

**CLAIM FOR THE GRANT OF SPECIAL INCREMENT IN THE  
FORM OF PERSONAL PAY AS INCENTIVE FOR PROMOTION  
OF SMALL FAMILY NORMS**

Auty : Min of Def Letter No. B/37265/AG/PS-3(d)/1502/D(Pay)/Services dated

\_\_\_\_\_

1. Name in Full :
2. Designation :
3. Hqrs/Dte :
4. Age & Date of Birth :
5. Number of living children :
6. Whether self or spouse  
has undergone sterilization  
operation prior to 18.1.82 :
7. Date of Operation :
8. Name of the Hospital and whether  
the hospital is recognized :
9. Whether husband/wife is employed  
and if so whether in receipt of  
special increment on this account :
10. Whether the operation has been  
performed on self or spouse :
11. Amount of special increment claimed  
and date from which due :

**DECLARATION**

The particulars given by me are true to the best of my knowledge and belief. I undertake to refund the same in case any of the above information is found to be false or inaccurate. I fully understand that disciplinary action may be taken against me for attempting to receive special increment by making false or inaccurate statement of facts.

**(Signature of claimant)**

Date : \_\_\_\_\_