



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

Form No. A11

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 belongs 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.

Allowances	Self	Spouse
Children Education		
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/PSUs organization.

Date :

Name & Signature of Employee