



INDIRA GANDHI NATIONAL TRIBAL UNIVERSITY, AMARKANTAK (M.P.)

Declaration by Employee for furnishing information at the time of joining (All columns are mandatory)

- 1. Full Name of Employee
2. Designation
3. Date of joining (FN / AN)
4. Department / Section
5. Date of Birth
6. Religion & Community

(If belong to Minority Community) Yes / No

- 7. Category : GEN/SC/ST/OBC(NCL)/PH : (Pl. attach copy of certificate in support of the claim)
8. Marital Status
9. Blood Group
10. Present Address
11. Permanent Address
12. Home Town
13. Nearest Airport/Railway Station Contact No.

14. (a) Dependants Details Overleaf (b) If Spouse is employed following shall be claimed by whom, must be indicated in the check box below and submit necessary documents.

Table with 3 columns: Allowances, Self, Spouse. Rows: Children, Leave Travel Concession, Medical Reimbursement.

I do hereby declare that the information above is true. I also undertake to inform any changes in the above mentioned information on occurrence of such change. I am fully aware that furnishing untrue information or suppressing of such change any information amounts to willfully furnishing wrong information and giving false declaration.

Note: Necessary documentary proof of non-availability of the employee in the office whose spouse is employed shall be enclosed in case spouse is employed in private organization and Joint Declaration in case spouse is employed in Govt./Autonomous/PSU organization.

Date : Name & Signature of Employee