



अखिलभारतीयआयुर्विज्ञानसंस्थान, बीबीनगर, हैदराबाद
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BIBINAGAR, HYDERABAD
"An INI under the aegis of Ministry of Health & Family Welfare, Govt. of India"
हैदराबादमेट्रोपोलिटनक्षेत्र(एचएमआर), तेलंगाना – 508126, भारत
Hyderabad Metropolitan Region (HMR), Telangana-508126, India

संख्या/No. AIIMS/BBN/345/Pay/Est/ 28

दिनांक / Date. 23rd Jan 2026

CIRCULAR

Subject: Admissibility of House Rent Allowance (HRA) during period of leave in excess of 180 days – reg.

1. In continuation of the Government of India instructions on the subject and in accordance with Para 6 of the Compendium of Instructions regarding grant of House Rent Allowance to Central Government employees, issued vide Government of India, Ministry of Finance, Department of Expenditure OM No 2/4/2022-E.IIB dated 30th Dec 2022, it is hereby clarified that Government servants are entitled to draw House Rent Allowance (HRA) during the period of leave at the same rates at which the allowance was being drawn immediately prior to proceeding on leave, suspension, deputation abroad, training, etc., subject to fulfillment of the prescribed conditions.
2. In compliance with the above, it is clarified that HRA shall continue to be admissible during such period of leave, provided the employee furnishes the requisite certificate in the prescribed format as per enclosed Annexure-I.
3. This issues with the approval of the Competent Authority, AIIMS Bibinagar.

Encl : (Annexure –I)

प्रति/To,

All regular staff of the institute.

प्रतिलिपि/Copy to:-

1. Executive Director , AIIMS Bibinagar
2. Dean (Academic)/Dean (Research)/Dean (Examination)
3. Medical Superintendent
4. All HoD's /In-charge HoD's/Section Heads
5. Principal, College of Nursing
6. Registrar
7. FA/Accounts Officer
8. IT Cell for uploading on institute's website under "Circulars"
9. Office Copy



(डॉ पी एस सिद्धार्थ राव /Dr. PS Siddharth Rao)
संकाय प्रभारी प्रशासन /Faculty I/C Administration

Siddharth
23/1/2026

**UNDERTAKING / CERTIFICATE FOR DRAWAL OF HRA
AFTER MATERNITY LEAVE**

1. Name of the Employee :
2. Designation :
3. Employee ID No :
4. Office / Department :
5. Period of Maternity Leave availed : From _____ to _____
6. Date of rejoining duty after Maternity Leave :
7. Period for which HRA claimed : From _____ to _____
8. Rate of HRA admissible :
9. Whether Govt. accommodation occupied
(If NO, mention place of residence) :

CERTIFICATE

I hereby certify that:

- I am not occupying any Government accommodation during the above period.
- No House Rent Allowance has been drawn by me for the same period earlier.
- I have resumed duty on the above-mentioned date after completion of Maternity Leave.
- I shall immediately intimate the office if I am allotted Government accommodation or if there is any change in my residential status.
- I retained the accommodation for the period for which HRA is being claimed at the same station _____ from where I was proceeded on leave.

I understand that if any information furnished above is found to be incorrect, the HRA paid to me is liable to be recovered as per rules.

Place: Bibinagar

Signature _____ of _____ Employee
Name:

Date:

COUNTERSIGNED