



## INDIAN INSTITUTE OF TECHNOLOGY INDORE

**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)
8. Marital Status \_\_\_\_\_
9. Blood Group \_\_\_\_\_
10. Present Address \_\_\_\_\_  
\_\_\_\_\_
11. Permanent Address \_\_\_\_\_  
\_\_\_\_\_
12. Home Town \_\_\_\_\_
13. Nearest Airport/Railway Station \_\_\_\_\_
14. Contact No. \_\_\_\_\_
15. (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.

Allowances	Self	Spouse
Children Education Allowances		
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 facility 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/PSUs organizations.

Date \_\_\_\_\_

**Signature of Employee**