



**Ghani Khan Choudhury Institute of Engineering & Technology**  
(Centrally funded Institute and Established by Ministry of H.R.D., Govt. of India.)  
Narayanpur, Dist: Malda, Pin- 732141, West Bengal

Memo No: GKCIET/ 1261

Date: 30.07.2018

**Circular**

All the regular employees of this institute are hereby requested to submit their family declaration form in prescribed format along with copies of below mentioned documents on or before 06.08.2018, in case of any alteration, addition or deletion of their dependent family member(s) is required for having facility of Medical Allowance (MA) & Leave Travel Concession (LTC) as per rules.

1. Income certificate of dependents issued by competent authority (in case of adult dependents).
2. Marriage certificate or any marital proof for spouse (in case of married employees).
3. Birth certificate for child/children (in case of minor dependents).
4. Residential certificate/ domicile certificate.

In case of Children Education Allowance (CEA), those regular employees have child/ children are requested to submit their minimum one child's or maximum two children's birth certificate(s) along with documents related to education & school (from Nursery to H.S or equivalent) in case of any alteration, addition & deletion of their child/ children if required for getting facility of CEA as per rules.

The above clauses are also applicable to the regular employees, those who had not submitted the declaration forms along with above mentioned copies in respect of their dependent family member(s) & child/ children; to submit the same at Admin. & Establishment Section, GKCIET, Malda within above stipulated date.

This issues with the approval of the competent authority.

  
(Md. Abour Rajjaque)  
Asst. Registrar (A&E)

**Copy to:**

1. All HoDs/ HoS'- with request to convey the same to the employee(s) working under His/her kind control/ in association with the HoD/HoS.
2. System Manager- with request to upload the same on institute website immediately.
3. Asst. Registrar (Fin)
4. All Deans
5. Director
6. File copy



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### DECLARATION FORM

Name of the Employee (BLOCK LETTERS)			
Designation			
Father's Name			
Mother's Name			
Spouse's Name			
Address with Pin Code	C/o: Vill/Area: P.S: Post: Dist.: Pin:                      State: Country:		
Contact No.			
Date of Birth			
Name of the dependent persons on the employee with relation	Sl. No.	Name	Relation
	01.		
	02.		
	03.		
	04.		
	05.		
06.			

The above information is true to the best of my knowledge & belief.

Signature of the Employee with date