



(1/5)

भारत सरकार
GOVERNMENT OF INDIA
चिकित्सा अधीक्षक का कार्यालय
OFFICE OF THE MEDICAL SUPERINTENDENT
सफदरजंग अस्पताल एवं वी.एम.एम. कॉलेज
SAFDARJANG HOSPITAL & V.M.M.C.
नई दिल्ली-110029.
NEW DELHI-110029.

PROFORMA FOR PERMISSION TO APPLY FOR PASSPORT / GOING ABROAD

1. Name & Designation and Office
In which working :
2. Date of Birth :
3. Date of appointment to the present post :
4. Whether post held on Ad-hoc basis or in
a regular capacity
5. If regular, whether, temporary, quasi-
Permanent or permanent & from which date :
6. Name of countries proposed to be visited :
7. Purpose of Visit :
8. Probably duration of the visit :
9. How expenditure on visit abroad, If any :
10. Whether it is intended to apply for leave or
Voluntary retirement or resign for going
Abroad.

UNDERTAKING:

I undertake that I will return to India on the expiry of my leave and will not accept any job or join any course during the period of my stay abroad during which I am liable to disciplinary action as required under C.C.S. (Conduct Rules) 1964.

Place : New Delhi
Dated :

Signature of Applicant
Designation :
Department :

GOVERNMENT OF INDIA
SAFDARJANG HOSPITAL
NEW DELHI.

UNDERTAKING

I _____
while proceeding on leave w.e.f. _____
hereby undertake that:-

1. I shall not extend leave under any circumstances from abroad.
2. I shall not accept any employment or undergo any training under the foreign Govt. under any circumstances.
3. I shall draw leave salary in India and in Indian currency and no financial implications will be involved on the part of the Govt. of India.
4. I shall not resign from abroad.
5. I shall not accept foreign hospitality.
6. My overstay at abroad after expiry of the sanctioned leave will be treated as unauthorised absence from duty leading to disciplinary proceedings.
7. The address at abroad where I would stay is _____

Place: New Delhi.

Dated:-

Signature:

Name & Designation:

PROFORMA

[Prescribed by DOPT's O.M. No. 11013/7/2004-Estt.(A) dated 5.10.2004 & 15.12.04]

- 1. NAME
- 2. Designation
- 3. Pay
- 4. Ministry/Dept. (Specify Centre /Sate /PSU)
- 5. Passport no.

6. Details of private foreign travel to be undertaken

Period abroad from/to	Names of foreign countries to be visited	Purpose	Estimated expenditure (travel/Board/Lodging/Visa/Misc. etc.)	Source of funds	Remarks
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7. Details of previous foreign travel, if any, undertaken during the last four years(as under Item no. 6)

Period abroad from/to	Names of foreign countries to be visited	Purpose	Estimated expenditure (travel/Board/Lodging/Visa/Misc. etc.)	Source of funds	Remarks
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Name
Designation
Date

**SAFDARJANG HOSPITAL
NEW DELHI**

APPLICATION FOR CASUAL / RESTRICTED / EARNED / HALF PAY LEAVE

1 Name of the applicant

2 Rank No. (if any)

3 Post held

4 Department

5	Nature of leave	Duration in day	From	To

6 Sundays and Holidays, If any, proposed to be prefixed / suffixed to leave.
.....

7 Sundays & Holidays, if any, intervening the leave period proposed to be applied.
.....

8 Brief grounds for leave.
.....

9 (a) I propose / don't propose to avail myself of two yearly L.T.C. for Home Town for block of two year i. e.....during the ensuing leave.

(b) I propose / don't propose to avail myself of four yearly L.T.C. to any place in India, i. e.....for the block of fourduring this leave.

10 Address during leave period

**Signature of the APPLICANT
(with DATE)**

STATEMENT OF IMMOVABLE PROPERTY RETURN FOR THE YEAR AS ON / /

Name of Officer (in full): _____ Designation _____
 Service to which the Officer belongs: _____
 Date of Birth _____ Present Pay: _____

(1) Name of District, Sub-Division, Taluk & Village or City in which property is situated (full location & postal address)	(2) Name & Details of Property, Housing, Lands and Other Buildings	(3) Cost of construction/Acquirement (and year when purchased) including of land in case of house	(4) Present Value *	(5) If not in own name, state name, state in whose name held & his/her relationship to the Govt. Servant	(6) How acquired, whether by purchase, lease **, inheritance, gift or otherwise with date of acquisition & name with details of person(s) from whom acquired.	(7) Annual Income from property	(8) Remarks

Signature: _____
 Name: _____
 Designation: _____
 Date: _____

Note: Please read the notes overleaf before filling up the form.

NOTES

* In case where it is not possible to assess the value accurately, the approximate value in relation to present conditions may be indicated.

** Includes short term leases also.

The declaration form is required to be filled in and submitted by every member of Class I and Class II (Group A and Group B) services under rule 15(3) of the CCS (Conduct) Rules, 1955, [now rule 18(1) of the CCS (Conduct) Rules, 1964] on the first appointment to the services and thereafter at the interval of every 3 years of all immovable property owned, acquired or inherited by him or held by him on lease or mortgage, either in his own name or dependent on Government Servant.

1)
2)
3)