

CHECKLIST FOR MEDICAL RE-IMBURSEMENT PROPOSAL

Sl. No.	Check List	Documents Placed at Sl. __^c
1.	Name & Designation of the Govt. Employee / Pensioner from whom the claim is made.	
2.	Name of the claimant indicating his relationship with the Govt. Employee/ Pensioner as and when necessary.	
3.	Name of Govt. Hospital/ Referral Hospital/ Private Hospital where Medical Treatment undergone/ underwent.	
4.	Recommendation of Authorized Medical Attendant or Doctor.	
5.	Approval of the concerned Jt. Director of Health Services, Assam where applicable.	
6.	Essentiality Certificate to be issued by the Authorized Medical Attendant or Doctor.	
7.	Recommendation of Referral Medical Board wherever applicable.	
8.	Discharge Summary Certificate from the Hospital where treated.	
9.	Genuineness Certificate from Head of Office	
10.	Admissibility Report from the Admissibility Board	
11.	Bills/ Vouchers duly countersigned by the AMA/ Supdt. of the Hospital/ Authorized signatory	
12.	Bank A/c No. of the Claimant	
13.	(i) GPF No./ CPF No. of the Claimant	
	(ii) PPO No. of the Claimant (<i>if already retired</i>)	
14.	Name of the DDO	
15.	Name of Treasury Officer/Office	
16.	Next of Kin Certificate/ Legal Heir Certificate is to be enclosed if the Patient is dependent on the deceased Govt. Employee.	

Certificate :

This is to certify that the above-mentioned information are correct as per records and I will be personally held responsible if any irregularity is detected in this regard in the future.

Full Signature of Dealing Assistant (DA)

Date:

Seal & Signature of BEEO

Date:

Full Signature of Dealing Assistant (DA)

Date:

Seal & Signature of DEEO/DIS

Date:

Checked by IA (Seal & Signature)

Date:

CHECKLIST FOR ARREAR SALARY PROPOSAL

Sl. No.	Check List	Documents Placed at Sl. __ ^c
1.	Duly filled-up Finance Department's prescribed format (Certificate and signed by the DDO concerned)	
2.	Non-drawal certificate from the DDO concerned of the current financial year duly countersigned by the concerned Treasury Officer .	
3.	Due and drawn statement (<i>Countersigned by the DDO concerned</i>)	
4.	Regular/Continuous working certificate against the valid Govt. sanction post in respect of the incumbent concerned.	
5.	Suspension period regularization order (<i>if any</i>)	
6.	(a) ACPS/MACPS allowing Order:	(a)
	(b) ACPS/MACPS fixation form:	(b)
7.	Rectification Order of Basic Pay (<i>if any</i>)	
8.	Non-engagement Certificate (<i>during suspension period</i>)	
9.	First Salary released order issued from the competent authority in respect of the arrear salary claimed by a new appointees	
10.	Other information like Bank/Treasury/DDO etc.	
11.	Other documents (Hon'ble High Court order etc.)	
12.	Next of Kin Certificate/ Succession Certificate (<i>wherever applicable</i>)	
13.	Specific reasons for the claim	

Certificate :

This is to certify that the above mentioned information are correct as per records and I will be personally held responsible if any irregularity is detected in this regard in the future.

Full Signature of Dealing Assistant (DA)

Date:

Seal & Signature of BEEO

Date:

Full Signature of Dealing Assistant (DA)

Date:

Seal & Signature of DEEO/DIS

Date:

Checked by IA (Seal & Signature)

Date:

CHECKLIST TO BE APPENDED WITH VOLUNTARY RETIREMENT(VRS) PROPOSAL

Name of Applicant:

Name of Office/School (including DISE Code) from where VRS opted:

Date on which VRS opted:

Date of Submission of VRS Application:

Full Name & Designation of DDO:

Sl.No.	Check List	Documents Placed at Sl. __ ^c
1.	(a) Appointment letter/ Order (Stipendiary/Ad-hoc/Temporary/Provincialized Appointment)	(a)
	(b) Service Regularization Order	(b)
2.	Date of Birth and Age Proof like (a) HSLC Admit card (b) School Certificate for Grade-IV	
3.	Purpose of VRS (<i>Personal/ Medical Ground</i>) (a) Medical Ground (<i>Please furnish the Medical Certificate issued from the competent authority of concerned District</i>)	(a)
	(b) Personal Ground	(b)
4.	3 (Three) months advance notice [which is mandatory as per FRs 56 (c)] / original application of the incumbent concerned showing actual date of voluntary retirement.	
5.	Attained the age of 50 (fifty) years or completed 20 years of qualifying service.	
6.	Non Liability Certificate	
7.	Certificate regarding Departmental Proceeding and Court Case/ Police Case in respect of the incumbent concerned from the DDO concerned.	
8.	Original Service Book (a) In case of photocopies, all pages of the Service Book are to be authenticated by the concerned officer.	(a)
	(b) In case of reconstructed Service Book (copy of approval issued from the Higher Authority should be furnished).	(b)
9.	Consent letter (regarding over drawal etc.)	
10.	Drawal/ Non Drawal Salary Certificate in respect of the incumbent concerned from the DDO concerned.	
11.	GPF A/c No. of the incumbent concerned with photocopy of the GPF Statement/ PRAN/ PRAN No.	
12.	Necessary communication to the incumbent concerned (a) E-mail id: (b) Permanent Address with PIN code:	
13.	Last Pay Salary Statement	
14.	Other relevant records and Remarks (if any)	

Necessary Certificate:

1. The above information is prepared / furnished after proper verification of the service records / documents available in this establishment which may be treated as correct information to accept VRS proposal in respect of the incumbent concerned.
2. If any anomaly / irregularity is detected against the aforesaid information in future, I will be personally held responsible for non-submission of VRS proposal as per the relevant rules of FRs & SRs.

Full Signature of Dealing Assistant (DA)

Date:

Seal & Signature of BEEO

Date:

Full Signature of Dealing Assistant (DA)

Date:

Seal & Signature of DEEO/DIS

Date:

Checked by IA (Seal & Signature)

Date:

CHECKLIST FOR THE PROPOSAL OF LEAVE ENCASHMENT AND GIS BENEFITS

Sl. No.	Check List	Documents Placed at Sl. __ ^c
1.	Leave Statement	
2.	Service Book (if photocopy, authenticated by the concerned officer)	
3.	Last Pay Certificate	
4.	Non Liability Certificate	
5.	GIS subscription statement showing Group as per GIS Schemes.	
6.	Form 3/5	
7.	Death Certificate and Next of Kin Certificate for expired employee	(a)
		(b)
8.	Consent Letter (regarding overdrawal, etc.)	
9.	Views/ Remarks of DDO	

Certificate :

This is to certify that the above mentioned information are correct as per records and I will be personally held responsible if any irregularity is detected in this regard in the future.

Full Signature of Dealing Assistant (DA)
Date:

Seal & Signature of BEEO
Date:

Full Signature of Dealing Assistant (DA)
Date:

Seal & Signature of DEEO/DIS
Date:

Checked by IA (Seal & Signature)
Date:

ANNEXURE- A

Checklist No.5

CHECKLIST FOR COMPASSIONATE FAMILY PENSION(CFP) PROPOSAL UNDER NPS

Sl. No.	Check List	Documents Placed at Sl. __^c
1.	Death Certificate	
2.	Next of Kin Certificate/ Succession Certificate <i>(wherever applicable)</i>	
3.	(a) Annexure-I	
	(b) Annexure-II	
	(c) Annexure-III	
4.	Tier-I (Subscriber contribution towards NPS) <i>duly countersigned by the concerned Treasury Officer</i>	
5.	Service Book and other relevant records <i>(in original)</i>	

Certificate :

This is to certify that the above mentioned information are correct as per records and I will be personally held responsible if any irregularity is detected in this regard in the future.

Full Signature of Dealing Assistant (DA)

Date:

Seal & Signature of DEEO/DIS/BEE0

Date:

Checked by IA (Seal & Signature)

Date:

CHECKLIST TO BE APPENDED WITH THE PROPOSAL FOR ISSUANCE OF
NO OBJECTION CERTIFICATE (NOC)

Name of Applicant:

Date of Application:

Name of Institution/Office :

Last Date of Advertisement:

Full Name & Designation of DDO:

Sl.No.	Check List	Documents Placed at Sl. ___ ^c
0	1	2
1.	(a) Appointment letter/ Order	
	(b) Joining letter/ Report	
2.	Regular/ continuous working certificate from the DDO concerned	
3.	Specific reason of seeking NOC with relevant supporting documents.	
4.	Non-liability Certificate	
5.	No Departmental Proceeding Certificate	
6.	No Criminal Case pending certificate against the incumbent concerned issued from Superintendent of Police or DEEO concerned.	
7.	Undertaking in the form of Affidavit regarding no claim of any financial and other benefits, also <i>without hampering the normal classes and academic activities.</i>	
8.	In case of seeking NOC for applying in higher post, copy of the advertisement must be submitted.	

Necessary Certificate:

1. The above information is prepared / furnished after proper verification of the service records / documents available in this establishment which may be treated as correct information to issue the NOC in respect of the incumbent concerned.
2. If any anomaly / irregularity is detected against the aforesaid information in future, I will be personally held responsible as per the existing rules and procedure.

Full Signature of Dealing Assistant (DA)

Date:

Seal & Signature of BEEO

Date:

Full Signature of Dealing Assistant (DA)

Date:

Seal & Signature of DIS

Date:

Full Signature of Dealing Assistant (DA)

Date:

Full Signature of DEEO

Date: