

NOTE.

- 1) Application for special casual leave dated 15/12/14 submitted by SA V. Vijayan, office ^{Atentelund} Assistant state planning Board please be seen
- 2) See the Medical certificate dated: 28/11/2014 from Dr. Chandalekha MBBS, Reg No. 28232.
- 3) The fitness certificate dated: 15/12/2014 from Dr. Chandalekha MBBS, Reg No. 28232.
- 4) V. Vijayan may be sanction for the special casual leave as per rule 16A KSR part I for 15 days ^{from} 28/11/2014 to 12/12/2014).
- 5) Draft proceedings put up for approval.

ds
30/3/15 JS

y
30/3/15

Si
30/3

A/A

AV
30/3/15

SWAD

6) ശ്രീ. വി. വിജയൻ, ഓഫീസ് അസിസ്റ്റന്റ്, എസ്. പി. ബി. - ന് 19.6.2015 ലെ സമർപ്പണം കൈയെഴു.

7) റെഡിക്കൽ സർട്ടിഫിക്കറ്റ് തീയതി: 3/2/2015
Dr. Aravindh S. Anand, MBBS, MD, DMRT, FCMO from Govt റെഡി

നമ്പ. 3- 17106/2015/2015/1

നമ്പ. 100/2015. അഞ്ചാം ഭാഗം. 2015, ജനുവരി 13. 13. 2016. 13. 2016. 13. 2016.

(2) 100/2015. അഞ്ചാം ഭാഗം. 2015, ജനുവരി 13. 13. 2016. 13. 2016. 13. 2016.

(3) 100/2015. അഞ്ചാം ഭാഗം. 2015, ജനുവരി 13. 13. 2016. 13. 2016. 13. 2016.

(6) 100/2015. അഞ്ചാം ഭാഗം. 2015, ജനുവരി 13. 13. 2016. 13. 2016. 13. 2016.

(7) 100/2015. അഞ്ചാം ഭാഗം. 2015, ജനുവരി 13. 13. 2016. 13. 2016. 13. 2016.

(8) 100/2015. അഞ്ചാം ഭാഗം. 2015, ജനുവരി 13. 13. 2016. 13. 2016. 13. 2016.

26.12

27/12/16

20/12/16

27/12/16

24.05.17 del 106128-1

(10) മേൽപ്പറഞ്ഞവയിൽ 12.04.17 മുതൽ 29.08.17 വരെയുള്ള ചിറ്റാട്ടംകുന്ന് പാലൂക്കമ്മയ്ക്ക് കിന്ദാവരു 30.04.17 നോമ്പും മേൽമൻ എഴുപ്പിൻ അച്ചൻ ചിലവിടുന്നതിനായും അടുത്താണ്. 01.05.17 പ്രമാണത്തിൽ ഉൾപ്പെടെ നിർദ്ദേശിച്ചിരിക്കുന്ന പ്രകാരം.

① അനുസരിച്ചു നടപ്പിലാക്കുന്നു.

30/5/12
30/5/12

~~AA~~
✓
30/5/12

~~S.F.P (1C)~~

Handwritten notes in the top right corner, including a circled 'D' and some illegible scribbles.

1.

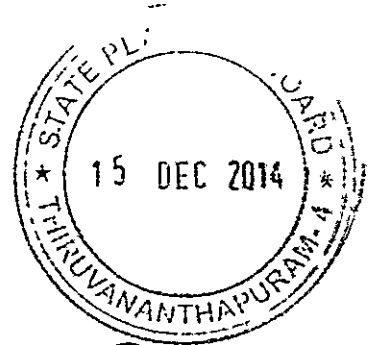
Main body of handwritten text, consisting of approximately 10 lines of illegible cursive script.

Handwritten notes at the bottom center, including the date '2-17-19' and other illegible markings.

444
12/12/14
AA

12106

പ്രമുഖനം.



പ്ര,

ചിങ്കിൾപാ പരമേശ്വരൻ

അതിൽ 2014 നവംബർ 28-ാം തീയതിയിൽ
ഡിസംബർ 12 വരെ അതിൽ റോളിൽ വാങ്ങി
തുകാൽ തിരിച്ചിട്ടു. അതിനാൽ അതിൽ സ്പെഷ്യൽ
(15 ദിവസത്തെ) ക്വാണ്ടിറ്റി സർവ്വേയ്ക്കു നൽകി
അപേക്ഷിക്കുന്നു.

15/12/14
AA

കിരണമണിപ്പാ.

15/12/14

അൻ

വി.വിജയൻ

റോളിംഗ് അറ്റൻഡൻസ്


15/12/14

15/12/14

To

Sr-AD

Fitness Certificate


Signature of Applicant

I ~~Civil Surgeon~~ / Asst Surgeon / A Class Medical Practitioner or Dr. R. Chandrasekhar

do hereby certify that I have carefully examined

Shri. V. V. Jayaram, officio Head of
State Planning Board, Palton, Madh

of the Planning Board Department whose signature is given above and find that he has recovered from his illness and is now fit to resume duties in Government Service. I also certify that before arriving at this decision I have examined the original medical certificate (s) statement (s) of the case (or) certified copies there of on which leave was granted or extended and have taken there in to consideration in arriving at my decision.

Place: Vamanapuram
Date: 15/12/2006

Chandrasekhar
Medical Practitioner



MEDICAL CERTIFICATE

(G. O. (P) 430/73 Fin Dated 20-11-1973)

(Signature of the applicant)

1 (Name) Dr. Chandrabhaga after

careful personal Examination of the case hereby certify that

Name and Official address M. V. Vijayan,

Office Headmaster, State Planning Board
Palton, Grivaandur
whose signature is given above is suffering from Left upper
lobe Collapse. No Ho Breathing
[Residual Paralysis. No Ho Breathing]

and that I consider that a period of absence from duty of

15 days

with effect from November 28th, 2014

is absolutely necessary for the restoration for his/her health.

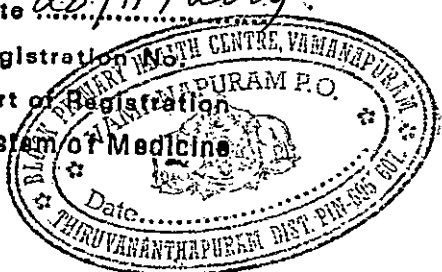
(Special Casual leave)

Date 28/11/2014

Registration No. THIRUVANANTHAPURAM P.O.

Part of Registration

System of Medicine



Signature of Medical Officer

Chandrabhaga
= / CM DR. ALEKH
ME DLO
Reg no: 20202
Asst. Surgeon
Local HC Vamanapuram, P.O.

PROCEEDINGS OF THE SENIOR ADMINISTRATIVE OFFICER
STATE PLANNING BOARD, THIRUVANANTHAPURAM.
(Present Sri. Krishna Sarma)

Sub: State Planning Board - Establishment - Sri. V. Vijayan
office Attendant, State Planning Board - special
casual leave - ^{santioned} order issued.

Read: App. 1) G.O (P) 249/84 / Findt: 9.5.1984

2) G.O (P) NO. 800/85 / Findt: 10.02.1985

3) Application dt: 15/12/2014

4) Medical certificate dt: 28/11/2014

5) Fitness certificate dt: 15/12/2014

G()

ORDER NO: 17106/2015 / SPB Dated

Sri. V. Vijayan, office Attendant, ^{P.C.D,} State Planning
Board granted special casual leave under rule 16 A
KSR part I & II for 15 days ^{from} 28/11/2014 to 12/12/2014.
Necessary entries have been made in the service
book of the incumbent.

AK
30/3/2015

KRISHNIA SARMA. P
Senior Administrative Officer.

TO

Sri. V. Vijayan, office Attendant, SPB

Copy to 1) The Chief (i/c), P.C.D

2) The Accounts section

~~Fair copy section~~

3) E& seat

4) Stock file, O/C



PROCEEDINGS OF THE SENIOR ADMINISTRATIVE OFFICER,
STATE PLANNING BOARD, THIRUVANANTHAPURAM
(Present Shri. Krishna Sarma. P)

Sub : State Planning - Establishemnt - Sri.Vijayan.V, Office Attentdent - State Planning Board – Special Casual Leave –Sanctioned- Orders issued.

Read: 1. G.O(P) 249/84/Fin dated : 9.5.1984.
2. G.O.(P) No.800/85/Fin dated 10.02.1985.
3.Application Dated: 15.12.2014.
4.Medical Certificate dated 28.12.2014 of Dr.Chandralekha.V,MBBS,
Reg.No.28232 and Fitness Certificate dated :15.12.2014 of Dr.
Chandralekha.V,MBBS, Reg.No. 28232.

ORDER No. E3 – 17106/2015/SPB Dated : 30 .03.2015.

Sri. Vijayan.V, Office Attentdent , State Planning Board is granted Special Casual Leave under rule 16 A KSR part I &II for 15 days from 28.11.2014 to 12.12.2014. Necessary entries have been made in the Service Book of the incumbent.

Sd/-
KRISHNA SARMA.P
SENIOR ADMINISTRATIVE OFFICER

To

Sri. Vijayan.V, Office Attentdent
State Planning Board.

Copy to:1. The Chief (I/c), PCD
2. The Accounts Section
✓3. E4 seat
4. Stock File & Office Copy.

Forwarded /By Order

Se. Dr. S. S. S.
Administrative Assistant

MEDICAL CERTIFICATE

Signature of applicant

I (Name
.....
..... Name & Official Address)

after careful personal examination to the case hereby certify that.....
..... whose signature is given above is suffering
from.....
and that I consider that a period of absence duty of
With effect from
is absolutely for necessary the restoration his/her health.

Place :
Date :

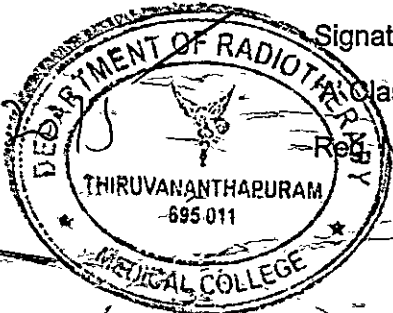
Signature of Medical Officer
Registration No.
Part of Registration
System of Medicine

FITNESS CERTIFICATE

Signature of applicant.....

I Dr. Aravindh S. Anand
.....
Certify that I have carefully examined Vijayan 50 yrs
whose signature is given above and find that he/she her illness and is now fit to resume duties in Government
Service. I also certify that before arriving at this decision I have examined the original Medical Certificate
and statement of the case on which leave has granted or extended and have taken these into consideration
is arriving at my decision.

Place : Thiruvananthapuram
Date : 18/06/17



Signature of Medical Officer
A Class Medical Practitioner
Reg. No

ARAVINDH S. ANAND
MB, DMRT, ECMO (Medical Oncology)
Associate Professor
Govt. Medical College
Thiruvananthapuram
Reg. No. 26983

1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

11. 12. 13. 14. 15. 16. 17. 18. 19. 20.

21. 22. 23. 24. 25. 26. 27. 28. 29. 30.

31. 32. 33. 34. 35. 36. 37. 38. 39. 40.

41. 42. 43. 44. 45. 46. 47. 48. 49. 50.

51. 52. 53. 54. 55. 56. 57. 58. 59. 60.

61. 62. 63. 64. 65. 66. 67. 68. 69. 70.

71. 72. 73. 74. 75. 76. 77. 78. 79. 80.

81. 82. 83. 84. 85. 86. 87. 88. 89. 90.

91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

101. 102. 103. 104. 105. 106. 107. 108. 109. 110.

111. 112. 113. 114. 115. 116. 117. 118. 119. 120.

121. 122. 123. 124. 125. 126. 127. 128. 129. 130.

131. 132. 133. 134. 135. 136. 137. 138. 139. 140.

141. 142. 143. 144. 145. 146. 147. 148. 149. 150.

151. 152. 153. 154. 155. 156. 157. 158. 159. 160.

161. 162. 163. 164. 165. 166. 167. 168. 169. 170.

171. 172. 173. 174. 175. 176. 177. 178. 179. 180.

181. 182. 183. 184. 185. 186. 187. 188. 189. 190.



MEDICAL CERTIFICATE

Signature of applicant

I (Name) Dr. Aravindh S. Anand Associate Professor
Dept of Radiotherapy Govt Medical
College Tiruvananthapuram
..... (Name & Official Address)

after careful personal examination to the case hereby certify that
Vijayan 50 yrs CR-2585/14 whose signature is given above is suffering
from Lung cancer

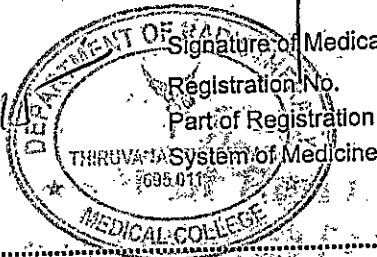
and that I consider that a period of absence duty of 6 months

With effect from 18/12/2014

is absolutely for necessary the restoration his/her health.

Place : Tiruvananthapuram

Date : 03/02/2015



Dr. ARAVINDH S. ANAND
MBBS, MD, DMRT, ECOMO (Medical Oncology)
Associate Professor
Dept. of Radiotherapy & Oncology
Govt. Medical College
Thiruvananthapuram
Reg. No. 26383

FITNESS CERTIFICATE

Signature of applicant

Certify that I have carefully examined
whose signature is given above and find that he/she her illness and is now fit to resume duties in Government
Service. I also certify that before arriving at this decision I have examined the original Medical Certificate
and statement of the case on which leave has granted or extended and have taken these into consideration
is arriving at my decision.

Place :

Date :

Signature of Medical Officer

'A' Class Medical Practitioner

Reg. No.

87-812922/14

UNIT I

O.P. Days : Monday, Wednesday, Friday

(ഒ.പി. ദിവസങ്ങൾ : തിങ്കൾ, ബുധൻ, വെള്ളി)

UNIT II

O.P. Days : Tuesday, Thursday, Saturday

(ഒ.പി. ദിവസങ്ങൾ : ചൊവ്വ, വ്യാഴം, ശനി)

Please bring this card when you come to the Hospital

ഈ കാർഡ് ആശുപത്രിയിൽ വരുമ്പോഴെല്ലാം കൊണ്ടുവരേണ്ടതാണ്



ORT
Department of Radiotherapy

MEDICAL COLLEGE, THIRUVANANTHAPURAM-695 011

DATE OF REGN:

18/12/14

Name

Vijayan

C.R.No.

2

5

8

5

Age 50

1

4

Address

Vijaya Vilasam

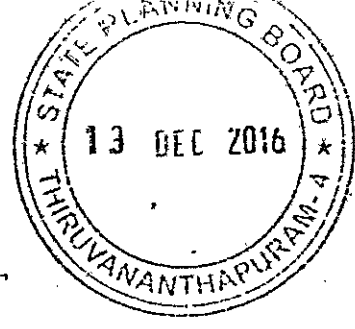
Venjaravoor P.O.

Kannankodu, Tum.

Tel.No.

9497 69 24 82

450
36476



സമർപ്പണം

സർ,

നിരുപന്നതപരം വിതരണത്തോടുകൂടി പദ്ധതി പ്രകാരം പദ്ധതിയിലെ സർവ്വീസ് അനുവദിക്കുന്ന LD-Clerk വിതരണ പദ്ധതിയിൽ ചിട്ടപ്പെടുത്തിയ വിവരങ്ങൾ 15/12/2016 to 31/12/2016 വരെ സമർപ്പിക്കാൻ ലിങ്ക് അനുവദിച്ചിട്ടുള്ളതായതിനാൽ പദ്ധതി പ്രകാരം സമർപ്പിക്കാൻ അർഹിതരായവർ ഈ വിവരങ്ങൾക്കു തുടർ പാലയങ്ങൾക്കും പദ്ധതിയനുസരിച്ച്.

13/12/16

—സർ

Ambikadevi L.

LD-Clerk

Plan Publicity Section
Pattom.

13/12/2016

14/12

FORM No. 13
APPLICATION FOR LEAVE

(See Rule 113, Part I)

Note:—Items 1 to 16 must be filled in by all applicants whether Gazetted or Non-Gazetted.

1. Name of the applicant .. *Rmbikadevi. L.*
2. Date of birth .. *30-5-1966*
3. Post held .. *Nemom.*
4. Department, Office and Section .. *SPB. Plan Publicity*
5. Pay and scale of pay .. *1900/-*
6. Date of entry in service .. *11-8-2016.*
7. Date of commencement of continuous service ..
8. Whether the applicant has got Confirmation in any post, if so from which date and in which post ..
9. Address during leave ..
10. House rent allowance, conveyance allowance or other compensatory allowance drawn in the present post .. *Special Casual Leave.*
69.12.15
11. Nature and period of leave applied for and date from which required .. *15/12/2016 to 31/12/2016.*
12. Sundays and holidays, if any, proposed to be prefixed/suffixed to leave ..
13. Ground on which the leave is applied for .. *Medical Ground.*
14. Date of return from last leave and the nature and period of that leave .. *31/12/2017 to*
- 15(a). I undertake to refund the difference between the leave salary drawn during commuted leave and that admissible during half pay leave which would not have been admissible in the event of my retirement from service at the end of or during the course of leave.

- 15(b). I undertake to refund the leave salary drawn during 'leave not due' which would not have been admissible had rule 85, Part I, not been applied in the event of my voluntary retirement or resignation from service at any time until I earn half pay leave not less than the amount of leave not due availed of by me.

Leel
Signature of applicant
(with date) 13/12/16

16. Place: Pattom.

17. Remarks or recommendation of the Controlling Officer.

Signature (with date)
and Designation

Note:—In the case of a Government Servant who is mentally unsound and or physically unable to fill in the columns of this form and sign it, the guardian of his appointed under the Indian Lunacy Act, 1912 (Central Act IV of 1912) or any person authorised by the authority competent to grant the leave may fill in the columns and sign the application for and on behalf of the Government Servant.

18. **Certificate Regarding Admissibility of Leave**
(By Accountant General in the case of Gazetted Officers)

"Certified that (Nature of leave) for from to is admissible under Rule of the Kerala Service Rules".

Signature (with date)
and Designation

19. ***Orders of the Sanctioning Authority**

Signature (with date)
and Designation

*If the applicant is drawing any compensatory allowance, the sanctioning authority should state whether on the expiry of leave he is likely to return to the same post or to another post carrying a similar allowance.

MEDICAL CERTIFICATE

Signature of the applicant Ambikadevi L

I (Name) Dr. Mini S. Pai

after careful personal examination of the case hereby certify that (Name and official address)

Ambikadevi L, Kerala State Planning Board, Pattom

whose signature is given above, is suffering from Kateegaha and

that I consider that a period of absence from duty of 15 (fifteen) days with effect

from 15-12-16 is absolutely necessary for the restoration of his / her health.

Place

Date 15-12-16

Signature of Medical Officer

Name



Registration No.

Part of Registration

System of Medicine



Dr. Mini S. Pai., MD (Ay)
Reg. No. 7056
Medical Officer,
Govt. Ayurveda Dispensary,
Mangalapuram

SUKUMAR



State Planning Board
PROCEEDINGS OF SENIOR ADMINISTRATIVE OFFICER
STATE PLANNING BOARD, THIRUVANANTHAPURAM
(Abstract)

State Planning Board - Establishment - Smt. Ambikadevi.L, Clerk, State Planning Board - Special Casual Leave sanctioned - Orders Issued.

Read: 1. G.O (P) 249/84/Fin dated 09.05.1984.
2. G.O (P) No.800/85/Fin dated 10.02.1985.
3. Application dated 13.12.2016 from Smt. Ambikadevi.L, Clerk,
State Planning Board, Thiruvananthapuram.
4. Medical Certificate dated 15.12.2016
S. Circular No. 1/2016/Fin dt: 08.01.2016

ORDER No.E3- 17106/2015/SPB

Dated: .12.2016

Section II, Appendix vii, Part I
Smt. Ambikadevi.L, Clerk, State Planning Board is granted Special Casual Leave under Rule 16 A KSR part ii for 15 days from 15.12.2016 to 29.12.2016
Necessary entry in this respect is made in the Service Book of the incumbent. On expiry of leave she will rejoin for duty in the same post on the FN of 30.12.2016. 03.01.2017

26.12
27.12.16
Balakrishnan N.B
Senior Administrative Officer

To:

Smt. Ambikadevi.L, Clerk, State Planning Board

Copy to:

1. Plan Publicity Officer
 2. The Accounts Section
 3. C.A to Senior Administrative Officer
 4. Office Copy/ Stock file.
- 23/12/16*



State Planning Board
PROCEEDINGS OF SENIOR ADMINISTRATIVE OFFICER
STATE PLANNING BOARD, THIRUVANANTHAPURAM
(Abstract)

State Planning Board - Establishment - Smt. Ambikadevi.L, Clerk, State Planning Board ---
Special Casual Leave sanctioned - Orders Issued.

- Read: 1. G.O (P) 249/84/Fin dated 09.05.1984.
2. G.O (P) No.800/85/Fin dated 10.02.1985.
3. Application dated 13.12.2016 from Smt. Ambikadevi.L, Clerk,
State Planning Board, Thiruvananthapuram.
4. Medical Certificate dated 15.12.2016
5. Circular No:01/2016/Fin dated 08.01.2016

ORDER No.E3- 17106/2015/SPB

Dated: 27.12.2016

Smt. Ambikadevi.L, Clerk, State Planning Board is granted Special Casual Leave under Rule 16 A Section II, Appendix VII, Part I KSR for 15 days from 15.12.2016 to 31.12.2016

Necessary entry in this respect is made in the Service Book of the incumbent. On expiry of leave she will rejoin for duty in the same post on the FN of 03.01.2017.

Sd/-

Balakrishnan N.B

Senior Administrative Officer

To:

Smt. Ambikadevi.L, Clerk, State Planning Board

Copy to:

1. Plan Publicity Officer
2. The Accounts Section
3. C.A to Senior Administrative Officer
- ✓ 4. Office Copy/ Stock file.

Forwarded By Order

Administrative Assistant



കേരള സർക്കാർ
ധനകാര്യ (റൂൾസ്-ബി) വകുപ്പ്
സർക്കുലർ

നം.1/2016/ധനം

തീയതി, തിരുവനന്തപുരം, 08 ജനുവരി, 2016.

വിഷയം : കെ.എസ്.ആർ- അംഗപരിമിതരായ ജീവനക്കാരുടെ പ്രത്യേക ആകസ്മികാവധി സംബന്ധിച്ച സർക്കുലർ ഭേദഗതി വരുത്തുന്നത്- സംബന്ധിച്ച്.

- സൂചന : 1. 20.01.2015-ലെ സർക്കുലർ നം. 13/15/ധന.
2. അംഗപരിമിതരായ സംസ്ഥാന സർക്കാർ ജീവനക്കാരുടെ 06.10.2015-ലെ നിവേദനം.

കെ.എസ്.ആർ, ഭാഗം I, അനുബന്ധം VII, സെക്ഷൻ II, ചട്ടം 16-ാം 16 A-യും പ്രകാരം അംഗപരിമിതരായ സർക്കാർ ജീവനക്കാർക്ക് ടി ചട്ടത്തിൽ പറയുന്ന ആവശ്യങ്ങൾക്കും വ്യവസ്ഥകൾക്കും വിധേയമായി ഒരു കലണ്ടർ വർഷത്തിൽ 15 ദിവസത്തെ പ്രത്യേക ആകസ്മികാവധിയ്ക്ക് അർഹതയുണ്ട്.

2. കെ.എസ്.ആർ, ഭാഗം I, അനുബന്ധം VII, സെക്ഷൻ II, ചട്ടം 16-ാം 16 A-യും അനുസരിച്ച് പ്രത്യേക ആകസ്മികാവധി അനുവദിക്കുമ്പോൾ ഇടയ്ക്കുവരുന്ന ഒഴിവു ദിനങ്ങൾ ഉൾപ്പെടുന്നതാണെന്ന് സൂചന 1-ലെ സർക്കുലറിൽ വ്യക്തമാക്കിയിരുന്നു.

3. എന്നാൽ സൂചന 2-ലെ നിവേദനത്തിൽ അംഗപരിമിതരായ സർക്കാർ ജീവനക്കാർ, ഇടയ്ക്കുവരുന്ന ഒഴിവുദിനങ്ങൾ ഉൾപ്പെടെ പ്രത്യേക ആകസ്മികാവധി അനുവദിച്ചാലുണ്ടാകുന്ന ബുദ്ധിമുട്ടുകൾ ചൂണ്ടിക്കാണിച്ചിരിക്കുന്നു.

4. സർക്കാർ ഈ വിഷയം വിശദമായി പരിശോധിക്കുകയും കെ.എസ്.ആർ, ഭാഗം I, അനുബന്ധം VII, സെക്ഷൻ II, ചട്ടം 16-ാം 16 A-യും പ്രകാരം, അംഗപരിമിതരായ സർക്കാർ ജീവനക്കാർക്ക് അനുവദിക്കുന്ന 15 ദിവസത്തെ പ്രത്യേക ആകസ്മികാവധി ഇടയ്ക്കുവരുന്ന ഒഴിവു ദിനങ്ങൾ ഒഴിവാക്കി അനുവദിക്കേണ്ടതാണെന്ന് സൂചന 1-ലെ സർക്കുലറിൽ ഭേദഗതി വരുത്തി ഉത്തരവാകുന്നു.

5. ഇത് ഉടൻ പ്രാബല്യത്തിൽ വരുന്നതാണ്.

ജി.അശോക് കുമാർ
ജോയിന്റ് സെക്രട്ടറി (ധനകാര്യം)

പകർപ്പ് :-

പ്രിൻസിപ്പൽ അക്കൗണ്ടന്റ് ജനറൽ (എ & ഇ), കേരള, തിരുവനന്തപുരം
പ്രിൻസിപ്പൽ അക്കൗണ്ടന്റ് ജനറൽ (ജി&എസ്.എസ്.എ.), കേരള, തിരുവനന്തപുരം.
പ്രിൻസിപ്പൽ അക്കൗണ്ടന്റ് ജനറൽ (ഇ&ആർ.എസ്.എ.); കേരള, തിരുവനന്തപുരം.
എല്ലാ വകുപ്പ് തലവന്മാർക്കും ഓഫീസുകൾക്കും.

സെക്രട്ടറിയേറ്റിലെ പൊതുഭരണം, നിയമം ഉൾപ്പെടെയുള്ള വകുപ്പുകളിലെ എല്ലാ
സെക്ഷനുകൾക്കും.

സെക്രട്ടറി, കേരളാ നിയമസഭാ സെക്രട്ടറിയേറ്റ് (ആമുഖ കത്ത് സഹിതം)

സെക്രട്ടറി, കേരളാ പബ്ലിക് സർവ്വീസ് കമ്മീഷൻ (ആമുഖ കത്ത് സഹിതം)

രജിസ്ട്രാർ, കേരള ഹൈക്കോടതി, എറണാകുളം (ആമുഖ കത്ത് സഹിതം)

അഡ്വക്കേറ്റ് ജനറൽ ഓഫീസ്, എറണാകുളം (ആമുഖ കത്ത് സഹിതം)

രജിസ്ട്രാർ, കേരള/കൊച്ചി/കാലിക്കറ്റ്/മഹാത്മാഗാന്ധി/കണ്ണൂർ സർവ്വകലാശാല (ആമുഖ
കത്ത് സഹിതം)

രജിസ്ട്രാർ, കാർഷിക സർവ്വകലാശാല, തൃശ്ശൂർ (ആമുഖ കത്ത് സഹിതം)

സെക്രട്ടറി, കേരളാ സ്റ്റേറ്റ് ഇലക്ട്രിസിറ്റി ബോർഡ്, തിരുവനന്തപുരം.

മാനേജിംഗ് ഡയറക്ടർ, കേരള സ്റ്റേറ്റ് റോഡ് ട്രാൻസ്പോർട്ട് കോർപ്പറേഷൻ, തിരുവനന്തപുരം
ഗവർണ്ണറുടെ സെക്രട്ടറി.

എല്ലാ സെക്രട്ടറിമാർക്കും, അഡീഷണൽ സെക്രട്ടറി/ജോയിന്റ് സെക്രട്ടറി/അണ്ടർ സെക്രട്ടറി.

മുഖ്യമന്ത്രിയുടെയും മന്ത്രിമാരുടെയും പ്രൈവറ്റ് സെക്രട്ടറി.

പ്രതിപക്ഷ നേതാവിന്റെയും, ഗവൺമെന്റ് ചീഫ് വിപ്പിന്റെയും പ്രൈവറ്റ് സെക്രട്ടറി.

ചീഫ് സെക്രട്ടറിയുടെ ഡെപ്യൂട്ടി സെക്രട്ടറി.

സ്പീക്കറുടെ പ്രൈവറ്റ് സെക്രട്ടറി.

ഡെപ്യൂട്ടി സ്പീക്കറുടെ പ്രൈവറ്റ് സെക്രട്ടറി.

ഡയറക്ടർ ഓഫ് പബ്ലിക് റിലേഷൻസ്, തിരുവനന്തപുരം.


മുഖ്യ വിവരാവകാശ കമ്മീഷണർ (ആമുഖ കത്ത് സഹിതം)

സംസ്ഥാന തെരഞ്ഞെടുപ്പ് കമ്മീഷണർ, തിരുവനന്തപുരം.

നോഡൽ ഓഫീസർ, www.finance.kerala.gov.in

സ്റ്റോക്ക് ഫയൽ/ഓഫീസ് കോപ്പി.

ഉത്തരവിൻപ്രകാരം


സെക്ഷൻ ഓഫീസർ

42861

Form No. 13

APPLICATION FOR LEAVE
(Rule 113, Part 1)

Note:- Items 1 to 16 must be filled in by all applicants whether Gazetted or Non-gazetted



1. Name of applicant : Ambikadevi. L.
2. Date of birth : 30.5.1966
3. Post held : L.D.C
4. Department, Office and Section : Kerala State Planning Board,
Plan Publicity
5. Pay and scale of pay : 19000/- 23300
6. Date of entry in Service : 11-8-2016
7. Date of Commencement of continuous service : 11.8.2016
8. Whether the applicant has got confirmation in any post, if so from which date and in which post : LDC - State Planning Board -
Pattom-Tvm.
9. Address during leave
10. House rent allowance, conveyance allowance or other compensatory allowance drawn in the present post
11. Nature and period of leave applied for and date from which required : spl. C.L from 12/4/17 to 30/4/17
(14 days)
12. Sundays and holidays, if any, proposed to be prefixed/ suffixed to leave
13. Ground on which leave is applied for : Medical Ground.
14. Date of return from last leave and the nature and period of that leave
15. (a) I undertake to refund the difference between the leave salary drawn during commuted leave and that admissible during half pay leave which would not have been admissible in the event of my retirement from service at the end of or during the course of leave
15. (b) I undertake to refund the leave salary drawn during 'leave not due' which would not have been admissible had rule 85, Part I, not been applied in the event of my voluntary retirement or resignation from service at any time until I earn half pay leave not less than the amount of leave not due availed of by me
16. Place:

Lead
26/5/17
Signature of applicant (with date)

17. Remarks and or recommendation of the controlling officer

Signature (with date) and designation

Note:- In the case of a Government servant who is mentally unsound and or physically unable to fill in the columns of this form and sign it, the guardian of his appointed under the Indian Lunacy Act, 1912 (Central Act IV of 1912) or any person authorised by the authority competent to grant the leave may fill in the columns and sign the application for and on behalf of the Government servant.

Certificate Regarding Admissibility of Leave
(By Accountant General in the case of Gazetted Officers)

	"Certified that		(Nature of leave)
	for		From
	to	is admissible under rule	
18	of the Kerala Service Rules"		

Signature (with date) and Designation

19. Orders of the sanctioning authority

Signature (with date) and Designation

* If the applicant is drawing any compensatory allowance the sanctioning authority should state whether on the expiry of leave he is likely to return to the same post or to another post carrying a similar allowance.

MEDICAL CERTIFICATE

Signature of the applicant Ambikadevi
I (Name) Dr. Mini. S. Pai, Medical Officer

after careful personal examination of the case hereby certify that (Name and official address)

Mrs. Ambikadevi. L, LDC, State planning board, Palton

whose signature is given above, is suffering from Kata gahan and

that I consider that a period of absence from duty of 14 fourteen days with effect

from 12.4.12 is absolutely necessary for the restoration of his / her health.

Place

Signature of Medical Officer

Date 12.4.12

Name

Dr. S. B.

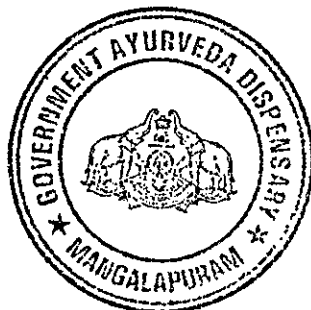
Registration No.

Part of Registration

System of Medicine

Dr. Mini.S.Pai., MD (Ay)
Reg. No. 7056
Medical Officer,
Govt. Ayurveda Dispensary,
Mangalapuram

(Seal)



SUKUMAR

FITNESS CERTIFICATE

Signature of the applicant Ambikadeen - L

I, Dr. Mini. S. Pai, Medical Officer do hereby
certify that I have carefully examined Mr. Ambikadeen - L

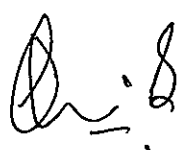
whose signature is given above, and that he / she has recovered from his / her illness and is now fit,
to resume duties in Government Service. I also certify that before arriving at this decision I have
examined the original Medical Certificate and statement of the case on which leave was granted or
extended and have taken these into consideration in arriving at my decision.

Place:

Date: 1. 5. 17

SUKUMAR




Dr. Mini. S. Pai., MD (Ay)
Signature of Medical Officer, No. 7056
Medical Officer,
'A' Class Medical Practitioner, Government Ayurveda Dispensary,
Mangalapuram
Reg: No.



State Planning Board
PROCEEDINGS OF SENIOR ADMINISTRATIVE OFFICER
STATE PLANNING BOARD, THIRUVANANTHAPURAM
(Abstract)

State Planning Board - Establishment - Smt. Ambikadevi.L, Clerk, State Planning Board -
Special Casual Leave sanctioned - Orders Issued.

- Read: 1. G.O (P) 249/84/Fin dated 09.05.1984.
2. G.O (P) No.800/85/Fin dated 10.02.1985.
3. Circular No:01/2016/Fin dated 08.01.2016
4. Application dated 24.05.2017 from Smt. Ambikadevi.L, Clerk,
State Planning Board, Thiruvananthapuram.
5. Medical Certificate dated 12.04.2017 & 01.05.2017
6. Fitness Certificate dtd: 1.5.2017 of Dr. Mini.S.Pai MD (AY).

ORDER No.E3- 17106/2015/SPB

Dated: 27.12.2016 @ 5.17

Smt. Ambikadevi.L, Clerk, State Planning Board is granted Special Casual Leave under Rule 16 A Section II, Appendix VII, Part I KSR for 14 days from 12.04.2017 to 29.04.2017 with permission to suffix holiday on 30.04.2017 and 1.5.2017.

Necessary entry in this respect is made in the Service Book of the incumbent. On expiry of leave she rejoined for duty in the same post on the FN of 02.05.2017. *audited by her*

certified that the number of special casual leave does not exceed 15 days in this calendar year.

Anoop.S
Senior Administrative Officer(I/C)

To:

Smt. Ambikadevi.L, Clerk, State Planning Board

Copy to:

1. Plan Publicity Officer
2. The Accounts Section
3. C.A to Senior Administrative Officer
4. Office Copy/ Stock file.

30/5/17



State Planning Board
PROCEEDINGS OF SENIOR ADMINISTRATIVE OFFICER
STATE PLANNING BOARD, THIRUVANANTHAPURAM
(Abstract)

State Planning Board - Establishment - Smt. Ambikadevi.L, Clerk, State Planning Board -
Special Casual Leave sanctioned - Orders Issued.

- Read: 1. G.O (P) 249/84/Fin dated 09.05.1984.
2. G.O (P) No.800/85/Fin dated 10.02.1985.
3. Circular No:01/2016/Fin dated 08.01.2016
4. Application dated 24.05.2017 from Smt. Ambikadevi.L, Clerk,
State Planning Board, Thiruvananthapuram.
5. Medical Certificate dated 12.04.2017
6. Fitness Certificate dated 01.05.2017

ORDER No.E3- 17106/2015/SPB

Dated: 30.05.2017

Smt. Ambikadevi.L, Clerk, State Planning Board is granted Special Casual Leave under Rule 16 A Section II, Appendix VII, Part I KSR for 14 days from 12.04.2017 to 29.04.2017 with permission to suffix holiday on 30.04.2017 and 01.05.2017

Necessary entry in this respect is made in the Service Book of the incumbent. On expiry of leave she rejoined for duty in the same post on the FN of 02.05.2017 availed by her

Certified that the number of Special Casual Leave does not exceed 15 days in this calendar year.

Sd/-

Anoop.S

Senior Administrative Officer(I/C)

To:

Smt. Ambikadevi.L, Clerk, State Planning Board

Copy to:

1. Plan Publicity Officer
2. The Accounts Section
3. C.A to Senior Administrative Officer
4. Office Copy/ Stock file.

Forwarded/By Order

Administrative Assistant