

INSTITUTE OF HOME ECONOMICS

(UNIVERSITY OF DELHI)



6.3 - Faculty Empowerment Strategies

6.3.1 The institution has effective welfare measures for teaching and non-teaching staff.



INSTITUTE OF HOME ECONOMICS
(University of Delhi)
इंस्टिट्यूट ऑफ़ होम इकोनॉमिक्स
(दिल्ली विश्वविद्यालय)



NAAC GRADE 'A' ACCREDITED

Supporting Document for 6.3.1

Institution has effective welfare measures for teaching and non-teaching staff.

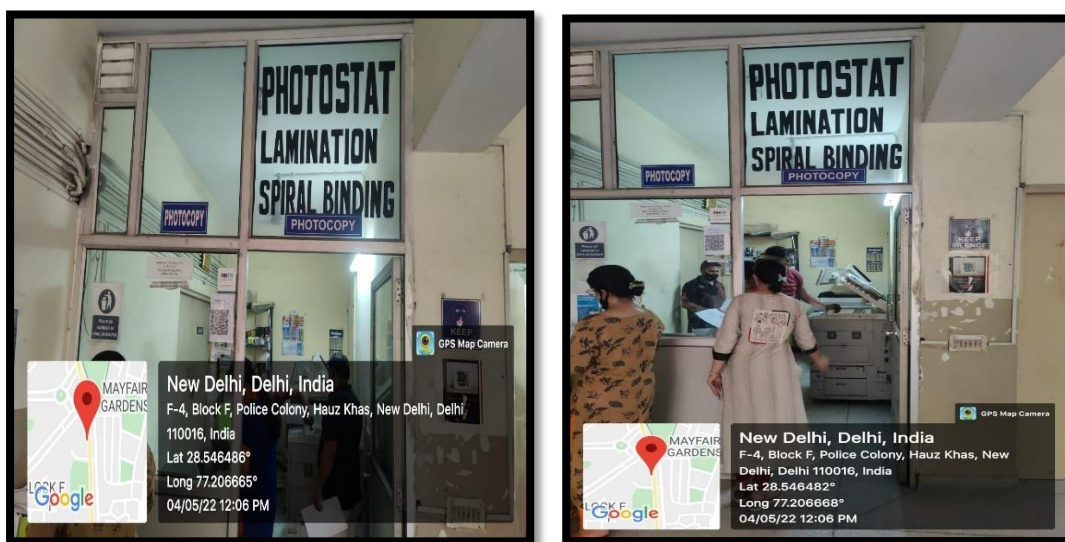
Key Indicator	Details of Proof	Page Nos.
6.3.1	Photographs of support facilities available in college premises	1-18
	Welfare schemes form such as leave forms, leave travel concession form, child care leave form etc.	19-44
	Welfare Schemes proof showing children education allowance, provident fund calculation, gratuity payment and calculation, medical reimbursement etc.	45-62

INSTITUTE OF HOME ECONOMICS

Supporting Document for 6.3.1

SUPPORT FACILITIES AVAILABLE

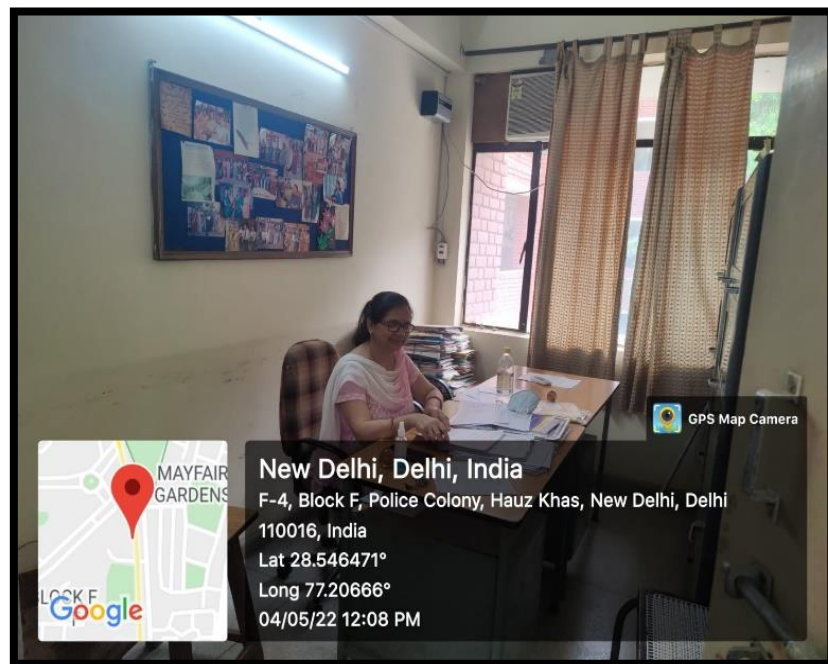
1) Photostat facility



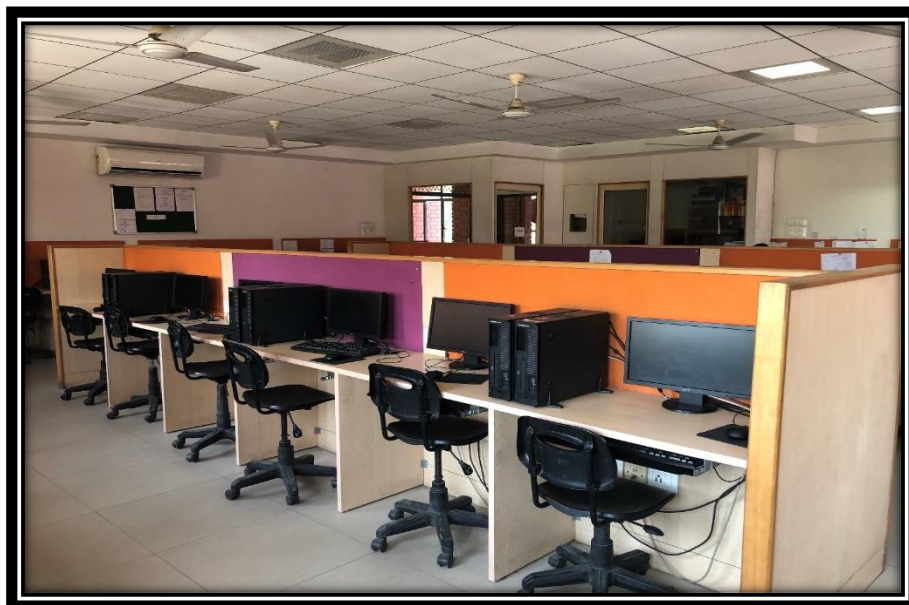
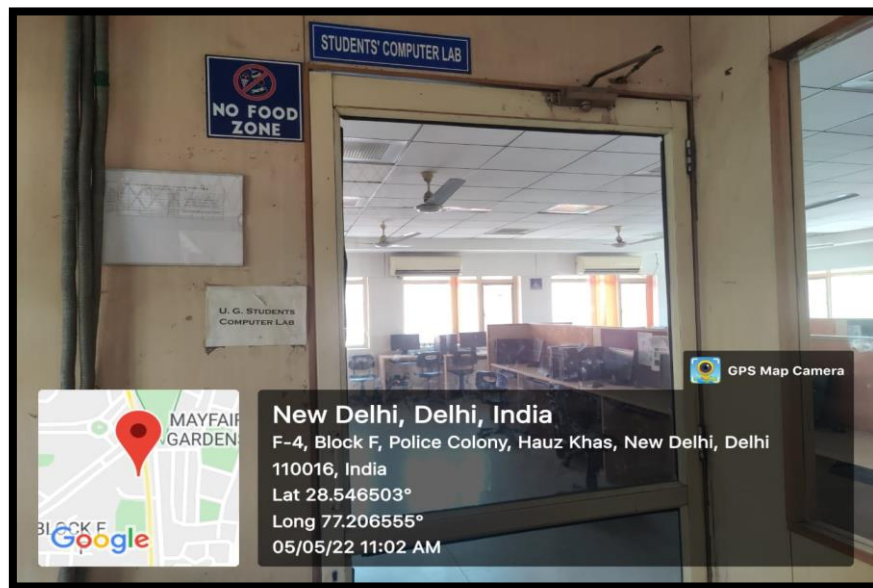
2) Staff Room

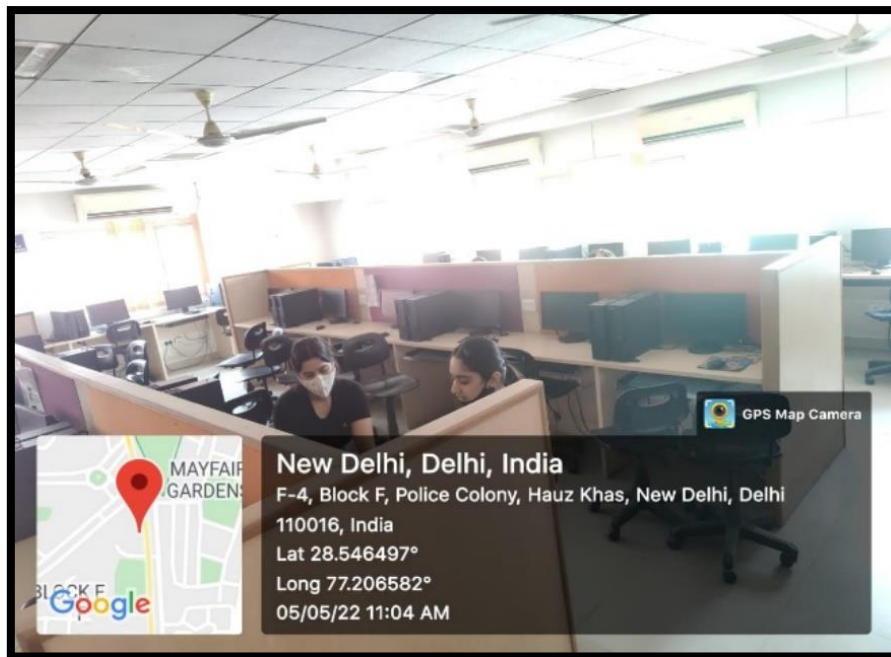


3) Cubicles for Faculty

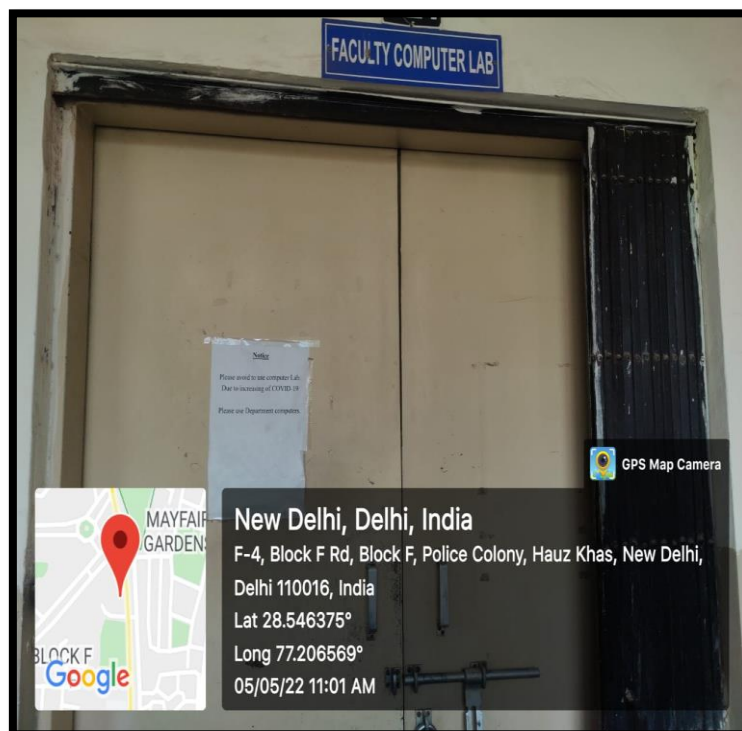


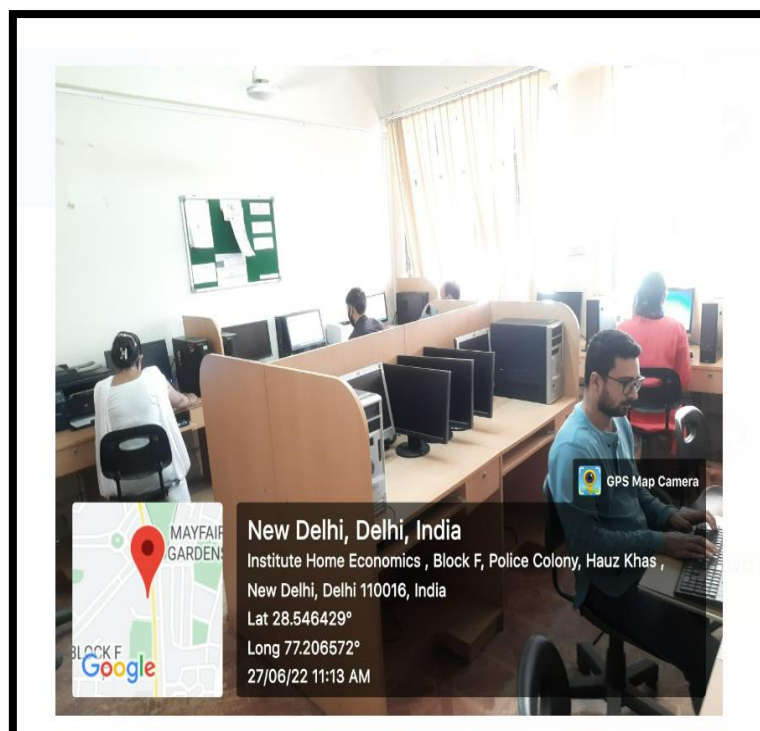
4) Students Computer Lab



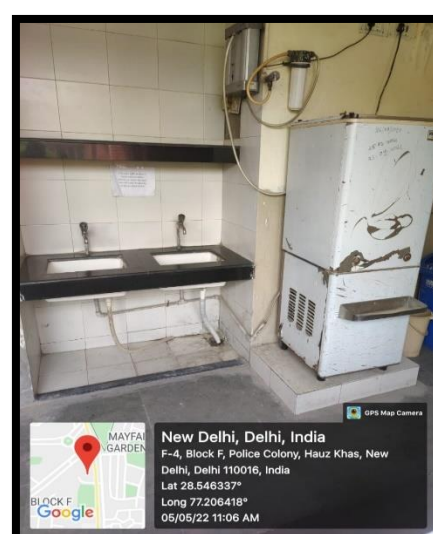
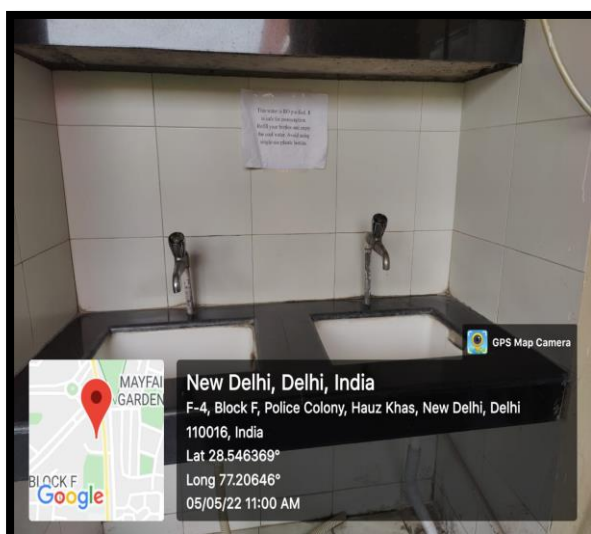


5) Faculty Computer Lab

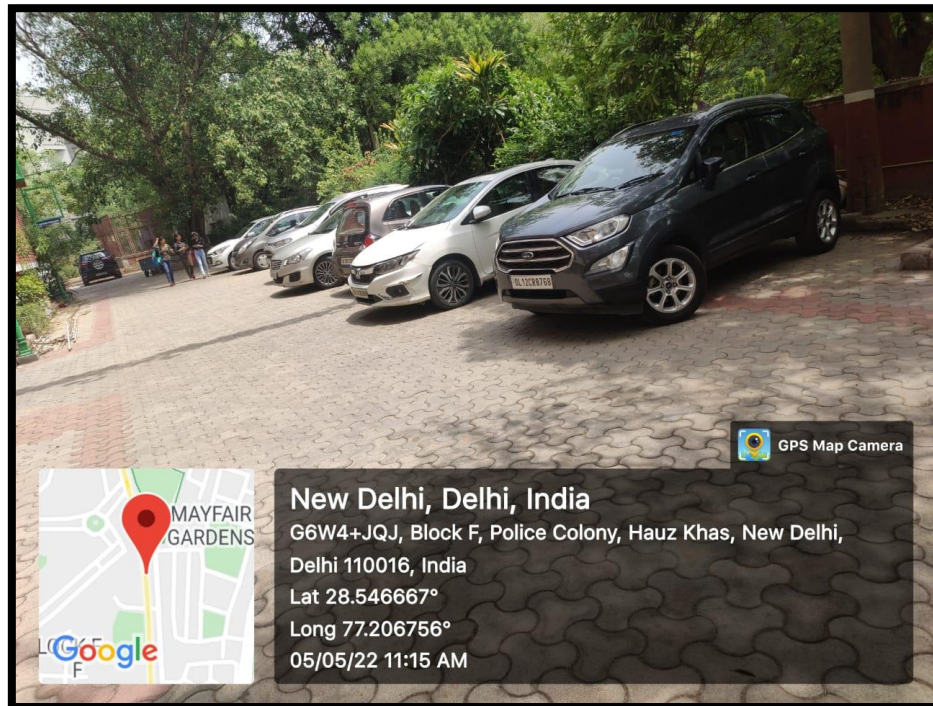




6) Filtered Drinking Water



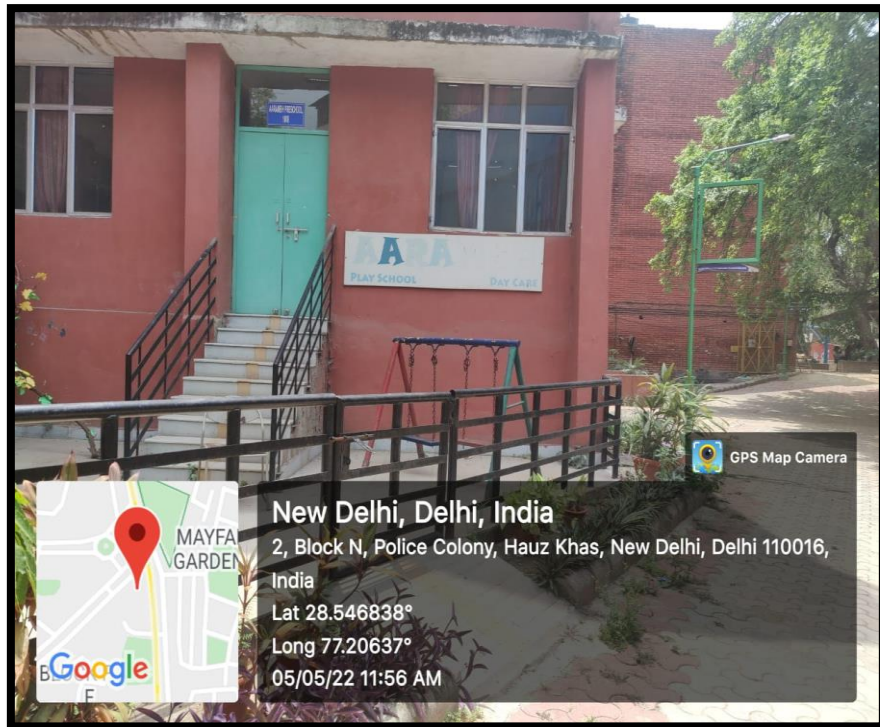
7) Parking Facility



8) Dedicated Security Guard Area



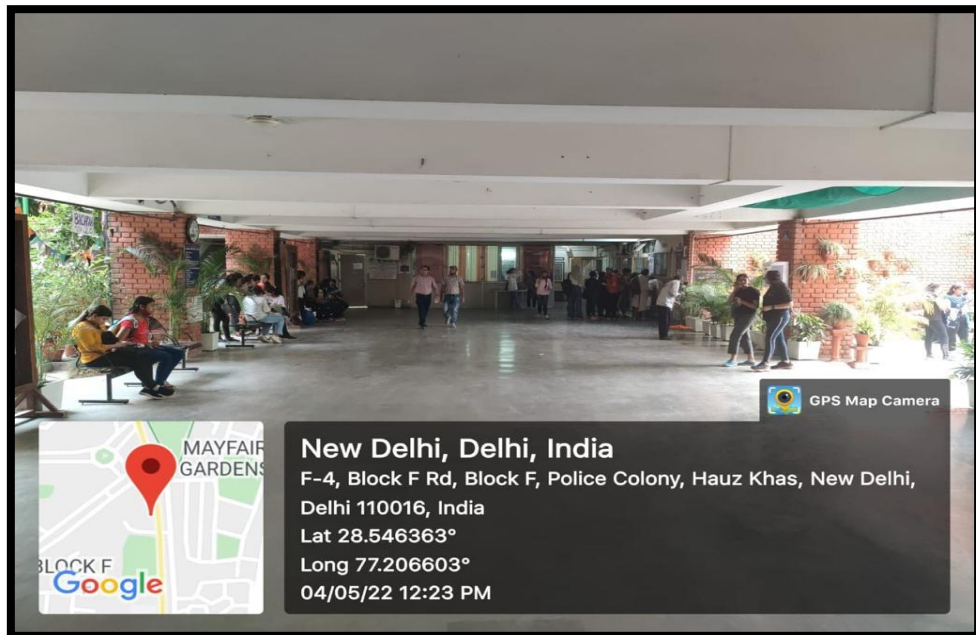
9. AARAMBH- Play School (An Early Childhood Learning Centre)



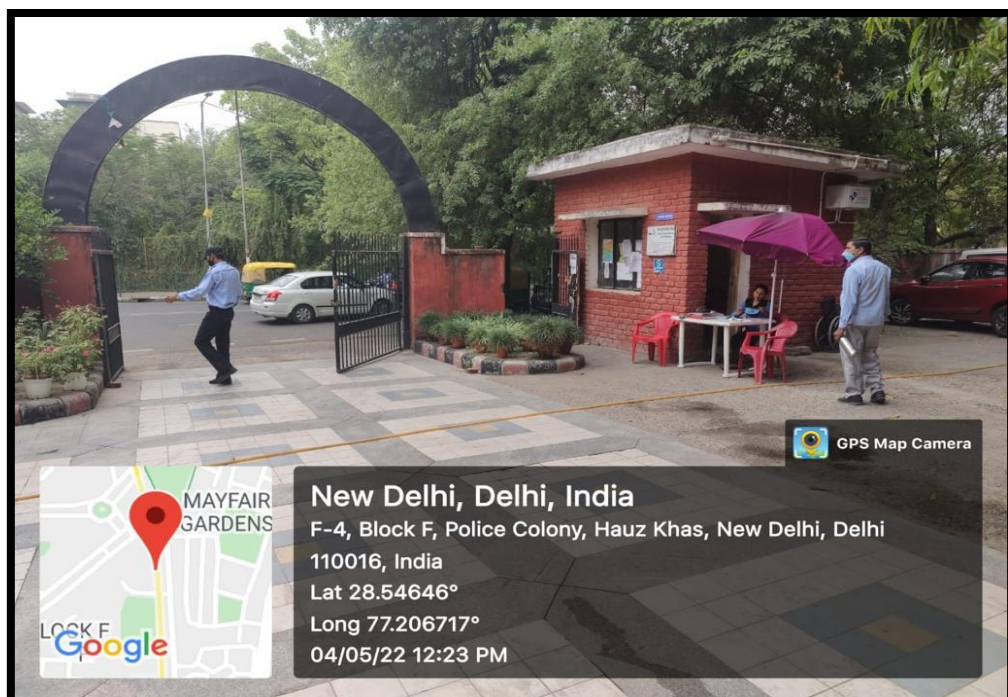
10. Open Amphitheatre



11. Spacious College Foyer



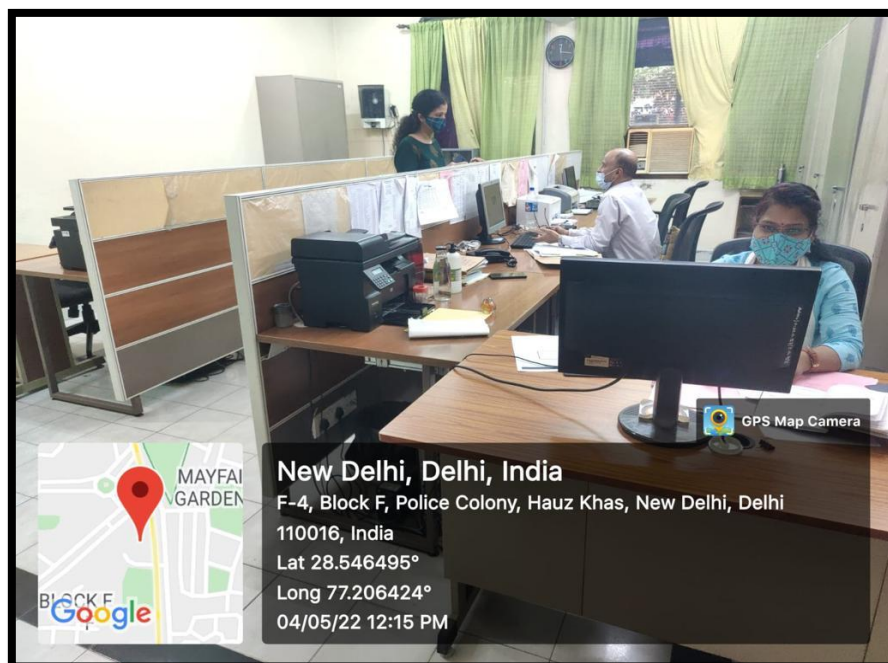
12. College Main Gate



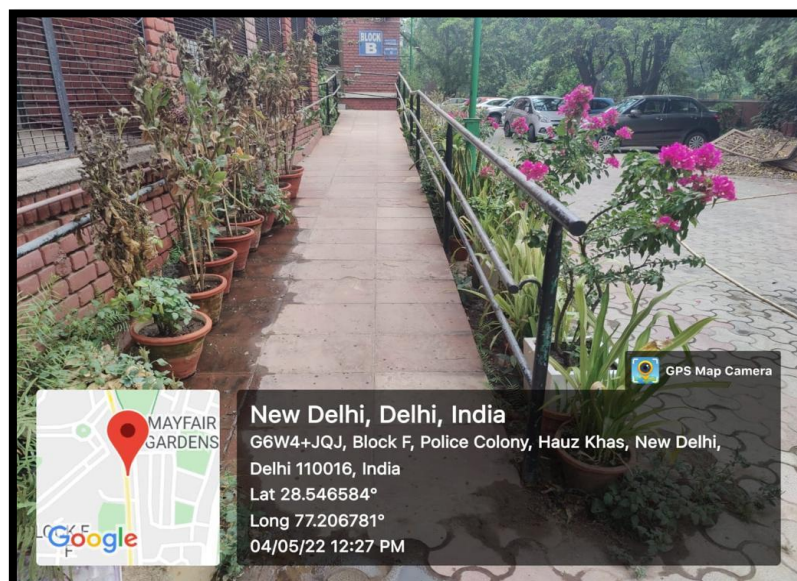
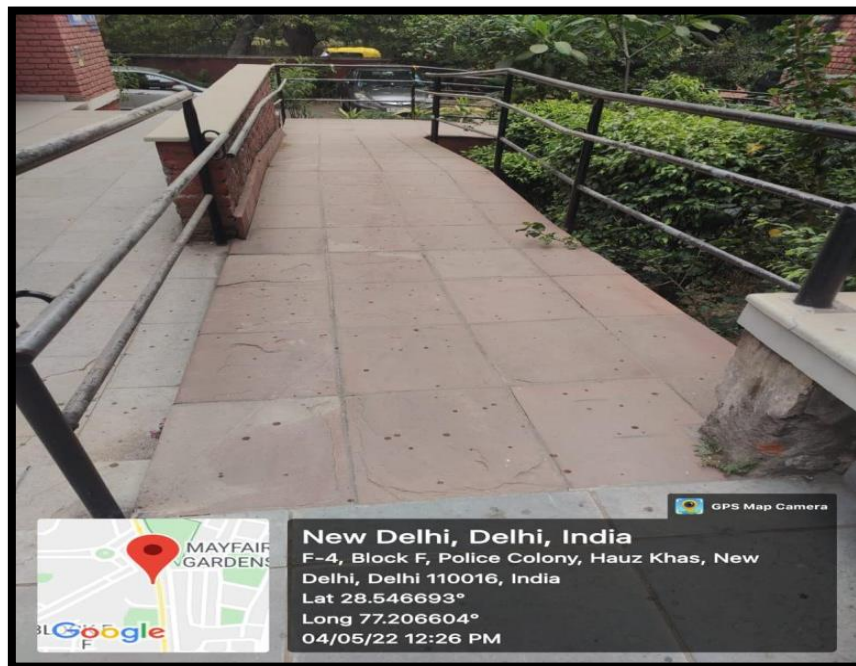
13. Administration Office

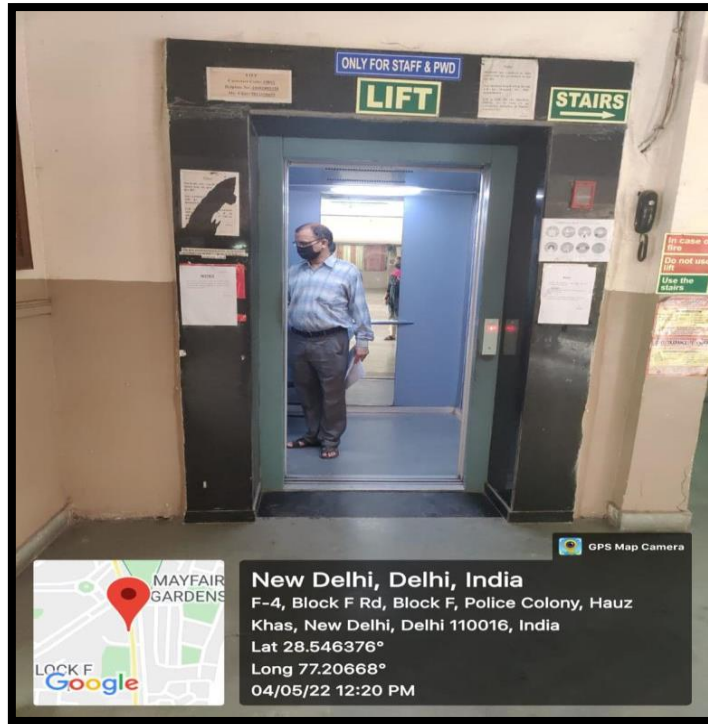


14. Accounts Office



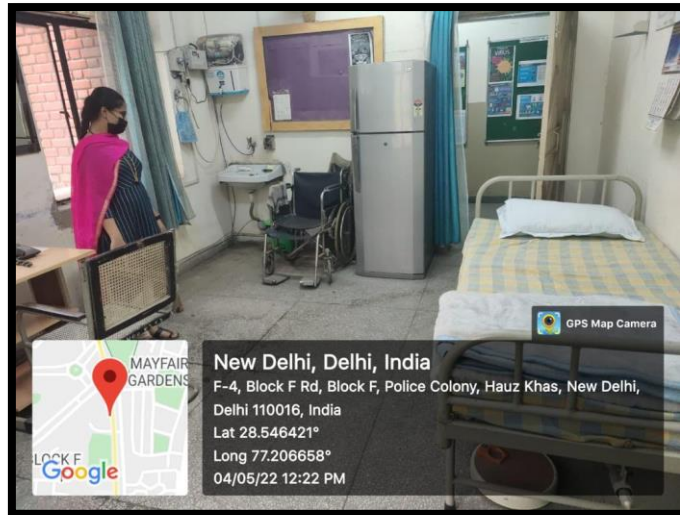
15. Facilities such as lifts, ramps etc.





16. Medical Room





17. ICT enabled Conference Room



18. Canteen





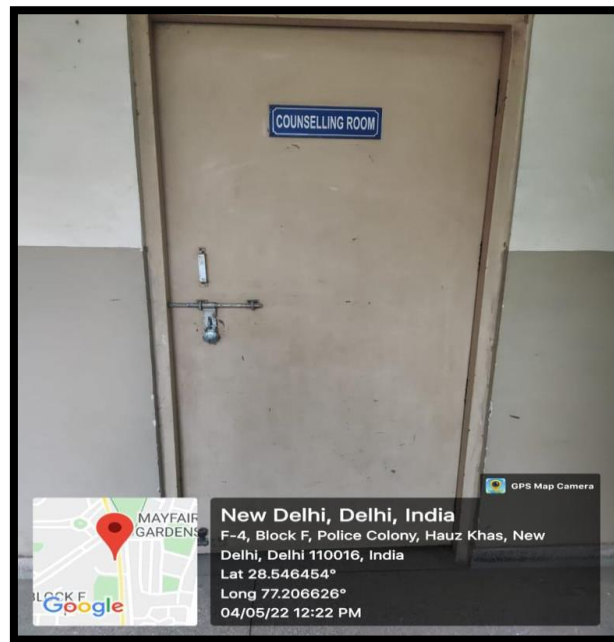
19. Girls Common Room



20. College Building and Facade



21. Counselling Room



22. IQAC Room





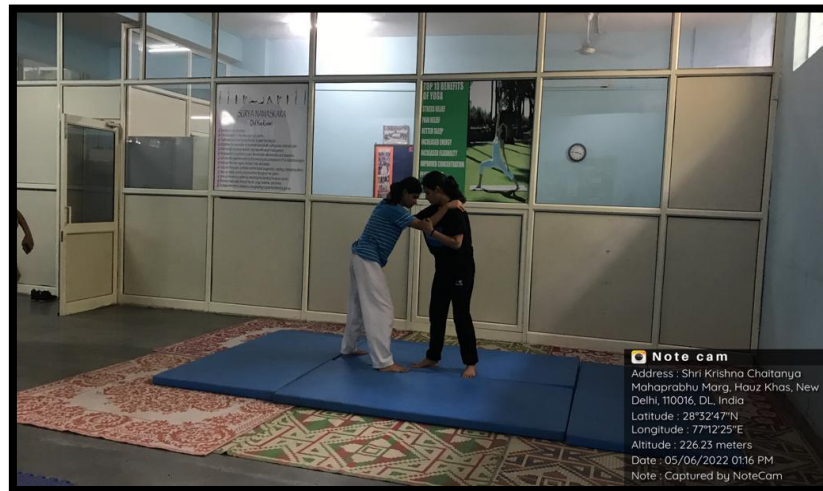
23. Basket-ball Court



24. Table Tennis Hall



25. Multipurpose Activity Hall



26. Air-conditioned Gymnasium





Arpita L. Kumar

WELFARE SCHEME FORMS
INSTITUTE OF HOME ECONOMICS
(University of Delhi)

LEAVE APPLICATION FORM

To be used for all types of leave

NAME : _____

DESIGNATION: _____

DEPARTMENT: _____

TYPE OF LEAVE	FROM	TO	TOTAL NO. OF DAYS	REMARKS
(a) Casual Leave				
(b) Earned Leave				
(c) Medical Leave				

Total Absence Required _____ Day(s) from _____ to _____

Purpose of Leave _____

Whether Leaving Station? (Yes / No) _____

Address while on Leave _____

Emergency Contact Number during leave _____

Date: _____

(Signature of Applicant)

REMARKS OF DEPARTMENT IN-CHARGE

1. Leave as requested above is recommended
2. Leave as requested above is not recommended on account of _____

Signature / Designation / Date

FOR USE IN ADMINISTRATION DEPARTMENT

Leave in Credit _____ Days; Leave Applied for _____ Days: Balance Leave as on Date _____ Days

Signature of S.O (Admn.)/ Dealing Asst.

REMARKS OF SANCTIONING AUTHORITY

1. Leave Sanctioned.
2. Leave not sanctioned on account of reason stated above.

Signature of Director, IHE

Institute of Home Economics
(University of Delhi)
F-4, Hauz Khas Enclave, New Delhi-110016

APPLICATION FOR ADVANCE FROM GPF/CPF ACCOUNT

1. Name of SubscriberDesignation
2. Basic Pay Rs.Allowance Rs. Total Emoluments.....
3. Amount of Salary received after all deductions for the preceding months of Rs.
4. Amount of Withdrawal/Loan required Rs.
5. Amount of Loan outstanding, if any Rs.
6. Amount of consolidated advance (Rs. No. 4+5) Rs.
7. Purpose for which advance required
8. Number of installments for re-payment
9. Documents attached for Withdrawal

Dated :

Signature of applicant
Full Name
(in Block letters)

(To be filled by the Accounts Section)

Detail of provident fund subscription

Balance of subscription as on 31.03.20.....

P.F Subscription up to

P.F. Loan recovered upto

May be sanctioned loan / withdrawal of Rs.

recoverable ininstallments Rs.

Last loan/withdrawal taken on

D/Asstt.

S.O. (A/c's)

A.O.

Bursar

Principal

Entered in P.F. Register Page No.

Entered in Salary Register Page No.

INSTITUTE OF HOME ECONOMICS
(University of Delhi)

Bill for LTC claim

(For use in the accounts Department)

A. Amount admissible as per rules Rs. _____

B. Amount of advance drawn Rs. _____

C. Balance amount payable to employee Rs. _____

Balance amount to be refunded by the employee

D. Debit head Leave-Travel Concession

Teaching/ Office/Library/Laboratory/Class IV Staff.

Dealing Assistant

S.O. Accts.

Bursar

Director

INSTITUTE OF HOME ECONOMICS
(University of Delhi)

CHILD CARE LEAVE FORM

Name of the Faculty:

Designation:

Department:

[illegible]

INSTITUTE OF HOME ECONOMICS
(UNIVERSITY OF DELHI)

PROFORMA FOR RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE/HOSTEL
SUBSIDY CLAIM FOR THE FINANCIAL YEAR:- 2020-21

I hereby apply for the reimbursement of Children Education Allowance for my child/children and relevant particulars are furnished below:-

1.	Name of the Employee	:	
2.	Designation	:	
3.	Office	:	
4.	Name of Spouse	:	
5.	If spouse is employed, state whether in Central Govt., PSU, State Govt. (Given details)	:	
6.	Designation, Office of Spouse	:	

7. Details of all the children of the employee as per Declaration:

Sr. No.	Sequence	Name	DOB	Age
1.	1st Child			
2.	2nd Child			
3.	3rd Child			

8. Details of all children for whom CEA/Hostel subsidy Claimed:

Sr. No.	Sequence	Name	DOB	Age
1				
2				

9. Academic year, Name of School/Residential School and Class in which children studied:

1st Child	2nd Child

10. Distance of Hostel of child from residence of employee (in case Hostel Subsidy is claimed)

11. Amount of CEA/Hostel Subsidy already received up to previous quarter:

12. The Academic year for which CEA/Hostel Subsidy is applied 2020-21.

13. (a) Whether the child for whom the CEA is applied for is a disabled child: YES/NO

(b) If yes, indicate the nature of disability:

(c) Date of Disability Certificate.

(d) Indicate of percentage of disability:

Contd.P/12

(2)

14. Whether the Bonafide certificate from Head of Institution has been attached: Yes/No.
15. For Hostel Subsidy, the Bonafide certificate mentioning the amount is attached: Yes/No
16. If Yes as Item No. 15, Amount claimed for Hostel Subsidy:.....
17. (a) Certified that the fee/amount indicate above had actually been paid by me.
(b) Certified that my wife/husband is/is not a Central Government Servant.
(c) Certified that my husband/wife Sh./Smt:.....is presently working as: in and that he/she shall not apply/has not applied for the Children Education Allowance for the child mentioned above.
(d) Certified that I or my wife/husband has not claimed this re-imbursement from any other source and will not claim the same in future.
18. Certified that my child in respect of whom reimbursement of Children Education Allowance is applied is studying in the School/Jr. College which is recognized and affiliated to Board of Education/University.
19. The information furnished above are complete and correct and I have not suppressed any relevant information. In the event of any change in the particulars given above which affect my eligibility for reimbursement of Children Education Allowance, I undertake to intimate the same promptly and also to refund excess payment if any made. Further, I am aware that if at any stage the information/documents furnished above is found to be false, I am liable for disciplinary action.

Signature:

Name:

Designation:

Department:

Date:

The family composition of the claimant has been verified from the official records and found correct.

D. Asstt.

S.O.(Admin)

A.O

For use of Accounts Section:

Sr. No.	Name of Staff	Designation	Name of Children	CEA Amount	Hostel subsidy Amount if any	Total

D. Asstt.

S.O. (Accounts)

A.O.

Director

BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL

This is to certify that Master/Baby/Mr./MissRoll no.....

Admission No Son/Daughter of Sh./Smt

..... is a bonafide students of this school and studied in

Class.....during the financial year and as per School

records his/her date of birth isin words

.....

This is to also certify that the above named child had studied in this school in the previous
academic year

He/She bears a good moral character.

This Institution/School is affiliated recognized by

and the affiliation/recognition Number is

Dated:

Place:

**Signature Head of the Institution/School
(with Stamp and seal)**

INSTITUTE OF HOME ECONOMICS

(UNIVERSITY OF DELHI)

HRA DECLARATION FORM

1. I, (Name)
..... (Designation and office) declare as under:-
2. That I reside in the house located at
.....
..... (Full postal address), which belongs to me / my spouse / children / father / mother (strike off whichever is inapplicable and if it belong to any one other than self give the name and address of the aforesaid relation to whom it belongs) and I do not pay rent to anybody. I have been living in this house continuously from(date)
3. (i). I am living in a rented house situated within municipal limits of
(Name of city/Town) and insuring some expenditure on rent/contributing towards rent.
(ii). The portion of accommodation in respect of which house rent Allowance is claimed has not been sub-let/has been sub-let and the monthly rent which is received is Rs _____ p.m.
4. I am living in a house situated within municipal limits of _____ (Name of city/Town) and owned by me/my wife/husband/children/father/mother/Hindu undivided family in which I am co-partner and pay /contributing towards house or property tax or maintenance of the house.
5. I certify that I am not sharing accommodation allotted to my parent (child) by the State/ Central Government, on autonomous public undertaking or semi- government organization such as municipality port etc. allotted rent free to another Government servant.
6. I certify that my husband/ wife/ children/ parents who is / are sharing accommodation with me are employees of the Central/ State Government / Autonomous public undertakings or Semi-Government organizations like municipality, port trust etc. is/ are not in receipt of house rent allowance from the Central/ State Government, autonomous public undertakings or Semi-Government organizations like municipality, port trust etc.
7. I am not living in government accommodation which has been allotted to another government servant.
8. I also certify that my wife/husband has not been allotted accommodation at the same station by the Central State Government organizations such as municipality, port trust etc.

Local Address _____

Dated _____

Signature: _____

Name: _____

Designation: _____

Institute of Home Economics
(University of Delhi)
F-4, Hauz Khas Enclave, New Delhi-110016

REIMBURSEMENT OF CLAIM OF BILL FOR LTC /HTC FOR THE BLOCK YEAR

1. Name of the employee _____ Basic Pay Rs. _____

2. Details of family for which the concession is claimed.

(i). Name of (dependent) (Family members)	(ii). Age	(iii). Relationship with the employee concerned.
1. _____ Self	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

3. Destination of availing H.T.C _____

4. Declared destination of visit for purpose of L.T.C _____

5. Total fare claimed Rs. _____ (details P.T.O. railway ticket no., cash receipts to be attached)

6. Certified that

(i) None of the above dependent members has income from any source, including pension exceeds Rs. 1500/- p.m.

(ii) Children getting stipend, Scholarship etc. in excess of Rs. 1500/- p.m. are not included in this claim form.

(iii) The spouse whose travel concession being claimed above is residing with me.

(iv) Declaration of family for the purpose of HTC/LTC has been brought on office record.

Dated _____

Signature of employee

CERTIFICATE TO BE GIVEN BY THE EMPLOYEE

1. I have not submitted any other claim so far HTC/LTC in respect of myself or my family members/ the block of two year/four year 20_____ and 20_____

2. The Journey has been performed by me/my husband/wife children to the declared "Home-Town" viz _____/declared destination of visit (LTC) viz _____

*3. That my husband/wife is employed in Government /University Service. The concession allowed has not been availed of & will not referred for any calim in this behalf t his/her employee, by him/her separately for himself/herself for the concerned block of 2/4 years. (A certificate from the employer of husband/wife to this effect to be submitted alongwith this claim.

*(_____ (Name of Office/Organization)

Dated _____

Signature of employee

CERTIFICATE TO BE GIVEN BY THE EMPLOYER

1. Certified that shri/smt./Kumari _____ has rendered continuous service for one year or more on the date of commencing the outward Journey. He/She is likely to continue to serve the College for a period of 4 years from the date of his joining /resuming duty after having availed this concession.
2. Date of last HTC availed _____
3. Date of last L.T.C availed _____
4. That necessary entries as required have been made in the service book of the employee and information supplied by him/her have been verified from office record.
5. The dependent have been checked and verified as per rules.

Dealing Asstt.

S.O. (Admn.)/S.P.A.

Signature of Director

Date _____

FOR USE IN ACCOUNTS DEPARTMENT

Passed for Rs. _____ (Rupees _____)
Dabit LTC/HTC Account.

S.O. (A/C's)

A.O.

Bursar

Director

Details of Journey Performed						
S.No	Date of Travel	From	To	Ticket No.	Class	Fare Paid

Passed for Rs. _____ (Rupees _____)

Signature of Dealing Asstt.

I certify that I alongwith my family travelled from Delhi/New Delhi to _____ and back, as per details above & it may be reimburse to me.

Date _____

Signature _____

Name _____

गृह अर्थशास्त्र संस्थान/Institute of Home Economics

(दिल्ली विश्वविद्यालय/University of Delhi)

एल.टी.सी.(भारत में कहीं भी)/एच.टी.सी.(गृह नगर) का लाभ लेने हेतु आवेदन पत्र/APPLICATION FOR
AVAILING L.T.C. (Anywhere in India) / H.T.C (Home Town)

1. कर्मचारी का नाम: श्री/सुश्री/श्रीमती/Name of the Employee: Mr./ Ms./Mrs.

2. पदनाम/Designation:_____

3. विभाग/Department: _____

4. संपर्क/Contact No. :_____

5. ई-मेल पता/E-Mail address:_____

6. कर्मचारी की स्थिति/Employee status: परीक्षा/Probation / स्थायी/Permanent:

7. क्या कर्मचारी ने केंद्रीय सरकारी सेवा में आठ वर्ष पूरे कर लिए हैं/ Whether the employee completed eight years of service in Central Government? हां/Yes/ नहीं/No:_____

8. केंद्रीय सरकारी सेवा में प्रवेश की तिथि/Date of entering the Central Government service:

9. कर्मचारी का गृह नगर/Home Town of the employee:_____

10. यात्रा का स्थान/Place of visit: _____

11. यात्रा स्थान के नजदीकी रेलवे स्टेशन का नाम/Nearest Railway Station to the place of visit:

12. आगे की यात्रा के लिए प्रस्तावित तिथि/Proposed date for onward journey:

वापसी यात्रा की प्रस्तावित तिथि/Proposed date for return journey:

13. क्या आपके पति/आपकी पत्नी नौकरी में हैं/Whether your husband / wife is employed?

हां/Yes/नहीं/No:_____

& यदि हां, तो क्या अपने कार्यालय में एल.टी.सी./एच.टी.सी. के लिए हकदार हैं/if yes, whether entitled for L.T.C. /HTC in his / her Office? हां/Yes/नहीं/No:_____

14. क्या गृह नगर की यात्रा हेतु छूट का लाभ लिया जाना है/Whether the concession is to be availed for visiting home town हां/Yes / नहीं/No: _____

एवं ऐसा है, तो जिस ब्लॉक/कैलेंडर वर्ष के लिए एच.टी.सी. का लाभ लिया जा रहा है/&if so, Block /CalendarYear for which H.T.C. being availed? ब्लॉक/कैलेंडर वर्ष/Block /Calendar Year:_____

15. “भारत में कहीं” यात्रा करने के लिए यदि छूट है, तो यात्रा किए जाने वाले स्थान का नाम/ If the concession is to visit “Anywhere in India”, name the place to be visited: _____

और, ब्लॉक/कैलेंडर वर्ष जिसके लिए एल.टी.सी. का लाभ लिया जाना है/And,Block /Calendar Year for which L.T.C. is to be availed? ब्लॉक/ कैलेंडर वर्ष/Block /Calendar Year _____

16. क्या बढ़ाई गई अवधि पर छूट का लाभ लिया जा रहा है/Whether availing the concession on extended period (हां/Yes/नहीं/No): _____

17. क्या एच.टी.सी. से एल.टी.सी कनवर्जन के लिए दावा किया जा रहा है/Whether claiming conversion of HTC to LTC (Yes/No): _____

यदि हां/If yes, यात्रा स्थान/Place of visit: _____ यात्रा की अवधि/Period of visit: _____

18. लाभ ली गई पिछली एल.टी.सी./एच.टी.सी. का विवरण/Details of the last LTC/HTC availed:

एल.टी.सी: ब्लॉक/कैलेंडर वर्ष/LTC: Block/Calendar year: _____ यात्रा का स्थान/Place of visit: _____ यात्रा की अवधि/Period of visit: _____

एच.टी.सी. ब्लॉक/कैलेंडर वर्ष/HTC: Block/Calendar year: _____ यात्रा का स्थान/Place of visit: _____ यात्रा की अवधि /Period of visit: _____

19. एल.टी.सी.में परिवर्तित की गई पिछली एच.टी.सी. का विवरण/Details of last HTC converted to LTC:

ब्लॉक/कैलेंडर वर्ष/Block/Calendar year: _____ यात्रा का स्थान/Place of visit: _____ यात्रा की अवधि/Period of visit: _____

20. इस यात्रा के लिए ली जा रही छुट्टी का स्वरूप/Nature of leave availing for this travel _____

21. तारीख से ली जा रही छुट्टी/Leave availing from _____ तक/to _____

22. क्या छुट्टी नकदीकरण के लिए दावा किया जा रहा है/Whether claiming leave encashment (हां/Yes/नहीं/No): _____

22. व्यक्ति विवरण जिनके संबंध में एल.टी.सी./एच.टी.सी. लिया जाना प्रस्तावित है/Persons in respect of whom LTC/HTC is proposed to be availed:-

क्र.सं./Sl. No	नाम/Name	आयु/Age	संबंध/Relationship
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22. भारत सरकार के नियमानुसार, क्या पारिवारिक सदस्यों, जिनके लिए एल.टी.सी./एच.टी.सी. का लाभ लिया जा रहा है, उन्हें आश्रित घोषित किया गया है/Whether the family members for which LTC/HTC is being availed are declared as your dependant, as per Government of India rules?

(हां/Yes/नहीं/No): _____

23. क्या यात्रा हेतु अग्रिम राशि का दावा किया जा रहा है/Whether claiming advance for the journey?

(हां/Yes/नहीं/No):

24. घोषणा/Declaration:

- मैं घोषणा करता/करती हूँ कि ऊपर भरे गए विवरण मेरी जानकारी के अनुसार सत्य एवं सही हैं/ I declare that the particulars furnished above are true and correct to the best of my knowledge.
- मैं वचन देता/देती हूँ कि यात्रा रद्द होने की दशा में कार्यालय को शीघ्र लिखित सूचना दे दी जाएगी/ I undertake that in the event of cancellation of the journey, the same will be intimated in writing to the Office immediately.
- बाहर की यात्रा के लिए अग्रिम की प्राप्ति के 10 दिनों के भीतर टिकट प्रस्तुत करने का मैं वचन देता/देती हूँ/ I undertake to produce the tickets for the outward journey within ten days of receipt of the advance.
- यात्रा रद्द होने की दशा में अथवा यदि मैं अग्रिम की प्राप्ति के 10 दिनों के भीतर टिकट प्रस्तुत करने में असमर्थ होता/होती हूँ, तो यात्रा रद्द होने के उपरांत, शीघ्र ही पूर्ण अग्रिम राशि की एकमुश्त वापसी करने का वचन देता/देती हूँ/In the event of cancellation of the journey or if I fail to produce the tickets within 10 days of the receipt of the advance, I undertake to refund the entire advance in one lumpsum, immediately after cancellation of the travel.

दिनांक:

Dated:

(आवेदक के हस्ताक्षर/Signature of the applicant):

(आवेदक का नाम/Name of the applicant): _____

Sr. No.		Paste your Photo here		
Institute of Home Economics (University of Delhi) F-4, Hauz Khas Enclave, New Delhi-110016				
Identity Card for Medical Treatment in the Approved Hospitals				
Forms should be filled in CAPITAL Letters only				
Sl. No.	Particulars			
1	Name of the Employee			
2	Father's Name/Husband's Name			
3	Department			
4	Designation			
5	Blood Group			
6	Employee ID No.			
7	Pay Band & Grade Pay/Basic Pay (Pay Scale)			
Details of Family Members as per CS (MA) Rules				
Sl. No.	Name of the Person	Relationship with the Employee	Date of Birth	Remarks
1				
2				
3				
4				
5				
6				
8	Date of Birth			
9	Date of Initial Appointment			
10	Date of Retirement			
11	Residential Address (as in Service Book)			
12	Contact No. (at least two nos.)			
13	Health Centre Book No. (if any) In case of Health Centre Members			

Verified by:

(Signature of the Employee)
Name:

UNIVERSITY OF DELHI

Name of Deptt./Section _____

FORM OF THE APPLICATION FOR CLAIMING REFUND OF MEDICAL EXPENSES INCURRED IN CONNECTION WITH MEDICAL ATTENDANCE AND / OR TREATMENT OF UNIVERSITY EMPLOYEES AND THEIR FAMILIES

N.B. : *Separate Form should be used for each Patient.*

1. Name and Designation of the Employee :
(IN BLOCK Letters)
(i) Whether married or unmarried.
(ii) If married, the place where wife/husband of the employee is employed (where applicable)
(In case employed, a Joint declaration duly countersigned by the wife's/husband's employer may be furnished) at the time of first bill during each financial year.

2. Where Employed :

3. Pay of the University/College, Employee and any other emoluments, which should be shown separately :

4. Place of Duty :

5. Actual Residential Address :

6. Name of the Patient and his/her relationship to the University/College employee.

N.B - In the case of children, state age also

7. Place at which the patient fell ill :

8. Whether member of W.U.S. Health Centre or Not

9. Details of the amount claimed :

I. MEDICAL ATTENDANCE :

- (i) Fees for the consultation, including :

- (a) the name, qualifications and designation of the medical officer consulted and the hospital or dispensary to which attached.
- (b) the number and dates of consultations and the fee paid for each consultation.
- (c) the number and dates of injections and the fee paid for each injection.
- (d) whether consultations and / or injections were had at the hospital in the consulting room of the medical officer or at the residence of the patient.

(ii) Charges for pathological, bacteriological, radiological or other similar tests undertaken during diagnosis indicating :

- (a) The name of the hospital or laboratory where undertaken, and
- (b) Whether the test were undertaken on the advice of the authorised medical attendant. If so, a certificate to that effect should be attached.

(iii) Cost of medicines, purchased from the market. (list of medicines, cash memos, and the essential certificates should be attached).

II HOSPITAL TREATMENT :

Name of the Hospital :

Charges for hospital treatment, indicating separately the charges for :

- (i) Accommodation :
(State whether it was according to the status or pay of the employee and in cases where the accommodation is higher than the status of the employee. A certificate should be attached to the effect that the accommodation to which he was entitled was not available.)
- (ii) Diet :
- (iii) Surgical operation or medical treatment on confinement :
- (iv) Pathological, bacteriological, radiological or other similar tests, indicating :
 - (a) the name of the hospital or laboratory where undertaken, and
 - (b) whether the tests were undertaken on the advice of the authorised medical attendant. If so, a certificate to that effect should be attached.
- (v) Medicines :
- (vi) Special medicines :
(List of medicines, cash memos, and the essential certificates should be attached).
- (vii) Ordinary nursing :
- (viii) Special nursing, i.e. nurses specially engaged for the patient. State whether they were employed on the advice of the medical officer-in-charge of the case at the hospital or at the request of the employee or patient. In the former case a certificate from the medical officer-in-charge of the case and countersigned by the Medical Superintendent of the hospital should be attached.

Note : All tests should be undertaken at Govt. Hospital/Dispensaries. (In the case of O.P.D. treatment).

(ix) *Ambulance charges :
(State the journey, to and from undertaken)

(x) Any other charges, e.g., charges for electric light, fan, heater, air conditioning etc. State also whether the facilities referred to are a part of the facilities normally provided to all patients and no choice was left to the patient.

Note :-

1. If the treatment was received by the employee at his residence, give particulars of such treatment and attach a certificate from the authorised medical attendant as required by these rules.
2. If the treatment was received at hospital other than a Government hospital, necessary details and the certificate of the authorised medical attendant that this requisite treatment was not available in any nearest Government hospital should be furnished.

III CONSULTATION WITH SPECIALIST :

Fees paid to a Specialist or Medical Officer other than the authorised medical attendant, indicating:

- (a) The name and designation of the Specialist or Medical Officer consulted and the hospital to which attached.
- (b) Number and dates of consultations and the fee charged for each consultation.
- (c) Whether consultation was had at the hospital, at the consulting room of the specialist or Medical Officer or at the residence of the patient.
- (d) Whether the Specialist or Medical Officer was consulted on the advice of the authorised medical attendant and the prior approval of the Chief Administrative Medical Officer of the State was obtained. If so, a certificate to that effect should be attached.

10. Total amount claimed :

11. List of enclosure :

* In case ambulance is not available a taxi is used in lieu thereof then please produce a certificate from the hospital to this effect that the conveyance was essential for the patient.

DECLARATION TO BE SIGNED BY THE UNIVERSITY/COLLEGE EMPLOYEES

I hereby declare that statements in this application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is residing with me and wholly dependent upon me and his/her income is less than Rs. 500/- p.m.. from all sources.

(PRE-RECEIPTED)

Date.....200

Signature of the University Employee and
Officer to which attached.

- (1) Amount does not exceed to Rs. 500/- during this financial year.
- (2) 5% empties of the used medicines as wrappers, vials bottles are enclosed for verification and destruction.
- (3) All the empties, as wrappers, vials bottles are enclosed for verification and destruction as the amount has exceeded Rs. 1000/- during the financial year.
- (4) Entry of this Medical Bill is made at Page No.....
Sr. No of Medical Bill Register.

Signature of the Controlling Authority
with Office Seal.

(To be filled in by the Finance Branch-III)

Pay to.....

DEBIT ACCOUNT : Maintenance Grant A/c No. 1

Passed for Rs.....(Rupees).....

Debit Head : sec. 15-B/Medical Reimbursement

Asth./S.O./J.F.O.

Paid Vide Cheque No.....

Date :

Cheque Signing Officer

UNIVERSITY OF DELHI

CERTIFICATE 'A'

Certificate granted to Mr./Mrs./Miss.....
 Wife/ Son/ Daughter/Father/Mother of Mr.....
 Employed in the.....

I, Dr.....hereby certify

(a) that I charged and received Rs.for.....

Consultation/s on.....date(s) to be given at my consulting room
 the residence of the patient

(b) that I charged received Rs.For administering
 intra muscular injections or subcutaneous

onat my consulting room
 (dates to be given) the residence of patient

(c) that the injections administered were
were not for immunising or prophylactic purposes.

(d) that the patient has been under treatment at.....hospital
my consulting room

and that the undermentioned medicines prescribed by me in this connection were essential for the recovery /
 prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the

.....
 (Name of the Hospital)

for supply to private patients and do not include proprietary preparations for which cheaper substances of equal
 therapeutic value are valuable nor preparations which are primarily foods, toilets or disinfectants.

<i>Name of Medicines</i> (in Block Letters)	<i>Price</i>
1.
2.
3.
4.
5.
6.

(e) that the patient is/was suffering from.....and is/was under my treatment
 fromto.....

(f) that the patient is/was not given pre-natal or post-natal treatment.

(g) that the X-Ray, laboratory test, etc. for which an expenditure of Rs.....was
 incurred were necessary and were undertaken on my advice at.....

(Name of Hospital or Laboratory)

(h) that I referred the patient to Dr.for specialist consultation
 and that the necessary approval of the

(Name of the Chief Adm. Medical Officer of the State)

as required under the rules was obtained.

(i) that the patient did not require hospitalisation.
required

.....
Signature & Designation of the
Medical Officer and Hospital/Dispensary
to which attached

Dated.....

N.B. - Certificates not applicable should be struck off. Certificate (e) is compulsory and must be filled in by the
 Medical Officer in all cases.

Institute of Home Economics
(University of Delhi)
CERTIFICATE 'B'

Certificate granted to Mrs./Mr./Miss..... Wife/Son/
Daughter of Mr. /Mrs. employed in the Institute of
HomeEconomics, New Delhi-110016.

PART 'A'

I, Dr hereby certify:-

(a) that the patient was admitted to hospital on the advice of

.....

(Name of the Medical Officer)

on my advice

(b) that the patient has been under treatment at and the under
mentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious
deterioration in the condition of the patient. The medicines are not stocked in the

..... (Name of the Hospital)

For supply to private patients and do not include preparations for which cheaper substances of equal
therapeutic value are available nor preparations which are primarily food, toilets or disinfectants.

Name of Medicines	Price
1.
....
2.
....
3.
....
4.
....
5.
....
6.
.....

.....(c) that the injections administered were for/were not immunizing or prophylactic purpose;

(d) that the patient is/was suffering from..... and is/was under my treatment
from to

(e) that the X-ray laboratory tests, etc., for which an expenditure of Rs was incurred
were necessary and were undertaken on my advice at
.....

(Name of Hospital or Laboratory)

(f) that I called on Dr for specialist consultation and
that the necessary approval of the
.....

(Name of the Chief Administrative Medical Officer of the State)

.....as required
under the rules was obtained.

.....
.....Signature and
Designation of The Medical
Officer In-charge of the case
at the Hospital

PART 'B'

I certified that the patient has been under treatment at the
.....
.....hospital and that the service of the special nurses for which an
expenditure of Rs. was incurred, vide bills and
receipts attached, were essential for the recovery/ prevention of serious deterioration in the condition of the
patient.

.....
.....Signature of
the Medical Officer In-
charge of the Case at the
hospital

COUNTERSIGNED

Medical Superintendent
_____Hospital

I, certified that the patient has been under treatment at the hospital and that the facilities provided were the minimum
which were essential for the patient's treatment.

Place _____

Medical Superintendent
_____Hospital

N.B. :- Certificate not applicable should be struck off. Certificate (d) is compulsory and must be filled in by the
Medical Officer in all cases.

INSTITUTE OF HOME ECONOMICS
(University of Delhi)

APPLICATION FORM FOR STUDY LEAVE

1. Name of Applicant	_____
2. Present designation	_____
3. College in which working	_____
4. a) Date of first appointment	_____
b) Date of appointment from which she is continuously serving in the college	_____
c) Date of confirmation	_____
d) Date of promotion to the present post	_____
5. Educational Qualification	_____
6. a) Married/Unmarried	_____
b) No. Of dependents (state nature of relation- Ship in each caser.)	_____
7. Present Pay	_____
8. a) Period for which leave is required.	_____
b) Approximate date of availing of the leave, if granted	_____
9.	_____
b) Approximate date of availing of the leave, if granted	_____
c) With maintenance allowance	_____
d) Without pay and without maintenance allowance	_____
10. Universiy/Institution Proposed to join	_____
a) State	_____
B) Country	_____
(c) N.B:- (Enclose copy of letter (s) relating to the offer of admission)	_____
11. Purpose for which leave is Required, viz, whether for higher studios of research Work	_____
C) Subject or branch of study which is proposed to be studied	_____
12. a) The nature and the amount of any scholarship, Fellowship or other financial aid, including travel grant if any, obtained or promised. (enclose copy of the relevant document (s) (It shall be the duty of the persons granted study leave to communicate to the college immediately and financial aid, sctually offered and recieved by him/her during him/her leave from any persons or institutions whatsoover). b) If the scholarship Fellowship or Financial assistance has ben bought Or obtained direct from a foreign Mission/Foundation/Government/Organi- sation, it may be stated as to whether the approval of the Government of India has been obtained for its acceptance.	_____
13. Whether study leave was granted previously, if so the conditions of grant and the period for the same, with other details may be indicated.	_____

14. Whether willing to execute a bondfor
serving the College or return for a
period as may be asked for by the
college.

Date_____

Signature of the applicant

TO BE FILLED IN BY THE COLLEGE OFFICE

TO BE FILLED IN BY THE COLLEGE OFFICE.

College	** Names of teachers Already on Study Leave (with or with- out pay) and on Extra- ordinary leave.	Total no. of Per- menent teachers in the College	Probable Date of Rejoining of the teachers Already on Study Leave Extra-or- dinary Leave.	Proposal Regar- ding Teaching arrang- ment if leave Recomm- ended	Whether the university Head of the Dept. concerned nod has approved of the Field of Advanced Studies For Study leave is sought and has reco- mmended study Leave taking into Account other relevant matter
---------	--	---	---	---	---

Recommendations of the Principal of the College with Endorsement of
Statement made under (a) and (B)

Date _____

SIGNATURE OF THE PRINCIPAL

RECOMMENDATIONS OF THE HEAD OF THE DEPARTMENT

Date_____

SIGNATUTE OF THE PRINCIPAL

* Strike off that which is not relevant and initial.
** In order to determine the limit of 10% of the total no. of permanent
Teachers who could be on Study leave, teachers on study leave withOr
without pay should be concerned.
*** The College should obtained the recommendation of the University Head of
the department concerned before forwarding the application.

IHE Delhi

WELFARE SCHEME PROOFS

Institute of Home Economics
(University Of Delhi)

SALARY SUMMARY - DEPT WISE (Teng-NPS)

Month : October

Year : 2020

Printed On : 26-10-2020

S.No.	Pf No.	Employee Name	Earning Head						Deduction Head					Total	Net Salary	Remarks
			Basic	DA	HRA	TPT	DA	C.E.A.	Total	NPS	GIS	WF	TDS			
1	418		156900	26673	37656	7200	1224	0	229653	18357	800	50	45000	64207	165446	
2	482	ASHIMA VOHRA	152300	25891	36552	7200	1224	54000	277167	17819	800	50	45000	63669	213498	Reimbursement of CEA F.Y. 2019-20
3	481	BANI TAMBER AERI	95400	16218	22896	0	0	54000	188514	11162	800	50	20000	32012	156502	Reimbursement of CEA F.Y. 2019-20
4	468	JYOTI AGGARWAL	152300	25891	36552	7200	1224	54000	277167	17819	800	50	40000	58669	218498	Reimbursement of CEA F.Y. 2019-20

INSTITUTE OF HOME ECONOMICS
(University of Delhi)
PROVIDENT FUND CALCULATION FOR THE YEAR 2020-21

	Deposits	Advance/ withdrawal	Refund of Advance	Monthly Balance on which interest is calculated		Rate of Interest	Interest
	Rs.	Rs.	Rs.	Rs.			Rs.
Opening Balance as on 01.4.2020	7,816,634						
Apr-20	100,000			7,916,634		7.10%	
May-20	35,000			7,951,634		7.10%	
Jun-20	35,000			7,986,634		7.10%	
Jul-20	35,000			8,021,634		7.10%	
Aug-20	35,000			8,056,634		7.10%	
Sep-20	35,000			8,091,634		7.10%	
Oct-20	35,000			8,126,634		7.10%	
Nov-20	35,000			8,161,634		7.10%	
Dec-20	35,000			8,196,634		7.10%	
Jan-21	35,000			8,231,634		7.10%	
Feb-21	21,000			8,252,634		7.10%	
Mar-21	21,000			8,273,634		7.10%	
Total	8,273,634	-	-	97,267,608	-		575,500

Opening Balance	7,816,634
Add: Deposits	457,000
Less: Advance/Withdrawal	-
Add: Refund of Advance	-
Total	8,273,634
Add Interest (2020-21)	575,500
Closing Balance 31.03.21	8,849,134
Adv. Outstanding 31.03.21	

S.O (A/c's)

Bursar

Director

8842
02/03/22
04/03/22

LIFE INSURANCE CORPORATION OF INDIA
P&GS DEPARTMENT, DELHI DO I
6TH & 7TH FLOOR
JEEVAN PRAKASH
25 K G MARG
NEW DELHI - 110001

6/5

Ref : PNGS/U120107/331274/827

Date: 07/02/2022

INSTIT OF HOME ECONOMICS
F-4, HAUZ KHAZ ENCLAVE,
DELHI UNIVERSITY
NEW DELHI
DELHI
110016

Dear Sir / Madam

Reg : MATURITY Claim under Master policy no 331274 .

We are forwarding cheque no _____ /crediting to your Bank
Acc No. 65270943260 of STATE BANK OF INDIA.
IFSC Code : SBIN0050226


The amounts are as per particulars listed below

LIC ID Emp Name	EMP NO	LCSA	SV/Mat/Wthd	REFUND	OTH AMT TC
14 14		0	379217.00	.00	.00 37
46 46		0	136679.00	.00	.00 13
79 79		0	67204.00	.00	.00 6

TOTALS: LCSA : 0 SV/Mat/Withd : 583100 Refnd : 0 Other: 0 Total: 583100

Yours Faithful

Manager (PNG)

Accts


Payment Voucher

359

Dated : 30-Dec-2017

Particulars	Amount
Account : Gratuity Payable	7,60,962.00

Through :

SBP A/c - Salary - 2844

On Account of :

Being gratuity paid to [redacted] who retired from the service on 31.10.17 vide
chq. no. 910966

Bank Transaction Details:

Yourself-Mr. Jagat Singh

Cheque 910966 30-Dec-2017 7,60,962.00

Amount (in words) :

INR Seven Lakh Sixty Thousand Nine Hundred Sixty Two Only

₹ 7,60,962.00

Receiver's Signature:

Authorised Signatory

Institute of Home Economics
(University of Delhi)

22.12.2017

OFFICE NOTE

Mr. Jagat Singh, Office Attendant retired from the services of the Institute w.e.f. 31.10.2017. Office Attendant has rendered 36 years 6 months of qualifying Service. Rate of retirement gratuity is $\frac{1}{4}$ (as per CCS rules) of the emoluments last drawn for each completed Six monthly period of qualifying service subject to maximum $16\frac{1}{2}$ times of emoluments or 10 Lac whichever is less, & as per PG Act 1972, be paid whichever is beneficial to the employee is as follows:-

As per CCS Rules:-

The average emoluments for gratuity = $(12720 + 2400) = 15120$

D.A. 139%

= Rs. 21017

Total Rs. 36137

$16\frac{1}{2}$ times of emoluments comes to Rs. 596261/-

As per PG Act:-

$36137 \times 15 \times 36\frac{1}{2}$

= 760962/-

26

Rs. 760962/- may be approved to make the payments to Mr. Jagat Singh, Office Attendant as service -cum-Retirement Gratuity as per PG Act 1972 on retirement. Submitted for further checking & Verification.

Sanctioned

Rs. 760962/-

22/12/17

22/12/17

IHE SALARY A/C (2020-21)
Institute of Home Economics
(University of Delhi)
F-4, Hauz Khas Enclave,
New Delhi-110016

Payment Voucher

No. 297

Dated 8-Feb-2021

Particulars	Amount
Account : Medical Reimbursement	4,33,980.00

Through :

RBI A/c No. 10671301001

On Account of :

Being medical bills reimbursed to staff through RBI A/c

Bank Transaction Details:

Medical Reimbursement

Others BP-2020-21-152 2-Feb-2021 4,33,980.00

Amount (In words) :

INR Four Lakh Thirty Three Thousand Nine Hundred Eighty Only

₹ 4,33,980.00

Receiver's Signature:

Authorised Signatory

**Institute of Home Economics
(University of Delhi)**

me Economics

Respected Madam,

Kindly give permission to transfer the Medical Bill amunting Rs. 433980/- to the below mentioned employees.

S.No.	Accounts No.	Amounts
1	65270959361 ✓	₹ 37431
2	65270960149 ✓	₹ 1031
3	65270959928 ✓	₹ 3705
4	65270959666 ✓	₹ 1726
5	65270960105 ✓	₹ 2688
6	65270959688 ✓	₹ 6743
7	65011331039 ✓	₹ 71288
8	65270959995 ✓	₹ 3497
9	65025865770 ✓	₹ 7695
10	65011333398 ✓	₹ 7797
11	65270960014 ✓	₹ 18161
12	65270959587 ✓	₹ 47639
13	37272299889 ✓	₹ 5745
14	65270959521 ✓	₹ 4559
15	65270959893 ✓	₹ 6328
16	65027822495 ✓	₹ 8849
17	65270960081 ✓	₹ 5249
18	65011333138 ✓	₹ 3081
19	55139394205 ✓	₹ 22557
20	65024916159 ✓	₹ 46630
21	65023599355 ✓	₹ 2451
22	65270959383 ✓	₹ 32123
23	65270959441 ✓	₹ 32429
24	37107325277 ✓	₹ 23548
25	65270959214 ✓	₹ 21546
26	65270959804 ✓	₹ 9484
TOTAL		433980

Sanctioned payment





IHE SALARY A/C (2020-21)
Institute of Home Economics
(University of Delhi)
F-4, Hauz Khas Enclave
New Delhi-110016

Payment Voucher

202

Dated 2-Nov-2020

Particulars	Amount
Account :	
Pay and Allowance Office	64,554.00
Network Computer Salary	40,000.00
Pay and Allowance Class IV	60,280.00

Through :

SBI Salary A/c 6527094260 1,59,836.00
SBI Salary A/c 6527094260 4,998.00

On Account of :

Being salary of contractual staff paid for the month of Oct. 2020 vide chq no. 600067 & 068

Bank Transaction Details:

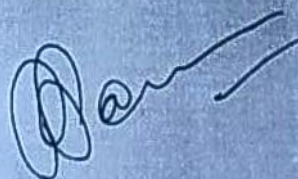
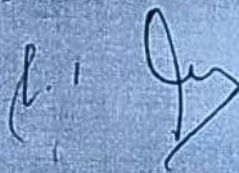
Yourself-Contractual Staff Salary
Cheque 600067 2-Nov-2020 1,59,836.00
SBI Income Tax
Cheque 600068 2-Nov-2020 4,998.00

Amount (in words) :

INR One Lakh Sixty Four Thousand Eight Hundred Thirty Four Only

₹ 1,64,834.00

Receiver's Signature



Authorized Signatory

INSTITUTE OF HOME ECONOMICS (UNIVERSITY OF DELHI)						
29.10.2020						
Contractual Staff Salary for the month of October, 2020						
S.No.	Name	Designation	Amount	Days	Salary Payable	Income Tax
OFFICE						
1		Nurse	27522	30	26634	1998
2		Driver	18960	31	18960	-
3		Jr. Assistant	18960	31	18960	-
		Total			64554	1998
Computer Networking						
4		System Network & Administrator	40000	31	40000	3000
		Total			40000	3000
MTS						
5		Office Attendant	15070	31	15070	-
6		Office Attendant	15070	31	15070	-
7		Office Attendant	15070	31	15070	-
8		Library Attendant	15070	31	15070	-
		Total			60280	0
		Grand Total			164834	4998
						159836


Director

Payment Voucher

296

Dated 2-Feb-2021

Particulars	Amount
Account: LTC Office	11,812.00

Through :

RBI A/c No. 10671301001

On Account of :

Being LTC paid for visiting to Mumbai through RBI A/c.
Bank Transaction Details:

Mrs. Kavita Tripathi

Others BP-2020-21-149 2-Feb-2021 11,812.00

Amount (in words) :

INR Eleven Thousand Eight Hundred Twelve Only

₹ 11,812.00

Receiver's Signature:

Authorised Signatory

211 / RAB / 10-11 / 0011

For use in the Accounts Department

Bill for LTC Claim

FOR USE IN THE ACCOUNTS DEPARTMENT

- A. Amount admissible as per rules Rs. 11812/-
- B. Amount of advance drawn Rs. Nil
- C. Balance amount payable to employee Rs. Nil
- D. Balance amount to be refunded by the employee —
- E. Total amount Payable 11812/-

Teaching/Office/Library/Laboratory/Class IV Staff

Please submitted for further checking and verification


S.O. (Accts)

Bursar


Director

INSTITUTE OF HOME ECONOMICS

Department of Physiology and Promotive health.

Organises

COVID-TESTING CAMP

Date: 20th November 2020

Brief Report:

In the amid of rising pandemic, Department of Physiology and Promotive Health took necessary steps to help create awareness and check if the staff of the organization were negative to Covid-19 Virus.

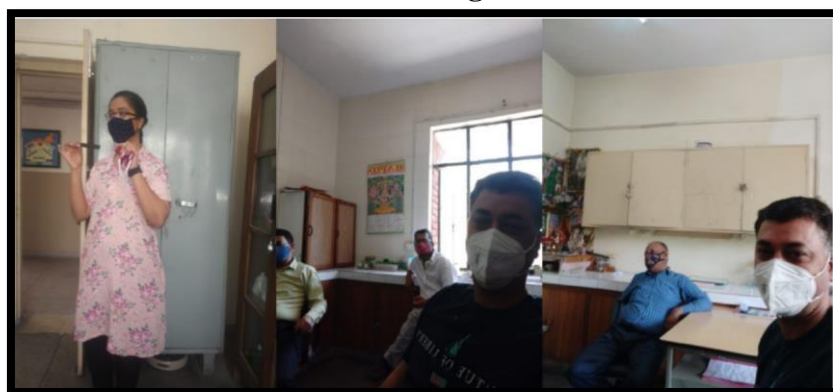
The following steps were taken:

- A Covid testing camp was conducted on 20th November 2020, testing 86 staff members out of which 5 were tested positive.
- A second Covid testing camp was conducted on 1st February 2021, testing 157 staff members out of which none were found to be positive.
- Lately on 8th April 2021, the medical room staff conducted an awareness class on Covid-Management at work spaces with proper social distancing, wearing mask all the time and importance of hand washing or hand sanitization for all the non-teaching staff of IHE.
- As the number of Covid cases are increasing around us, it has become all the more important to undertake the precautions more seriously to safeguard the health of ourselves and also the ones around us.

Dr. Manjula Suri

Department of Physiology and Promotive health.

Covid-Management



Arata J. Kumar

The Director,

I.H.E University of Delhi,

New Delhi.

Date: - 15 Dec 2018.

Subject: - Sabbatical Leave Request.

Dear Madam,

This is in continuation to my previous letter regarding sabbatical leave submitted to your good office earlier in the beginning of the session 2018-19. I request you to consider my application for book writing on "YOGA & STRESS MANAGEMENT" as per the following details.

CONTENTS	
1. Chapter No. 1	Introduction
2. Chapter No. 2	Yoga- Asnas & Pranayams
3. Chapter No. 3	Stress Management

Name Of The Publisher:-- Friends Publications, Delhi (India)

Kindly grant me sabbatical leave w.e.f 1st January 2019. I shall be great full to you.

Thanking You,

Sincerely Yours,

Dr. Namita Saini

Associate Professor

Department Of Physical Education.

Attachment: Acceptance letter from the publisher.

Amrinder
15/12/18

Study leave committee
[Signature]

92

INSTITUTE OF HOME ECONOMICS
(UNIVERSITY OF DELHI)
Study Leave Committee Minutes

Minutes of the meeting of the Study Leave Committee held on Friday, 11th January, 2019, at 3:00 P.M. in the premises of the Institute.

The following members were present:

1. Dr. Geeta Trilok-Kumar Director
2. Prof. Rupam Kapoor, Treasurer, Governing Body
3. Dr. Arti Nigam, University Rep. on Governing Body
4. Dr. Veenu Wadhwa, Associate Professor, Staff Secretary
5. Dr. Renu Gulati, Teacher-in-Charge, Dept. of Human Dev
6. Dr. Rajni Chopra, Teacher-in-Charge, Dept. of Food & Nutrition
7. Dr. Meena Batham, Teacher-In-Charge, FAS Dept.
8. Ms. Pratima Singh, Teacher-in-Charge, Resource Mgmt.
9. Ms. Rekha Nair, S.O. (Administration)

Applications have been received from the following faculty members for grant/extension of Study Leave/Sabbatical Leave:-

1. Ms. Bhawna Negi, Assistant Professor, Department of Human Development has requested vide her application dtd. 05/12/2018 for **extension of study leave for a period of 10 months w.e.f. 01/03/19**. She is already on study leave w.e.f. 01/03/17.
 2. Ms. Deepshikha Kataria, Assistant Professor, Dept. of Food & Nutrition has requested for grant of Study Leave vide letter dtd. 21/12/18 for a period of 3 years w.e.f. 01/01/19 for joining Ph.D. programme offered by the University of Trans-Disciplinary Health Sciences & Technology (A Pvt. University under Karnataka State, UGC recognized), Bangalore.
 3. Dr. Namita Saini, Associate Professor, Dept. of Physical Education and Dr. Poonam Magu, Associate Professor, Dept. of Resource Mgmt. has requested for grant of Sabbatical Leave vide their letters dtd. 05/07/18 & 13/07/18 respectively
 4. Ms. Bela Kapoor, Associate Professor, Dept. of Fabric & Apparel Sciences has already submitted her request for sabbatical leave and the same was put up in the last Study Leave Committee Meeting held on 2nd July, 2018. She has submitted the required documents for grant of sabbatical leave vide her letter dtd. 09/01/2018.
- (i) The Committee noted vide letter no. CCL/2011/CS-III/ dated 4th October, 2011 from Deepak Vats, Deputy Registrar (Colleges), University of Delhi, mentioning that the number of permanent teachers on study leave, EOL and Child Care Leave put together should at no time exceed 10% of the total number of sanctioned teaching posts in the College.
- (ii) Keeping in mind the total sanctioned teaching strength, only 5 teachers can be on Study Leave/EOL/CCL at one time. The Committee examined the list of teachers who have been

(92)

sanctioned Study Leave/Child Care Leave/Extra Ordinary Leave. At present, there are teachers on study leave:

Ms. Bhawna Negi
Ms. Renu

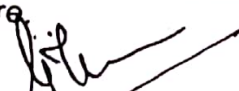
01/03/17-28/02/18
21/07/2017-20/07/19

In view of the above, the Committee decided and recommended:

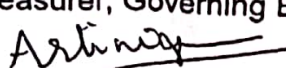
1. To extend the study leave of Ms. Bhawna Negi, Assistant Professor, Department of Human Development for a further period of 4 months w.e.f. 01/03/19. She is already on study leave w.e.f. 01/03/17.
2. To grant study leave to Ms. Deepshikha Kataria, Assistant Professor, Dept. of Food & Nutrition for period of 1 one year w.e.f 18/01/19 for joining Ph.D. programme offered by the University of Trans-Disciplinary Health Sciences & Technology (A Pvt. University under Karnataka State, UGC recognized), Bangalore.
3. Although, the decision to give Sabbatical Leave to only one person at a time was taken in the last meeting, an exception to this rule was made since, both employees have been waiting for a long time and their book material may get out-dated.

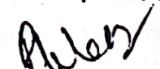
It has been decided to sanction Sabbatical Leave for a period of one year to Dr. Namita Saini, Associate Professor, Dept. of Physical Education w.e.f. 15/1/19 and to Ms. Bela Kapoor, Associate professor, Dept of Fabric & Apparel Sciences after Ms. Bhawna Negi, Assistant Professor, Dept. of Human Development joins back after availing study leave sanctioned to her till 30/06/19.

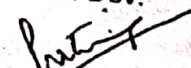
However, it has also been decided that only one person will be granted Sabbatical Leave at a given time in future.



Dr. Geeta Trilok-Kumar
Director
Institute of Home Economics

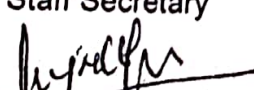

Prof. Rupam Kapoor
Treasurer, Governing Body

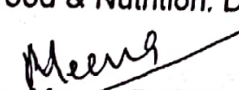

Dr. Arti Nigam
Associate Professor
Univ. Rep. on Governing Body

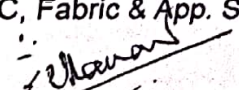

Dr. Renu Gulati
Associate Prof.
TiC, Human Dev.


Ms. Pratima Singh
Associate Prof.
Tic, Resource Mgmt.


Dr. Veenu Wadhwa
Staff Secretary


Dr. Rajni Chopra
Assistant Professor
Food & Nutrition, Dept.


Dr. Meena Batham
Assistant Professor
TiC, Fabric & App. Sci.


Ms. Rekha Nair
S.O. (Admn.)

INSTITUTE OF HOME ECONOMICS
(UNIVERSITY OF DELHI)

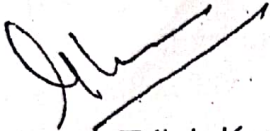
Note for Approval of Study Leave

08/01/2020

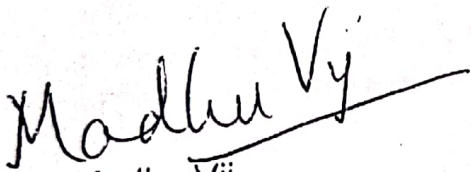
Placed below is the request letter dtd. 27/11/19 received from Ms. Deepshikha, Assistant Professor in the department of Food & Nutrition for extension of Study Leave for a period of one year w.e.f. 18/01/2020. She is already on Study Leave w.e.f. 18th January, 2019 and requested for extension of study leave for the second year.

- As per total sanctioned teaching strength, 5 faculty members can be on Study Leave/EOL/CCL at one time. Presently, there is only one faculty is on study leave and one is on sabbatical leave. In view of that, she may be considered for grant of extension of Study Leave for a period of one year w.e.f. 18th January, 2020.

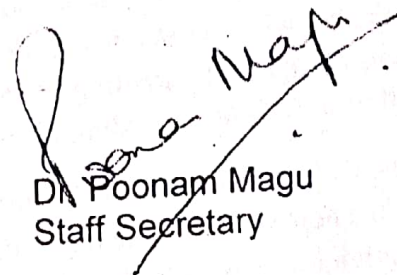
Submitted for approval of the Study Leave Committee



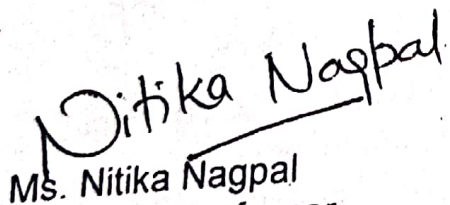
Dr. Geeta Trilok-Kumar
Director



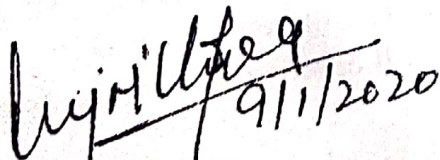
Prof. Madhu Vij
Univ. Rep on Governing Body



Dr. Poonam Magu
Staff Secretary

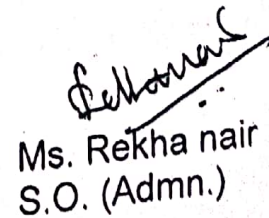


Ms. Nitika Nagpal
Associate Professor
Teacher Rep. on Governing Body



9/1/2020

Dr. Rajni Chopra
Associate Prof.
TiC, Food & Nutrition Dept.



Ms. Rekha Nair
S.O. (Admn.)

Request for study leave extension

1 message

Deepshikha <deepshikha.deepa@gmail.com>
To: "Dr. Geeta Trilok Kumar" <principal@ihe.du.ac.in>
Cc: IHE Administration <administration@ihe.du.ac.in>

Tue, Nov 5, 2019 at 6:22 PM

Respected Madam,

Greetings for the day!

I am writing this mail to you to request the extension of my study leave for another two years. I am going to complete the First Year of study leave on 18th January 2020, since the leave commenced from 18th January 2019. Therefore I request you to please extend my study leave for another two years (from January 2020 to January 2022). My Ph.D. work at The University of Trans-Disciplinary Health Sciences and Technology (Bangalore) majorly comprises chemical analysis, instrumentation (mainly GC-MS), process designs and animal assays to test the product for its efficacy. As you are aware that experimentation and standardization of the methods consume so much time that completing Ph.D in less than 3 years would be a challenging task.

Therefore, I request you to please consider my application for study leave extension for at least two more years (from January 2020 to January 2022) so that I will be able to cover-up laboratory benchwork which is majorly based on chemistry and instrumentation for which I have to be physically present at this university.

Thanking you

Best Regards

Deepshikha Kataria
Asstt. Professor
Department of Food & Nutrition
Institute of Home Economics,
University of Delhi
7503406779

Study
leave committee
Jee
14/11

Adi
Doh
7/11/19

1939
23/8/19

To

The Director
IHE

Dear Sir:

I wish to attend the CII organized
conference on "Improving the Ecosystem for
Better Nutrition" on Monday, 26th August 2019.

I would be grateful if I could be
granted academic leave for the same.

Thanks,

Sincerely,

23.08.19.

Archana
Bhagat
ARCHANA BHAGAT.

Adm
llh

Ms. Seema

23/8/19