

## कार्यालय आदेश

प्रायः देखने में आया है कि विभाग के कई अधिकारी/कर्मचारी अवकाश व्यतीत करने उपरान्त अवकाश हेतु आवेदन पत्र प्रस्तुत करते हैं। इसके अतिरिक्त अन्य आवेदन पत्र भी नियमानुसार प्रस्तुत नहीं किए जाते हैं। विभाग द्वारा समय-समय पर इससे सम्बन्धित निर्देश जारी करने के बाद भी अधिकारी/कर्मचारी नियमानुसार आवेदन प्रस्तुत नहीं करते। हरियाणा सरकार द्वारा हरियाणा सिविल सेवा नियम, 2016 दिनांक 19-07-2016 से लागू कर दिये गये हैं। अतः सभी अधिकारी/कर्मचारी अपने आवेदन नियमानुसार प्रस्तुत करेंगे। हरियाणा सिविल सेवा नियम, 2016 वित्त विभाग हरियाणा की website [www.finhry.gov.in](http://www.finhry.gov.in) पर उपलब्ध हैं। भविष्य में आवेदन पत्र नियमानुसार प्रस्तुत न करने पर आवेदन पत्र पर विचार नहीं किया जाएगा। अर्जित अवकाश/चिकित्सा अवकाश/बालक देखभाल अवकाश के फार्म की प्रतियां साथ संलग्न है।

दिनांक पंचकूला  
7 फरवरी, 2017

जगबीर सिंह  
निदेशक, अर्थ तथा सांख्यिकीय  
विश्लेषण विभाग, हरियाणा।

पृष्ठांकन क्रमांक अ0सां0वि0वि0(स्था-9)-2017 / 3963-4058 दिनांक : 22-02-2017

इसकी एक प्रति निम्नलिखित अधिकारियों को अपने अधीनस्थ कर्मचारियों को इस बारे अवगत करवाने हेतु प्रेषित है:-

1. अतिरिक्त निदेशक I/II-
2. संयुक्त निदेशक I/II
3. आदान तथा वितरण अधिकारी
4. सभी उप निदेशक
5. सभी अनुसंधान अधिकारी
6. सभी जिला सांख्यान अधिकारी/योजना अधिकारी
7. अनुसंधान अधिकारी (आई0टी0) विभाग की वेबसाईट पर अपलोड करने हेतु
8. लेखा अधिकारी
9. उप अधीक्षक-I/ II
10. निजी सहायक (निदेशक)
11. सभी सहायक



उप निदेशक (प्रशा0)  
कृते: निदेशक, अर्थ तथा सांख्यिकीय  
विश्लेषण विभाग, हरियाणा।

**ANNEXURE - I**

(See Rule 22)

Application for leave or for extension of leave

1	Name and Designation	
2.	Pay Scale and Pay	
3	Department (i) Office (ii) Branch	
4	Date of birth and Date of retirement	
5	Kind of leave	
6	Rule applicable	
7	Period of leave applied for or extension of leave	
8	Sunday(s) and holidays (s) proposed to be (i) prefixed - (ii) suffixed -	
9	Purpose of leave/extension of leave	
10	Last leave availed (i) period of leave (ii) kind of leave	
11	Address , Contact No. and email ID during the leave period	

Signature of applicant  
(with date)Remarks and recommendations of the  
Officer-in- charge .Signature of officer-in-charge  
(with date)

Designation \_\_\_\_\_

For office use

Certified that.....Nature of Leave)for .....(period)  
from..... to.....is admissible under rule .....

Signature (with date)

Designation \_\_\_\_\_

Orders of the sanctioning authority to grant leave

Signature (with date)

Designation \_\_\_\_\_

## Chapter - VIII

### Leave on Medical Certificate

#### 30. Grant of leave on Medical Certificate.—

- (1) Before submission of an application for grant of leave or an extension of leave on medical certificate, the Government employee shall obtain the certificate issued by the competent medical authority in the following form and enclose it with his application:-

#### *Medical Certificate Proforma*

Name of the applicant \_\_\_\_\_

Designation \_\_\_\_\_

Office of \_\_\_\_\_

Age \_\_\_\_\_

I, \_\_\_\_\_ (Name and designation of competent medical authority) after careful personal examination hereby certify that Shri/ Smt. \_\_\_\_\_ is suffering from disease \_\_\_\_\_ and is in a bad state of health; and I solemnly and sincerely declare that according to the best of my professional judgment, a period of absence from duty is essentially necessary for the recovery of his health and recommend that he may be granted leave from \_\_\_\_\_ to \_\_\_\_\_. In my opinion it is/it is not necessary for the Government employee to appear before a Medical Board.

Signature of applicant \_\_\_\_\_

in the presence of competent medical authority

Signature of competent medical authority  
(with Stamp and Date)

Note 1.— In the case of Gazetted Government employee, the medical certificate of the competent medical authority and in case of non-Gazetted



**33. Return from leave on medical certificate.—**

A Government employee who has taken leave on Medical certificate may not return to duty until he has produced a medical certificate of fitness signed by the competent medical authority or Medical Board, as the case may be, in the following form :-

"I/We \_\_\_\_\_ Medical Officer/ SMO/PMO/Civil Surgeon/  
Members of a Medical Board do hereby certify that I/We have examined Shri  
\_\_\_\_\_ of the \_\_\_\_\_ Department  
whose signatures are given below and find that he/she has recovered from his  
illness and is now fit to resume duties in Government services. I/We have  
examined the original medical certificate(s) on which leave was granted or  
extended and have taken these into consideration in arriving at my/our decision".

Signature of applicant

in the presence of Competent medical authority

Signature of Competent medical authority  
(with Stamp and Date)ll.

Note.— Where the medical certificate for leave has been obtained from the  
Medical Board in such case the certificate of fitness shall be obtained from  
the Medical Board.

### APPLICATION FOR CHILD CARE LEAVE

To be filled by self and should be submitted 30 days before proceeding on leave.

1.	Name of the Applicant	
2.	Father/Husband Name	
3.	Designation (self attested copy of Id-card attached)	
4.	Date of joining in Govt. Service	
5.	Place of Posting	
6.	Name of Child for whom child care leave is applied for	
7.	Date of birth of the child (self attested copy of Birth certificate to be attached)	
8.	Date on which child will be attaining 18 years.	
9.	Is the child among the two eldest	Yes/No
10.	Period of leave	From .....to.....
11.	Prefix/Suffix of holidays, if any	
12.	Reason(s) for leave applied for ( Self attested copy of proof to be attached)	
13.	Total Child Care Leave availed till date	
14.	(a) Whether permission to leave station is required (b) If yes, Address during leave period (c) Contact No.	Yes/No
15.	Date of return from last leave and nature and period of that leave	

Dated :

(Signature of applicant)

Full Name :

Place of Posting