

NATIONAL INSTITUTE OF HEALTH & FAMILY WELFARE
(Admn.I Section)

No. A.24011/1/2016-Admn.I

Dated the 26th October, 2016.

OFFICE ORDER

In supersession to the Institute's previous office orders in regard to the leave recommendation/sanction process and in order to streamline it, the following procedure for recommendation/sanction or grant of leave to the faculties & employees of this Institute has been decided:-

Designation	EL/HPL/ Commuted Leave		RH/CL/Spl.CL/ Compensatory off	
	Recommendation by	Forwarded for sanction	Forwarded for grant of leave	Forwarded for record
(A) Faculty of the Institute/staff in the Office of Director:-				
HOD/Group A & Group B staff in the Office of Director	Director	SO (Ad.I)	Director	Computer Centre
Group C staff of the Office of Director	-do-	SO(Ad.II)	-do-	-do-
Faculty other than HOD	HOD→Director	SO (Ad.I)	HOD→Director	Computer Centre
(B) Staff other than faculty in the Department:-				
Group A & Group B staff	HOD or any faculty/officer of the Deptt., nominated by HOD	SO (Ad.I)	HOD or any faculty/officer of the Deptt., nominated by HOD	Computer Centre
Group C staff	-do-	SO (Ad.II)	-do-	Computer Centre
(C) Officers/staff of the Administration Department:-				
SO(Acad.)/ SO(Admn.I) / SO(Admn.II)/ACO/ ACO(P)	DD(A) → Director	SO (Ad.I)	DD(A) → Director	Computer Centre
AD(OL)/ I/c (Stores)/ WMO/ TO(Repro)	F/IC →DD(A) → Director	SO (Ad.I)	F/IC→DD(A) →Director	Computer Centre
Assistant and other Group B staff	SO/ Sectional Head/In-Charge	SO (Ad.I)	SO/Sectional Head	Computer Centre
UDC and other Group C staff	SO/Sectional Head/In-Charge	SO(Ad.II)	SO/Sectional Head	Computer Centre
(D) Staff in Hostel/Canteen:-				
Group A & Group B	F/IC→Director	SO (Ad.I)	F/IC	Computer Centre
Group 'C' employee	SDO/Hostel Warden/In-charge (Canteen)→F/IC	SO(Ad.II)	Hostel Warden/In-charge(Canteen)→ F/IC	Computer Centre

Contd./-

(E) Staff of NDC				
SDO	F/IC→Director	SO (Ad.I)	F/IC→Director	Computer Centre
Group A or Group B staff	SDO→F/IC	-do-	-do-	-do-
Group 'C' staff	-do-	SO(Ad.II)	SDO	Computer Centre

(F) In respect of Contractual staff:-

Designation	Leave/sick leave etc.	
	Grant of Leave	Forwarded for record
Project Head	Nodal Officer→Dy. Director (Admn.)→Director	Computer Centre
Other project staff	Project Head→ANO/Nodal Officer	Computer Centre
Contractual employee of Institute	Sectional Head→F/IC	Computer Centre

2. In all other kind of leave viz. Child Care Leave etc. or in case of any difficulty in regard recommending/grant of leave, the applications would be sent to Director, in case of HOD and to DD(A) [through Sectional Head/ Faculty-in-Charge / HOD], in case of others, for necessary action. As per the revised procedure, the modified proforma for leave application is enclosed. The application proforma for regular leave, if any, may be used as prescribed in the CCS (Leave) Rules.

3. The joining report after availing regular leave may be sent through Controlling Officer (indicated for recommendation of leave in above Table) to the SO(Admn.I) in respect of Group 'A' & 'B' and SO(Admn.II) for Group 'C' staff.

4. This issues with the approval of Director.

Encl: As above


(Rajiv R. Singh)
Deputy Director (Admn.)

Copy to:-

1. All Head of Departments
2. Faculty In-charge/All Sectional Heads/In-charge/Nodal Officer of Project/Project Head
3. PA to Director/ Dean/ DD(Admn.)
4. Computer Centre, NIHFV with request to upload the Order in our website.
5. Notice Boards.

राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान
National Institute of Health & Family Welfare
आकस्मिक/विशेष/प्रतिपूर्ति/प्रतिबंधित अवकाश आवेदन प्रपत्र
C.L./ Spl./C. Leave/R.H. Leave Application Form

बायो मेट्रिक मशीन के अनुसार कार्ड संख्या/ Card no.-----

नाम तथा पदनाम/Name & Designation _____

अवकाश का स्वस्म/Nature of Leave _____

विज्ञाग/अनुभाग का नाम/ Name of Deptt./Section_____

अवकाश की अवधि तथा तिथि/Period of Leave & Date_____

पूर्वाह्न/Forenoon अपराह्न/Afternoon

कितना अवकाश ले चुके हैं/Leave taken so far _____

अवकाश का पता/Leave Address during the leave_____

छुट्टी का उद्देश्य /Purpose of Leave _____

दिनांक/Date: _____

आवेदक के हस्ताक्षर
Signature of Applicant

नियंत्रक अधिकारी /Controlling Officer

प्रेषित. कंप्यूटर केन्द्र, रास्वापकसंस्थान/ Forwarded to: Computer Center, NIHFW

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नाम तथा पदनाम/Name & Designation _____

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National Institute of Health & Family Welfare
परियोजना/अनुबंधित कर्मचारियों हेतु अवकाश/चिकित्सकीय अवकाश/आवेदन प्रपत्र
Leave/Sick Leave Application Form for Conractual Staff

बायो मेट्रिक मशीन के अनुसार कार्ड संख्या/ Card no.-----

परियोजना का नाम/ Name of Project_____

नाम तथा पदनाम/Name & Designation _____

अवकाश की अवधि तथा तिथि/Period of Leave & Date_____

पूर्वाह्न/Forenoon अपराह्न/Afternoon

कितना अवकाश ले चुके हैं/Leave taken so far _____

अवकाश का पता/Leave Address during the leave _____

छुट्टी का उद्देश्य /Purpose of Leave _____

दिनांक/Date: _____

आवेदक के हस्ताक्षर
Signature of Applicant

प्रमुख परियोजना अधिकारी/ Project Head

नोडल अधिकारी/समन्वयकर्ता/ Nodal Officer/Coordinator

प्रेषित. कंप्यूटर केन्द्र, रास्वापकसंस्थान/ Forwarded to Computer Center, NIHFW

राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान
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नाम तथा पदनाम/Name & Designation _____

अवकाश की अवधि तथा तिथि/Period of Leave & Date_____

पूर्वाह्न/Forenoon अपराह्न/Afternoon

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आवेदक के हस्ताक्षर
Signature of Applicant

प्रमुख परियोजना अधिकारी/ Project Head

नोडल अधिकारी/समन्वयकर्ता/ Nodal Officer/Coordinator

प्रेषित. कंप्यूटर केन्द्र, रास्वापकसंस्थान/ Forwarded to Computer Center, NIHFW

सेवा में,

अनुभाग अधिकारी (प्रशा. I / प्रशा. II)/Section Officer (Admn. I/ Admn II)
राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान/National Institute of Health and Family Welfare,
नई दिल्ली/New Delhi

महोदय/Sir

निवेदन है कि दिनांक से दिनांक तक अवकाश पूरा करने के पश्चात मैं आज दिनांक को पूर्वाह्न/अपराह्न में ड्यूटी पर रिपोर्ट करता/करता हूँ/I report for duty w.e.f. today the (F/A) after expiry of my from to

इसके साथ दिनांक..... को पड़ने वाले शनिवार/रविवार/राजपत्रित छुट्टियों का भी मैंने उपयोग कर लिया है/I have availed of Saturday/Sunday/Gazetted Holiday falling on being prefixed/suffixed to my leave.

बीमारी प्रमाण-पत्र तथा आरोग्यता प्रमाण-पत्र संलग्न हैं/The Medical Certificate and Fitness Certificate is attached.

भवदीय/Yours faithfully,

पूरा नाम/Full Name
पदनाम/Designation

विभाग/अनुभाग/Deptt./Section

नियंत्रक अधिकारी /Controlling Officer

नोट/ Note: जो लागू न हो उसे काट दें/ Please strike of whichever is not applicable

सेवा में,

अनुभाग अधिकारी (प्रशा. I / प्रशा. II)/Section Officer (Admn. I/ Admn II)
राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान/National Institute of Health and Family Welfare,
नई दिल्ली/New Delhi

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पूरा नाम/Full Name
पदनाम/Designation

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