E3

FINAL CATEGORIZATION

ADVICE/EMPLOYABILITY

RESTROCTOPM(S) IF ANY

NAME OF MEDICAL OFFICER

DESIGNATION WITH SEAL

चिकित्सा लिपि का विवरण

बल संख्या ..... पद ..... नाम .....
केओसुब इकाई बीसीसीएल धनबाद क्षेत्र कोयला नगर में कार्यरत हूँ। मैं चिकित्सक के सलाह पर दिनांक ..... से दिनांक ..... तक चिकित्सा विश्राम / अस्पताल में भर्ती रहा । अतःएव चिकित्सा विश्राम दिनांक ..... से दिनांक तक कुल ..... दिन तक की अवधि का नियमानुसार नियमन किया जाना है । मैं चिकित्सा विश्राम से संबंधित चिकित्सा अवधि के नियमन हेतु निम्नलिखित संलग्न कर रहा हूँ।

01)

02)

बल सदस्य का हस्ताक्षर

सहायक लिपिक दस्तावेज अनुभाग

प्रमाणित किया जाता है कि दिनांक ..... तक उक्त बल सदस्य के अवकाश खाते में ..... दिन अर्जित अवकाश एवं ..... दिन अवैतनिक अवकाश बकाया है ।

दस्तावेज अनुभाग लिपिक का हस्ताक्षर

कम्पनी कमान्डर का सिफारिश

कम्पनी कमान्डर का हस्ताक्षर

उप/सहायक कमाडेण्ट की अभियुक्ति

बल सदस्य का दिनांक ..... से दिनांक ..... तक सिक अवधि कुल ..... दिन निम्न प्रकार से नियमन हेतु सिफारिश किया जाता है ।

परिणत अवकाश ..... दिन, दिनांक ..... से दिनांक .....तक
अर्जित अवकाश ..... दिन, दिनांक ..... से दिनांक .....तक
अध्दवैतनिक अवकाश ..... दिन, दिनांक ..... से दिनांक .....तक

उप/सहायक कमॉडेण्ट

वरिष्ठ कमॉडेण्ट का आदेश

उक्त बल सदस्य का दिनांक ..... से दिनांक ..... तक कुल ..... दिन चिकित्सा विश्राम अवधि निम्न प्रकार से नियमन किया जाता है ।

परिणत अवकाश ..... दिन, दिनांक ..... से दिनांक .....तक
अर्जित अवकाश ..... दिन, दिनांक ..... से दिनांक .....तक
अध्दवैतनिक अवकाश ..... दिन, दिनांक ..... से दिनांक .....तक

वरिष्ठ कमॉडेण्ट

BCCL Press 06 / 126 / 08 - 09 - 20 Pads.

APPLICATION FOR HOME TOWN/ALL INDIA TOUR LTC

01	CISF No.			
02	RANK.			
03	NAME OF APPLICANT			
04	NATURE OF LEAVE SANCTIONED			
05	COMMENCEMENT OF LEAVE			
06	LTC APPLIED FOR THE BLOCK YEAR			
07	LAST LTC AVAILED FOR THE BLOCK YEAR			
08	NEAREST RAILWAY STATION			
09	IN WHICH PLACE WANT TO GO (For all India Tour LTC)			
10	FAMILY DETAILS	NAME	RELATION	AGE/DOB
		Signature of Applicant		
11	Remarks of Document Section(as per service book) for Home Town, NRS, last LTC availed with block year and family details :-			
	(I) Home Town –			
	(II) NRS -			
	(III) Last LTC availed (with block year)-			
	(IV) Whether family details(name, relation & age/DOB) mentioned above by the individual is correct or not. if not correct than mention correct family details :-			
	Signature of I/C Document Sec.			
12	REMARKS OF COY COMMANDER			
13	REMARKS OF AREA COMMANDER			

संलग्न :– स्वीकृत अवकाश आवेदन पत्र का छाया प्रति।

APPLICATION FOR ENCASHMENT OF 10 DAYS EL WITH LTC

01	बल संख्या	
02	पद	
03	नाम	
04	क्षेत्र संख्या	
05	स्वीकृत अवकाष का स्वरूप एवं अवकाश प्रारंभ होने की तिथि	
06	किस ब्लॉक वर्ष के लिए एलटीसी का आवेदन किया गया है।	
07	अभी तक कितने बार एलटीसी के साथ 10 दिन अर्जित अवकाष का नगदीकरण उपभोग किए है।	
08	आवेदक का हस्ताक्षर	
09	संबंधित बल सदस्य के सेवा दस्तावेज के अनुसार दस्तावेज अनुभाग प्रभारी का टिपण्णी :– (I) बल सदस्य के द्वारा पूर्व में उपभोग किए गए अर्जित अवकाष नगदीकरण का ब्यौरा :– (II) बल सदस्य के खाते में जमा कुल अर्जित अवकाष की संख्या(दिनों में) :– Signature of I/C Document Sec.	
10	कंपनी कमांडर का टिप्पणी	
11	क्षेत्रीय प्रभारी का टिप्पणी	

संलग्न :– स्वीकृत अवकाष आवेदन पत्र का छाया प्रति।

Appendix-A

APPLICATION FOR CHILDREN EDUCATION ALLOWANCE (CEA)
FOR THE ACADEMIC YEAR 2024-2025 (F/Y-2025-26)

1.	CISF No, Rank & Name		
2.	Amount last claimed and which previous A/Y with Class		
3.	Particulars of children	**Child -1**	**Child -2**
i)	Name of the student (ward)		
ii)	Date of Birth		
iii)	Class studied during last academic year		
iv)	Name of school/college with address		
5.	Nature of claim (CEA+H.Sub./CEA/H.Sub)		
6.	Hostel subsidy: whether bonafide certificate mentioning the amount of expenditure alongwith boarding & lodging bills is enclosed.		

Certificate:-

1. I hereby declare that reimbursement of CEA+H.Sub. has not been claimed in respect of the above mentioned child/children by a person other than me.
2. I hereby declare that reimbursement of CEA+H.Sub. expenses is claimed for my eldest two surviving children only.
   I hereby declare that particulars mentioned above are correct to the best of my knowledge.

Signature.....

Place:

Date:

Mob. No.

CISF No., &

Rank

Name

Unit & Area

The details of the wards of the employee have been verified with family details held in his/her service document and found correct.

(Signature of I/C Doc. Section)

Appendix-B

CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL

(FOR REIMBURSEMENT OF CEA)

Ref. No..... Date .....

It is certified that Master/Ms..... having, Admission No.....

D.O.B.....Son/Daughter of Mr/Mrs.....(name of CISF employee) was studying in class..... Sec.....Roll No.....during the previous academic year from (MM/YYYY...../2024 to (MM/YYYY...../2025 at school/institution, namely ..... vide affiliation Regd.No./code..... and pattern .....curriculum.

Place:
Date:

Signature of Principal/Head Master/
Head of Education Institution
(Affix School rubber Stamp)

The details of the wards of the employee have been verified with family details held in his/her service document and found correct.

(Signature of I/C Doc. Section)

.....

SELF- DECLARATION FOR CLAIM OF CEA

I Force No..... Rank..... Name..... of CISF Unit BCCL(D) do hereby certify that my Son/Daughter Namely ..... Studied in Class.....Sec..... Roll No.....during the previous academic session...../...../24 to ...../...../25 in.....(Name of School).

In the event of any change in the particulars given above which will affect my eligibility for Children Education Allowance. I undertake to intimate the same promptly and refund excess payment, If any made to me.

Signature.....

Place:
Date:

CISF No., & _____
Rank _____
Name _____
Unit & Area _____

Appendix-C

Authority GOI Ministry of Personnel, PG and Pension, Dept. of Personnel and Training New Delhi Order NO. A-27012/02/2017-Estt(A.I) 16 August 2017.
(This order shall be effective from 01.07.2017)

CERTIFICATE FROM THE HEAD OF INSTITUTIONS/SCHOOL
(FOR REIMBURSEMENT OF HOSTEL SUBSIDY)

Ref No..... Dated :.....

It is to certify that Master/Ms._____ having Admission No. _____D.O.B._____ Son/Daughter of Mr./Mrs._____ (name of CISF employee) studied in Class_____ Section_____ Roll No._____ during the previous Academic year from (MM/YY)_____/24 to (MM/YY)_____/25 & residing in the Hostel of this School/College_____ (name of school/college) vide affiliation/Registration No./Code _____ and pattern _____ curriculum. He/She is not in receipt of scholarship of Rs._____ per month from _____. He/she has paid the under-mentioned Tuition & Hostel fee :-

1. Hostel Fee (Boarding & Lodging) :
2. Tuition Fee :

It is also certified that _____ (name of school/college) is a residential School/College & Master/Ms. _____ was admitted to the hostel of the same school on _____ (Date from which continuously residing in the Hostel)

Signature of Principal/Head Master/
Head of Education Institution
(Affix School rubber Stamp)

APPENDIX-E

UNDERTAKING

I Force No.....Rank.....Name.....of CISF Unit BCCL (D) do hereby certify that my ward namely ..... studied in class ..... Sec..... Roll No..... During the previous academic year..... In..... (Name and complete address of School/Institution with PIN) and **the distance of the School is more than 50 KM from my residence.**

In the event of any change in the particulars given above which will affect my eligibility for Children Education Allowance. I undertake to intimate the same promptly and refund excess payment, if any made to me.

Place:

Date:

Signature

Name.....

CISF No.....

Rank.....

Unit.....

DE VIGILANCE CERTIFICATE

This is certified that no DE/Vigilance, sexual harassment and any punishment UR-37 is pending against below mentioned CISF personnel during the date from which posted at Koyla Nagar as per available record in this office. Their integrity is also certified. This DE/Vigilance certificate is issued for **ATTACHMENT OF CISF PERSONNEL WITH MHA REG.**

SL NO.	CISF NO	RANK	NAME	Date from which Posted at Koyla Bhawan

COMPANY COMMANDER
KOYLA BHAWAN
CISF Unit BCCL Dhanbad,

Assistant Commandant
CISF Unit BCCL Dhanbad

Form A2

(See Regulation 4(1)(a))

Option to Shift from National Pension System (NPS) to Unified Pension Scheme (UPS) for Existing Govt Employees under NPS

I, ...S/D of....., an NPS subscriber with PRAN -..... hereby exercise, irrevocable, option to subscribe to Unified Pension Scheme (UPS) notified by GoI vide their notification F. No. FX-1/3/2024-PR, dated 24/01/2025 and agree to shift my NPS Corpus (employee's and employer's contribution till the month of March 2025) to UPS account Further, I agree to submit duly filled subscriber migration form for UPS certified by the govt nodal office/employer. **I have read and completely understood the details of the UPS prior to exercising my option. Further, I declare that the option exercised above is final and binding on me.**

AND

I hereby provide my consent to continue my existing NPS account with minimum balance of Rs. 1000/-(PRAN.....) on voluntary basis in addition to UPS account with the residual corpus (pertaining to voluntary contribution under Tier-I) along with Tier-II Account, if any.

Signature of Government employee / Subscriber

Name----------

Designation----------

Office in which employed----------

Mobile No.----------

Place and date:----------

Note: 1. This consent form is to be submitted along with the dully filled migration form for UPS, to the Govt Nodal Office.

(To be filled in by the Head of Office or authorised Gazetted Officer)

Received the option made by Shri/Smt./Kumari.....
Designation.....
Office.....
Entry of receipt of option has been made in page..... Volume..... of service book
Signature,
Name and Designation of Head of Office or authorized Gazetted Officer with seal
Date of receipt.....
The receiving officer will fill the above information and duly signed copy of the complete form will be kept in employee service record and give a copy of the same to the Government employee who should keep it in safe custody. Also, forward copy of the consent form along with subscriber migration form for UPS through physical or digital mode (as may be made available) to the PAO through DDO, for further processing it in Central Recordkeeping Agency system.

Signature & Name of DDO Date:	Signature & Name of PAO Date:

Sub Bill No._____

No. 03

Travelling Allowance Bill for Transfer

Note : This bill should be prepared in duplicate, one for payment and the other as office copy.

PART – A

[To be filled by the Government Servant]

1.	CISF Number		
2.	Name of Officer / Official		
3.	Designation		
4.	Basic Pay at the time of transfer		Rs.
5.	Head Quarter	Old	
		New	
6.	Residential Address		
	Old Address		
	New Address		

7.	Particulars of the members of the family as on the date of transfer :		
Sr. No.	Name of the family member	Age	Relationship with the Govt. Servant

8.	Details of Journey(s) performed by Government servant as well as members of his/her family :							
Departure		Arrival		Mode of travel & Class	No. of fares	Fare Paid	Distance in Kms by Road
Date & Time	From	Date & Time	To				

9.	Transportation charges of personal effects (Money receipts to be attached) :						
Date	Mode	STATION		Weight in Kgs.	Rate	Amount	Remarks
		From	To				

10.	Transportation charges of personal conveyance (Money receipt to be attached) :	
a.	Mode of Transport and Station to which transported	
b.	Amount	

11.	Amount of advance if any drawn	

12.	Particulars of journey(s) for which higher class of accommodation than the one to which the Government servant is entitled was used :							
Date	Name of Place		Mode of Conveyance used	Class to which entitled	Class by which travelled	Fare of the entitled class 7	
	From	To				Rs.	Ps.
1	2	3	4	5	6		
If the journey by higher class of accommodation has been performed with the approval of the Competent Authority, No. and date of the sanction may be quoted.					Total		

13.	Details of journey(s) performed by Road between places connected by Rail :			
Date	Name of Places		Fare Paid	
	From	To		

Certified that the information, as given above, is true to the best of my knowledge and belief.

[ ]

Date : **Signature of the Government Servant**

PART – B

[To be filled in the Bill Section]

The net entitlement on account of Travelling Allowance works out to Rs._____as detailed below :

		(Amount in Rs.)
(a)	Railway / Air / Bus / Steamer Fare	
(b)	Road mileage for_____kms @_____per km.	
(c)	Transfer Grant	
(d)	Transfer Incidentals (D.A. for_____day(s) @ Rs._____per day)	
(e)	Transportation of personal effects	
	Calculation:	
(f)	Transportation of private conveyance	
	Calculation:	
	Gross Amount	
(g)	Less amount of advance, if any drawn vide Voucher No. _____ Dated _____	
	Net Amount	

The Expenditure is debitable to T. A. Account.

Remarks :

Signature of Drawing & Disbursing Officer

Passed for Payment of Rs._____only.

Signature of the Controlling Officer

Form for giving intimation or seeking previous sanction under Rule 18(3) of the CCS (Conduct) Rules, 1964 for transaction in respect of moveable property.

1.	Name of the Government Servant		
2.	Scale of pay and present pay		
3.	Purpose of application/ sanction for transaction/ intimation of transaction		
4.	Whether the property is being acquired or disposed off ?		
5.	a.	Probable date of acquisition or disposal of property.	
	b.	If the property is already acquired/ disposed off, actual date of transaction.	
6.	a.	Description of the property (e.g. Car/ Scooter/ Motor Cycle/ Jewellery/ Loans etc.	
	b.	Make, Model No. and also Registration No., in case of vehicles where necessary.	
7.	Mode of acquisition/disposal (Purchase/Sale, Gifts, mortgage lease or otherwise)		
8.	In case of acquisition, source or sources from which financed/ proposed to be financed : (a) Personal Savings (b) Other sources giving details		
9.	Sale/Purchase price of the property (Market value in the case of gifts)		
10.	In the case of disposal of property, was requisite sanction/intimation obtained/given for its acquisition ? (A copy of the sanction/ acknowledgement should be attached.)		
11.	a.	Name and Address of the party, with whom transaction is proposed to be made/ has been made.	
	b.	Is the party related to the applicant ? If so, state the relationship.	
	c.	Did the applicant have any dealings with the party in his official capacity at any time, or is the applicant likely to have any dealing with him in the near future ?	
	d.	Nature of official dealings with the party.	
	e.	How was the transaction arranged ? (Whether through any statutory body or a private agency/ through advertisements or through friends and relatives. Full particulars to be given.)	
12.	In the case of acquisition by gifts, whether sanction is also required under Rule 13 of the CCS (Conduct) Rules, 1964 ?		
13.	Any other relevant fact which the applicant may like to mention.		

Sub Bill No._____

Travelling Allowance Bill for Tour

Note : This bill should be prepared in duplicate, one for payment and the other as office copy.

PART – A

[To be filled by the Government Servant]

1.	CISF Number.			
2.	Name of Officer / Official			
3.	Designation			
4.	Basic Pay	Rs.	Pay Level	
5.	Head Quarter			
6.	Details and Purpose of Journey(s) performed		As under	

Departure		Arrival		Mode of travel & Class of Accommodation	Fare Paid Rs.	Distance in Kms.
Date & Time	From	Date & Time	To			
1.	2.	3.	4.	5.	6.	7.
Purpose of JourneyPerformed						
Note:- If availed any type of leave/medical rest during the temporary duty, please attached certificate.						

7.	**Mode of Journey**		
(i)	**Air**		
	(a)	Exchange voucher arranged by office	Yes / No
	(b)	Ticket / Exchange voucher arranged by	
(ii)	**Rail**		
	(a)	Whether travelled by Mail / Express / Ordinary Train ?	Yes / No
	(b)	Whether return tickets available ?	Yes / No
	(c)	If available whether return tickets purchased ? If not state reasons.	Yes / No
(iii)	**Road**		
Mode of conveyance used i.e. by Government transport, by taking a Taxi, a single seat in a bus or other public conveyance, by sharing with another Government Servant in a car belonging to him/her or to a third person to be specified			

8.	**Dates of absence from Place of halt, on account of :**	
(a)	Restricted Holiday & Casual Leave	
(b)	Not being actually in camp on Sundays and Holidays	

9.	**Dates on which free Boarding and / or Lodging by the State or any organization financed by State Funds :**	
(a)	Boarding only	
(b)	Lodging only	
(c)	Boarding and Lodging	

10.	**Particulars to be furnished along with Hotel receipts etc, in cases where higher rate of D.A. is claimed for stay in hotel/other establishments providing board and/or lodging at scheduled tariffs :**					
Period of Stay		**Name of the Hotel**	**Daily rate of lodging charge**		**Total Amount Paid**	
From	**To**					

11.	Particulars of journey(s) for which higher class of accommodation than the one which the Government servant is entitled was used :						
Date	Name of Place		Mode of Conveyance used	Class to which entitled	Class by which travelled	Fare of the entitled class	
1	From 2	To 3	4	5	6	7 Rs.	Ps.
					Total		
If the journey by higher class of accommodation has been performed with the approval of the Competent Authority, No. and date of the sanction may be quoted.							

12.	Details of Journey(s) performed by road between places connected by Rail :			
Date	Name of Place		Fare Paid	
1	From 2	To 3	Rs.	Ps.
		Total		

13.	Amount of Advance of Travelling Allowance, if any, drawn	Rs.	

Certified that the information, as given above, is true to the best of my knowledge and belief.

Date : _____

[ ]
Signature of the Government Servant

PART – B

[To be filled in the Bill Section]

The net entitlement on account of Travelling Allowance works out to Rs._____as detailed below :

		(Amount in Rs.)
(a)	Railway / Air / Bus / Steamer Fare	
(b)	Road mileage for_____kms @_____per km.	

(c) Daily Allowance

Date	Time		Hrs./Min.	Stay / Journey	Rate of D.A.	
	From	To				

(d)	Actual Expenses :		
	Auto/Taxi/Other		
(e)	Gross Amount		
(f)	Less : Amount of T.A. Advance if any drawn vide Voucher No. _____dated_____.		
(g)	Net Amount		

The Expenditure is debitable to T. A. Account.

Remarks :

Signature of Drawing & Disbursing Officer

Passed for Payment of Rs._____only.

Signature of the Controlling Officer

Sub Bill No._____ No. 04

Leave Travel Concession Bill

For the Block Year _____ to _____

Note : This bill should be prepared in duplicate, one for payment and the other as office copy.

PART – A

[To be filled by the Government Servant]

1.	CISF Number	
2.	Name of Officer	
3.	Designation	
4.	Pay	Rs.
5.	Head Quarter	
6.	Nature and period of leave sanctioned	E. L./C.L./E.O.L./R.H. from : _____ to _____

7. Particulars of members of family in respect of whom the LTC has been claimed.

Sr. No.	Name	Age	Relationship with the Govt. Servant.

8. Details of Journey(s) performed by Government Servant and the members of his/her family :

Departure		Arrival		Distance in Kms.	Mode of travel & Class of Accommo-dation	No. of Fares	Fare Paid Rs.
Date & Time	From	Date & Time	To				
1.	2.	3.	4.	5.	6.	7.	8.
Remarks /Ticket Nos							

9.	Amount of Advance, if any drawn...	Rs.	

10. Particulars of Journey(s) for which higher class of accommodation than the one which the Government Servant is entitled, was used (Sanction No. & date to be given).

Place		Mode of Conveyance	Class to which entitled	Class by which actually travelled	No. of fares	Fare of the entitled class.
From	To					
1	2	3	4	5	6	7

11. Particulars of Journey(s) performed by Road between places connected by Rail.

Name of Place		Class to which entitled	Railway Fare
From	To		
1	2	3	4

Certified that the :

1. Information as given above is true to the best of my knowledge and belief, and
2. The my wife/husband is not employed in Government Service/ that my wife/husband is employed in Government Service and the concession has not been availed of by her/him separately for herself/himself or for any of the family members for the concession block of _____ years.

Signature of the Government Servant

Date _____

PART – B

[To be filled in the Bill Section]

The net entitlement on account of Leave Travel Concession works out to Rs. _____ as detailed below :

(a) Railway/Air/Bus/Steamer Fares

(b) Less : Amount of Advance drawn vide

Voucher No. Dated

(c) The Expenditure is debitable to Account.

Net Amount Rs.

Initials of the Bill Clerk

Signature of Drawing & Disbursing Officer

Signature of Controlling Officer

Certified that necessary entries have been made in the Service Book of Shri/Smt./Miss. _____.

Signature of the Officer authorised to attest entries in the Service Book .

APPENDIX - I

[Certificate to be given by the Controlling Officer]

Certified that :

1. Shri/Smt./Kum. _____ has rendered continuous service for one year or more on the date of commencing of outward journey.

2. Necessary entries as required under para (52) of the scheme have been made in the Service Book of Shri/Smt./Kum. _____.

3. Para 1(6) of MMA O.M. No. 43/1/55.Est.(A).Pt.II dated 11th October, 1956.

Signature of the Controlling Officer

[Certificate to be given by a Government Servant]

1) I have not submitted any other claim so far for Leave Travel Concession in respect of myself or family members for the Block Year _____ _____.

2) I have already drawn T.A. for the Leave Travel Concession in respect of a Journey performed by me/with my spouse/ with children. This claim is in respect of the journey performed by my spouse/ myself with my spouse/ and/or children / none of whom travelled with the pary on the earlier occasion.

3) The journey has been performed by me and my spouse with children to the declared "Home Town" / Other than Home Town viz. _____.

4) That my spouse is not employed in Government Service and the concession has not been availed of by him/her separately for himself/herself or for any other family member of the concerned block of two years.

5) Certified that my spouse for whom Leave Travel Concession is claimed by me is not employed in any Public Sector Undertaking/ Corporation/ Autonomous Body financed wholly or partly by the Central Government or a local body which provides LTC facilities to its employees and their families.

Signature of the Govt. Servant.

Appendix - 'A'

(Dependent)

Paste Passport size photo here without Signature.

To,

The Dy. Inspector General/Adm.
Directorate General, CISF
Block No.-13, CGO Complex
Lodhi Road, New Delhi.

Subject: **Issue of Dependent Card for Dependents of serving/retired CISF force personnel.**

Sir,

I the undersigned joined CISF on ..... and presently serving in ..... in the rank of ..... /and retired/honorary member/ repatriated /widow from CISF on ...../...../..... In the rank of ..... copy of my I/Card/PPO/Pensionary I-Card/Service Certificate is enclosed herewith for ready reference.

02. Now, I intend to get Dependent Card for my Dependent family members. I am depositing herewith Cash/Demand Draft (D/D)No..... Dated...../...../..... for Rs. **111/-** and two passport size photographs for the same. Details of Dependent are as under (in Capital Letters): -

a) Name : .....
b) Date of Birth : .....
c) Relationship : .....
d) Address : .....
.....
Dist.-.....,State: -.....Pin.....

03. It is therefore requested that Dependent Card from Technical Directorate may please be issued to my Dependents.

Thanking you,

Encl:

a) Cash/Demand Draft (D/D) for Rs. **111/-** In favour of "**AC (Adm) CISF HQrs**".
b) Copy of I/Card/PPO/Pensionary 56 I-Card/Service Certificate.
c) Photo proof ID.
d) Two passport size photographs of Dependent.
e) Specimen Signature of Dependent.
f) Address proof.

Yours Sincerely

SPECIMEN SIGNATURE

Signature: .....
Name : .....
Rank : .....
CISF No. : .....
Permanent Address: .....
.....
District: .....
State: .....
Pin....., Mobile No. .....

To,

The Dupty Inspector General

CISF Unit Bccl Dhanbad 820005.

(Through proper channel)

Sub: Regarding ..... room booking of ..... Guest house.

Respected Sir,

I humble request That Cisf No.....Rank.....Name..... is working under you in..... I need the guest house for some urgent work. So I need the guest house from.....to.....

So I humble request you to allow me to book ....rooms for days. I will always be grateful to you this work.

your faithfully

Rank&Cisf No:

Name:

Coy:

CISF NO:	RANK	NAME-

DEATLS OF SOCIAL MEDIA ACCOUNTS (I/D)	I.WHATSAPP- II.TELEGRAM- III. SNAPCHAT – IV. TWITTER (X)– V. FACEBOOK- VI. INSTAGRAM- VII. ACCOUNT IN YOUTUBE – VIII. ANY OTHER SOCIAL MEDIA ACCOUNT-		
E MAIL ID			
DO YOU PLAY ANY ONLINE GAMBLING GAMES OR ACTIVE IN BETTING APPS			
ARE YOU CONNECTED WITH ANY POLITICAL PARTY (If yes, give details of the political party)			
ARE ANY OF YOUR FAMILY MEMBER CONNECTED WITH POLITICAL PARTY (If yes, give details of family member and political party)	NAME OF RELATIVE	RELATION	NAME OF POLITICAL PARTY

DATE: / /2025 SIGNATURE OF INDIVIDUAL

CISF UNIT.....

INDIVIDUAL PROFILE SHEET (CIW SECTION)

CISF NO:	RANK:	NAME:
POSTED FROM:		RESIDENT OF:
DATE OF REPORTING TO THIS UNIT:		
EDUCATION:		MOBILE NUMBER-
CISF ID CARD NO.		RESIDENCE MOB-
DATE OF BIRTH		DATE OF SUPERANNUATION:
SHAPE CATEGORY:		BLOOD GROUP:
MARRIED/UNMARRIED:		WILL KEEP HIS FAMILY AT THIS UNIT:

DETAILS OF FAMILY MEMBERS	NAME	RELATION	AGE	OCCUPATION
SPOUSE PROFESSION:				
ANY FAMILY LIABILITY:				
ANY TYPE OF FAMILY PROBLEM:				
ANY HEALTH ISSUE:				
ANY COURT CASE (IF YES, FURNISH DETAILS WHETHER INFORMED TO DEPARTMENT):				
LOAN DETAILS, IF ANY (AMOUNT/FROM WHERE/REASON):				
LOAN PAYMENT STATUS:				
ANY FINANCIAL ISSUE ? (Yes/No) If any issue, give details				
KNOWLEDGE OF COMPUTER:				
WHETHER WORKED IN CIW PREVIOUSLY:				
PUNISHMENT, IF ANY:				

Continue Page No -02