

**INDIAN INSTITUTE OF TECHNOLOGY  
MANDI, HIMACHAL PRADESH**

**JOINING REPORT**

The Director/ Registrar  
Indian Institute of Technology  
Mandi, Himachal Pradesh

**(Through; Chair/Head of School/Section/Centre)**

Sir,

With reference to offer letter no. \_\_\_\_\_ dated  
\_\_\_\_\_ for the post of \_\_\_\_\_, I hereby submit  
my joining report today on \_\_\_\_\_ forenoon/afternoon.

Signature\_\_\_\_\_

Name\_\_\_\_\_

Designation\_\_\_\_\_

Date\_\_\_\_\_

1. PAN No. \_\_\_\_\_

2. Date of Birth\_\_\_\_\_

3. Father's Name\_\_\_\_\_

4. Mobile No\_\_\_\_\_

5. Category\_\_\_\_\_

6. Address for correspondence

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Bank Account No. \_\_\_\_\_

8. IFSC Code\_\_\_\_\_

9. Bank Branch Name\_\_\_\_\_

10.Aadhar Card No\_\_\_\_\_

FORM 1 (See Rule 53 '1')

मृत्यु- सह-निवृत्ति उपदान राशि के लिए नामांकन / Nomination for Death-Cum-Retirement Gratuity

जब सरकारी कर्मचारी परिवार रखता हो तथा एक या उससे अधिक सदस्यों को नामांकित करना चाहता हो, उसके लिए।

When the Government servant has a family and wishes to nominate one member or more than one member, thereof.

में .....एतद द्वारा, अपने परिवार के निम्नलिखित सदस्य / सदस्यों को नामांकित करता / करती हूँ और उसको / उनको सरकारी सेवा के दौरान मेरी मृत्यु होने की सूरत में, केंद्रीय सरकार द्वारा जो भी उपदान राशि स्वीकृत की जाये, मैं से निम्न निर्दिष्ट राशि एवं मेरी मृत्यु होने पर, कोई भी वह उपदान राशि जो मेरी सेवा निवृत्ति पर मुझे देय होगी, परन्तु सेवा - निवृत्ति के पश्चात मेरी मृत्यु तक जिसका भुगतान न किया गया हो, मैं से निम्न निर्दिष्ट राशि प्राप्त करने का अधिकार देता / देती हूँ।

I..... hereby nominate the person/persons mentioned below who is/are member(s) of my family, and confer on him/them the right to receive to the extent specified below, any gratuity that may be sanctioned by the Central Govt. in the event of my death while in service and the right to receive on my death, to the extent specified below, any gratuity which having become admissible to me on retirement may remain unpaid at my death:

वास्तविक नामित व्यक्ति / Original Nominee(s)		वैकल्पिक नामित व्यक्ति / Alternative nominee (s)	
नामित व्यक्ति/ व्यक्तियों के नाम Name & addresses of nominee/nominees	सरकारी कर्मचारी के साथ सम्बन्ध एवं आयु / Relationship with the Govt. servant & age	उपदान राशि में से प्रत्येक को दिया जाने वाला भाग / Amount of share of gratuity payable to each	यदि सरकारी कर्मचारी कि मृत्यु से पूर्व नामित व्यक्ति के मृत्यु हो जाये या नामित व्यक्ति कि मृत्यु तो सरकारी कर्मचारी के पश्चात ही हो, परन्तु उपदान राशि के प्राप्ति से पूर्व हो जाये तो ऐसे व्यक्ति/ व्यक्तियों, यदि कोई हो, का नाम, पता, सम्बन्ध एवं आयु जिसको ऐसे हालत में उक्त राशि प्राप्त करने का अधिकार होगा। Name, address, relationship & age of the person or persons if any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the Govt. servant or the nominee dying after the death of Govt. servant but before receiving payment of gratuity
			उपदान राशि में से प्रत्येक को दिया जाने वाला भाग / Amount of share of gratuity payable to each

यह नामांकन मेरे द्वारा दिनांक को किये गए पूर्व नामांकन के औचित्य को अनाव को अनावश्यक सिद्ध करता है, जिसको की रद्द समझा जाए। / This nomination supersedes the nomination made by me earlier on ..... which stand cancelled.

**Note:**

- I. सरकारी कर्मचारी, उसके हस्ताक्षर करने के पश्चात, किसी अन्य व्यक्ति का नाम डाले जाने से बचने के लिए अंतिम प्रविष्टि के पश्चात खाली स्थान को स्वयं काट दें / The Govt. servant draw lines across the blank space the last entry to prevent the insertion of any name after he has signed.
- II. असम्बन्ध को काट दें / Strike out which is not applicable.

दिनांक.....को.....के दिन.....स्थान पर हस्ताक्षर का साक्ष्य दिया

Dated this.....day of.....at.....

Witness to signature:

1.....2.....

सरकारी कर्मचारी के हस्ताक्षर /  
Signature of Govt. Employee

कार्यालय प्रमुख द्वारा भरा जाए / To be filled in by the Head of Office

नामांकन द्वारा .....  
Nominated by.....

कार्यालय प्रमुख के हस्ताक्षर.....  
Signature of Head of Office.....

पद.....  
Designation.....

पद.....  
Designation.....

दिनांक.....  
Date .....

दिनांक.....  
Date .....

**प्रपत्र 3 (नियम 54 "1" देखें )**  
**FORM 3 (See Rule 54'1')**

कर्मचारी का नाम / Name of the Govt. Servant : \_\_\_\_\_  
पद / Designation : \_\_\_\_\_  
जन्म तिथि / Date of Birth : \_\_\_\_\_  
नियुक्ति की तिथि / Date of Appointment : \_\_\_\_\_

दिनांक \_\_\_\_\_ को मेरे परिवार के सदस्यों का विवरण / Details of the member of my family\* as on \_\_\_\_\_

क्र. सं. / Sr. No.	परिवार के सदस्यों के नाम / Name of the members of family	जन्म तिथि / Date of Birth	अधिकारी से सम्बन्ध / Relationship with the Other	कार्यालय प्रमुख के संक्षिप्त हस्ताक्षर / Initial of the Head	टिप्पणी / Remarks

मैं किसी भी अतिरिक्त जानकारी या परिवर्तन के लिए कार्यालय प्रमुख को अधिसूचित करते हुए उपर्युक्त विवरण को यथावत रखने को वचन देता / देती हूँ। I hereby undertake to keep the above particulars up-to-date by notifying to the Head of Office any addition or alteration.

स्थान / Place: \_\_\_\_\_  
दिनांक / Date : \_\_\_\_\_

सरकारी कर्मचारी के हस्ताक्षर  
Signature of Government servant

\* इस प्रयोजन के लिए परिवार का तात्पर्य है / Family for this purpose means:

अ. पत्नी, पुरुष सरकारी कर्मचारी के सन्दर्भ में / Wife, in the case of a male Govt. servant.

ब. पति, महिला सरकारी कर्मचारी के सन्दर्भ में / Husband, in the case of a Govt. servant.

स. ऐसे दत्तक पुत्र या पुत्री जिनको सेवा निवृत्ति से पूर्व संवैधानिक रूप से गोद लिया गया है सहित, अठारह वर्ष से कम आयु के पुत्र एवं इक्कीस वर्ष से कम आयु के अविवाहित पुत्रियां / Sons below eighteen years of age and unmarried daughters below twenty one years of age, including such son or daughter adopted legally before retirements.

**सुचना :** वे पति एवं पत्नी जो न्यायिक रूप से पृथक को गए हैं, भी क्रमशः पति, पत्नी के परिभाषा में सम्मिलित होंगे।

## HOME TOWN DECLARATION

I \_\_\_\_\_ hereby declare that my town for the purpose of availing, Leave Travel Concession, is as under:

Village/Town \_\_\_\_\_

Taluk \_\_\_\_\_

District \_\_\_\_\_

State \_\_\_\_\_

Nearest Railway Station \_\_\_\_\_

Place: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Designation: \_\_\_\_\_

### **PARTICULARS OF FAMILY ENTITLED TO LTC**

Sl. No.	Name	Relationship	Age & Date of Birth

Place:

Signature:

Date:

Designation:

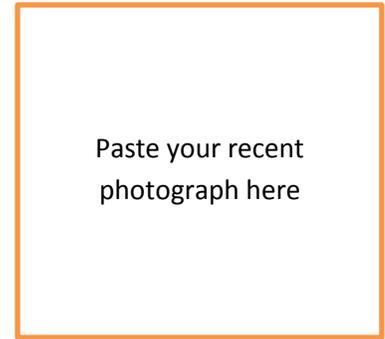
**FAMILY:** S.R 2 (a): Family means a Govt. servant's wife or husband, as the case may be, residing with the Govt. servant and legitimate Children and step children residing with an wholly dependent upon the Govt. Servant. Except in rules 116, 116C, 155 B & 163, it includes in addition, parents, sisters and minor brothers, if residing with an wholly dependent upon the Govt. Servant.

1. Not more than one wife is included in the 'Term Family' for the purpose of these rules.
2. An Adopted child shall be considered to be a legitimate child if under the personal law of the Govt. servant adoption is legally recognized as conferring on it the status of a natural child.

***The word 'wholly Dependent' occurring above means: that a legitimate child or step child/parent/sister/minor brother who resides with the Govt. Servant and whose income from all sources including pension (inclusive of temporary increase in pension and pension equivalent to DCRG benefits) does not exceed the amount of minimum family pension prescribed in Central Government (i.e. Rs. 9000 p.m.) and Dearness relief thereon is deemed to be wholly dependent on the Government servant.***

**Note: Before submitting this form please ensure that all the particulars are written in Capital Letters and are correct.**

Details Required for Identity Card



(Use capital Letters only)

Emp No. :  
Name :  
Designation :  
Department :  
Date of Birth :  
Card No. : For office use  
Date of Joining :  
Date of Issue : For Office use  
Card Validity :  
Blood Group :  
Father's Name :  
Permanent Address :

Contact No. :

Sign of Card Holder  
(Sample 1)

Sign of Card Holder  
(Sample 2)

## भारत के संविधान के प्रति निष्ठा की शपथ

### OATH OF ALLEGIANCE TO THE CONSTITUTION OF INDIA

मैं,..... शपथ लेता हूँ/सत्यानिष्ठा से प्रातेजा करता हूँ कि भारत और विधि द्वारा स्थापित भारत के संविधान के प्राते श्रद्धा और सच्ची निष्ठा रखूंगा, मैं भारत को प्रभुता और अखण्डता अक्षुण्ण रखूंगा, तथा मैं अपने पद के कर्तव्यो का राजभाकेत, इमानदारो और निष्पक्षता से पालन करूंगा।

हस्ताक्षर\_\_\_\_\_

मैं यह पुष्टि करता हूँ कि दिनाक \_\_\_\_\_ को मेरे समक्ष शपथ ग्रहण की गई।

“I, \_\_\_\_\_do swear/solemnly affirm that I will be faithful and bear true allegiance to India and to the Constitution of India as by law established, that I will uphold the sovereignty and integrity of India, and that I will carry out the duties of my office loyally, honestly, and with impartiality.”

Signature\_\_\_\_\_

Affirmed/ Sworn and subscribed this \_\_\_\_\_ day of \_\_\_\_\_202 before me.

**(Dean Faculty)**  
Indian Institute of Technology  
Mandi (HP)

**(DECLARATION TO BE OBTAINED FROM NEW ENTRANTS REGARDING THEIR MARTIAL STATUS TO GOVERNMENT SERVICE)**

1. I, Dr./Sh./Smt./Kumari.....declare as under:-

- i. That I am unmarried/a widower/a widow;
- ii. That I am married and have only one spouse living;
- iii. That I have entered into or contracted a marriage with a person having a spouse living. Application for grant of exemption is enclosed.
- iv. That I have entered into and contracted a marriage with another person during the life-time of my spouse. Application for grant of exemption is enclosed.

2. I solemnly affirm that the above declaration is true and I understand that in the event of the declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Place:

Date:

**Signature of Government servant**

(Note: Please delete clause/clauses not applicable)

**Intimation/details of previously applied employment applications prior to join IIT  
Mandi.**

<b>Sr. No.</b>	<b>Post Applied for</b>	<b>Name of Institution/Organization</b>	<b>Advertisement No. &amp; Date</b>	<b>Remarks if any</b>

**Date**

**Place**

**Name & Signature**