



राष्ट्रीय प्रौद्योगिकी संस्थान सिलचर
NATIONAL INSTITUTE OF TECHNOLOGY SILCHAR
स्थापना अनुभाग
ESTABLISHMENT SECTION

No. NITS/Estt./Misc/3/2017/31713-31788

Date: 17/03/26

सूचना/NOTICE

Sub: Submission of Family Declaration List.

It has been observed that some permanent employees of the Institute have not yet submitted the Family Declaration Form along with copies of Aadhaar Cards of all family members. All concerned employees who have not submitted the Family Declaration Form so far are hereby requested to submit the same to the Docket Section on or before 31.03.2026.


कुलसचिव/REGISTRAR

Encl:

- Family Declaration Form

Copy for information and action, where necessary to:

- All Deans/HoDs/Wardens/Section In-Charge/Officers
- ✓ The FIC (Website), with a request to upload the same along with the Family Declaration Form in the Institute Website
- Notice Board
- Guard file for record

Declaration of Family Members

(Year: - 1st January to 31st December 20.....)

Certified that following members of my family declared wholly /mainly dependent on me in terms of rule 1 and 2 of section 4 of C.S. (M.A.) Rules and are residing with me.

Sr. No.	NAME	AGE	RELATION	INCOME	ADDRESS

I hereby undertake to keep the above particulars up to date by notifying to the Head of the office may addition or alteration.

I also hereby undertake that the family members whose names are mentioned above are wholly dependent upon me and income of each member from all sources is not more than Rs. 9000/-per month.

Place:

Date :

(Signature of Employee with designation)

- i. Unmarried children or step children of age 25 years and above and wholly dependent on the Govt. Servant.
- ii. Married daughters who have been divorced, abundant or separated from their husbands and are residing with the Govt. Servant and are wholly dependent on the Govt. Servant.
- iii. Parents and/ or step mother residing with and wholly dependent on the Govt. Servant.
- iv. Unmarried minor brothers as well as unmarried, divorced, abandoned/separated from their husbands or widowed sister residing with and wholly dependent on the Govt. Servant, provided their parents and either not alive or one themselves wholly dependent on the Govt. Servant

FAMILY DECLARATION FORM

DETAILS OF FAMILY

Name of the Employee _____

Designation _____ Dept. _____

Date of Birth _____ Date of Appointment _____

Details of members of family as on _____

Sl. No.	Name of family members	Date of Birth	Relationship with employee	Income from Pension/ other sources	Remarks

I hereby undertake to keep the above particulars up-to date by notifying to the Head of Office any addition /alteration.

Place: _____

Date: _____

(Signature of employee)