



Indian Institute of Technology Hyderabad
Kandi, Sangareddy-502285,
Telangana, INDIA

To
The Registrar
Indian Institute of Technology Hyderabad
Kandi, Sangareddy- 502 285

Sir,

I hereby declare that I am not under bond or agreement or under obligation to serve the Central Government, the State Government, University or the Public Authority or Undertaking or Institute.

I also declare that I have not submitted / already submitted application(s) (if already applied, please specify) to the following/ any of the organization at the time of joining.

Sl.No.	Name of the Organisation	Post	Date of Appln.
1			
2			
3			
4			
5			
6			

Yours faithfully,

()

Name and Address of the Candidate:

Affix PassPort
size 15cm X
7cm approx.)
copy of
recent photo
here

FORMAT OF CHARACTER CERTIFICATE

Certified that I have known Dr/ Mr /Ms _____
son/wife/daughter of _____ for the last _____ years and to the best
of my knowledge and belief he/she bears a good moral character and has no antecedents which render
him/ her unsuitable for employment in the Indian Institute of Technology Hyderabad.

Dr./Mr/Ms _____ is not related to me.

Signature :

Designation:

Place :

Date :

(The certifying officer should have personally known the candidate for at least three years)

**Indian Institute of Technology Hyderabad**

Kandi, Sangareddy-502285,

Telangana, INDIA

ATTESTATION FORM

“WARNING”: The furnishing of false information or suppression of an factual information in the Attestation form would be a disqualification and is likely to render the candidate unfit for employment under the Institute.

If detained, convicted, debarred etc. subsequent to the completion and submission of this form, the details should be communicated immediately to the Authority to whom the attestation form has been sent earlier as the case may be, failing which it will be deemed to be a suppression of a factual information.

Affix PassPort
size 15cm X
7cm approx.)
copy of
recent photo
here

1.Name in full (in block letters) with alias, if any please indicate if you have added or dropped in any stage any part of your name or surname	FIRST NAME	MIDDLE NAME	LAST NAME
2. Present Address (in full) i.e., Village, Thana, and Dist. Or House No. Lane/Street/Road & Town and name of Dist. Hqrs. With telephone numbers and email address.			
3. (a) Home Address (in full) i.e., Village, Thana and Dist. Or House No. Lane/Street/Road & Town and name of Dist. Hqrs. With telephone numbers and email address			
(b) If originally a resident of Pakistan, the address in that country and the date of migration to Indian Union			

4. Particulars of place (with period of residences) where you have resided for more than one year at a time during the preceding five years. In case of stay abroad particulars of all places where you have resided for more than one year after attaining the age of 21 years should be given:

FROM	TO	Residential Address in full (i.e. village Thane & Dist. Or House No. Lane/Street/Road and town)	Name of the Dist. Head Quarters of the place mentioned in the proceeding column.

5. (a) Information to be furnished with regard to family members/ dependents.

Relation	Name and Nationality (by birth and/ or by domicile) and Place of birth	Occupation (if employed give designation & official address)	Present Postal address (if dead give last address)	Permanent Home address
1. Father (Name in full – alias if any)				
2. Mother				
3. Wife/ Husband				
4. Brother(s)				
5. Sister(s)				

5.(b) Information to be furnished with regard to son(s) and / or daughter(s) in case they are studying/ living in a foreign country.

Name	Nationality (by birth/ or	Place of birth	Country in which studying / living with full address	Date from which studying/ living in the country mentioned previous column

6. Nationality :

7. (a) Date of Birth :

(b) Present Age :

(c) Age at SSC/ X/Matriculation :

11. (A) Are you holding or have any time held an appointment under the Central/ State Govt. or Semi Govt. or a Quasi Govt. body or an Autonomous body or a Public undertaking or a Private firm Institution? If so, give full particulars of employment up-to-date.

PERIOD		Designation, emoluments & nature of employment	Full name & address of employer	Reasons for leaving previous employment
From	To			

11 (B) If the previous employment was under the Govt. of India, a State Govt/ an Undertaking owned or controlled by Govt. of India or a State Govt./ an autonomous body/ University/ Local body, if you had left service on giving a month's notice under rule 5 of the Central Civil Services

(Temporary Service) Rules, 1965, of any similar corresponding rules, were any disciplinary proceedings frames against you or had you been called upon to explain your conduct in any matter at the time you gave notice of termination of service, or at a subsequent date, before your services actually terminated?

12 (i)

- | | |
|--|----------|
| (a) Have you ever been arrested? | Yes / No |
| (b) Have you ever been prosecuted? | Yes / No |
| (c) Have you ever been kept under detention? | Yes / No |
| (d) Have you ever been fined by a Court of Law? | Yes / No |
| (e) Have you ever been bound down? | Yes / No |
| (f) Have you ever been convicted by a court of Law for any offence? | Yes / No |
| (g) Have you ever been debarred from any exam by any Public Service Commission from appearing at its exam/selection? | Yes / No |
| (h) Have you ever been debarred from any exam or rusticated by any university or any other educational authority/ institution? | Yes / No |

(i) Is any case pending against you in any court of law at the time of filling or this attestation form? Yes / No

(j) Is any case pending against you in any university or any other educational authority/ institution at the time of filling up this attestation form? Yes / No

12 (ii) If the answer to any of the above mentioned question is Yes give full particulars of the case/ arrest / detention/ fine/ conviction/ sentence/ punishment etc. and/ or the nature of the case pending in the Court/ University Educational Authority etc at the time of filling up this form.

Note:- 1. Please also see the warning at the top of this Attestation Form

2. Specific answer to each of the questions should be given by striking out 'Yes' or 'No' as the case may be.

13. Name of two responsible persons (with address) of your locality or two references of whom you are known.

i.

ii.

14. Write two identification Marks on your body:

i.

ii.

I certify that the foregoing information is correct and complete to the best of my knowledge and belief. I am not aware of any circumstances which might impair my fitness for employment under Government.

Date:

Signature of Candidate

Place:

Affix PassPort
size 15cm X
7cm approx.)
copy of
recent photo
here

IDENTITY CERTIFICATE

(Certificate to be signed by any one of the following)

1. Gazetted Officer of Central or State Govt.
2. Member of Parliament or State Legislature belonging to the constituency where the candidate or his parents/guardian is ordinarily resident.
3. Sub-Divisional Magistrate/Officers.
4. Tahsildars of Naib/Deputy Tahsildars authorized to exercise Magisterial Powers.
5. Principal/Head Master of the recognized School/ College/ Institution where the candidate studies last.
6. Block Development Officer/Panchayat Inspectors.

Certified that I have known Shri/Smt./Kum. _____ Son/daughter of
Shri _____ for the last _____ years, _____ months and that to the
best of my knowledge and belief the particulars furnished by him/her are correct.

Place:

Signature:

Date:

Designation or Status and

address:



Indian Institute of Technology Hyderabad
Kandi, Sangareddy-502285,
Telangana, INDIA

**OATH OF ALLEGIANCE
(FORM I)
(CITIZENS OF INDIA)**

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.

Date :

Signature

Place :

Name :

Designation:

(So help me God)

**OATH OF ALLEGIANCE
(FORM II)
(Foreign Nationals)**

I _____ a citizen of _____ temporarily residing in and holding a civil post under the Government of India do swear/solemnly affirm that, having the faith and allegiance I owe to*_____I will, during the period of my service as aforesaid, be faithful to India and to the constitution of India as by law established and that I will carry out the duties of my office loyally, honestly and with impartiality.

Date :

Signature

Place :

Name :

Designation:

(So help me God)

CERTIFICATE OF MARITAL STATUS

1. Dr./Sh./Smt./Kumari _____ declare as under :-
- a. That I am unmarried / a widower / widow.
 - b. That I am married and have more than one spouse living. Application for grant of exemption is enclosed.
 - c. That I am a married and that during the life time of my spouse, have contracted another marriage. Application for grant of exemption is enclosed.
 - d. That I am married and my husband/wife does not have other living spouse to the best of my knowledge.
 - e. That I have contracted a marriage with a person who has already one wife or more living. 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.

Signature _____

Name _____

Address _____

Dated :

* Delete clause not applicable

* Applicable to the case of clause (a)(b) & (c) only.



Indian Institute of Technology Hyderabad
Kandi, Sangareddy-502285,
Telangana, INDIA

OATH OF SECRECY

"I _____(Name of the official) having been appointed as _____, do solemnly affirm/do swear in the name of God that I will not directly or indirectly communicate or reveal to any person or persons any matter which shall be brought under my consideration or shall become known to me as Official of Indian Institute of Technology Hyderabad, except as may be required for the due discharge of my duties."

Signature

()

**NAME OF THE OFFICIAL
IIT HYDERABAD**

Declaration Form
(Medical Facilities)

I, _____ (Name & Designation)Emp No. _____

_____ hereby declare that following are the members of my family who are residing with me and are wholly dependent upon me.

S.No.	Full Name	Relationship	Date of Birth	Age	Income if any
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

I request that the enclosed Medical Booklets of my dependent Sons/Daughter/Partners whose particulars are given at Sr.No. _____ above may be re-validated till 31st Dec. _____*.

The particulars of dependent members of family as given above are correct. If any statement is found to be untrue I shall be liable for disciplinary action.

(Signature of Employee)

Name _____

Designation _____

Deptt/Section _____

Employee Code No. _____

Dated:

Important : In case Husband/Wife is employed in some other organization a Certificate from his/her employer to the effect that no medical facility is available to him/her and that no such concession if admissible will be availed hereafter.

Forwarded

(Head of the Deptt./Section)

Estt.-I/II/III

* In case the date of retirement is before 31.12. _____ the Medical Booklets will be re- validated till the date of retirement only.

“मूल निवास स्थान” की घोषणा और पारिवारिक सदस्यों/ आश्रितों का पणविवरण

DECLARATION ABOUT “HOME TOWN” AND DETAILS OF FAMILY MEMBERS/DEPENDENTS

मैं/ _____ सुपुत्र/सुपुत्री _____ एतद्वारा घोषणा करता हूँ/करती हूँ

I _____ S/D/o Shri _____ hereby
declare that:

(अ) मेरे “मूलनिवास स्थान” का पता निम्नलिखित है:-

My “Home Town” details is as under:-

ब) मेरे परिवार/आश्रितों का ब्यौरा निम्नलिखित है:-

The details of my family/dependents are as under:-

क्रमांक Sl.No.	नाम Name	आयु Age	सम्बन्ध केवल आश्रित माता-नपता के सम्बन्ध में Relation क्या वेकमचारीपर पूरीतरह आश्रित हैं?(यदि नहीं तो रिपणनी देंगे)(.X.)
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In the case dependent parents Only. Whether they are wholly Dependent on the staff member (See note below) (.X.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

दिनांक/Date: _____

हस्ताक्षर/Signature _____

नाम/Name _____

कमचारीकोड सां/Emp.Code No. _____

पदनाम/Designation _____

(.X.) रिपणनी : कमचारीद्वारा अपिपरिवारों की नचकत्सा तथा उपचार पर ककयेगयेनचकत्सा व्यय की प्रनतपुर्तमकेनलए केवल वेमाता-नपता ही कमचारीपर पूणमतः/मुख्यतः आश्रित मांिेजार्येगेजो प्रायः उनकेसाथ रहतेहैंव नजिकी अनधकतम मानसक आय सांबानधतस्िाफ सदस्य केवेतिऔर महांगाईवेति(जहाँलागूहोता हो) सेअनधक ि हो बशतेकक माता-नपता की अनधकतम आय 1500/- रु प्रनतमाह सेअनधक ि हो।

For purpose of medical attendance and treatment reimbursement of medical expenses incurred by the staff on their families only such parents would be regarded as wholly/mainly dependents on the staff members who normally reside with the staff members concerned and whose total monthly income does not exceed the pay plus dearness pay (where applicable) of the staff members concerned, subject to the maximum income of the parents being Rs. 1500/- per month.

Family History

Name _____ Designation Offered _____

Name of the member of Family	Male / Female	Relationship	Date of Birth	Remarks

Signature of the designated employee



Indian Institute of Technology Hyderabad
Sangareddy, Kandi- 502285, Telangana, INDIA

Faculty Registration Form

Name:

Designation:

Department:

Residential Address:

Phone Number:

Date of Birth:

Personal Identification Marks:

Emergency Contact:

- *Name of Person:*

- *Relationship of Person to Self:*

- *Phone Number of Person:*

Blood Group:

Permanent Address:

Phone Number:

Signature



INDIAN INSTITUTE OF TECHNOLOGY HYDERABAD

**HOME TOWN DECLARATION
(O.M. No.43/15/57- Estts. (A) dated 24.06.1958)**

I, _____ hereby declare that my home town is at the place as show below for the purpose of availing myself of the Travel Concession as notified in the Govt. of India, Ministry of Home Affairs, New Delhi O.M. No.43/1/55/Estts – (A) Part-II dated 11.01.1956 conveyed vides Secretary (Finance) to the Delhi Administration endorsement No. F 13(3) / 54 / Finance dated 22.12.1956.

Name of State	Name of the District	Name of the Village	Name of the Railway station	Remarks
1.	2.	3.	4.	5.

Signature of the Govt. Servant

Nomination by _____

Signature of the Head of Office

Designation _____

Date _____

Date of receipt of nomination _____

Designation _____

PROFORMA – I

Statement Of Immovable Property For The Year Ending On 31ST March.....

1. Name of the Officer (in full) and to which the Officer belong.....
2. Present Post held.....
3. Present pay (i) Basic Pay.....(ii) Grade pay.....(iii) Gross Salary.....

Name and details of property

Sl. No	Name of District, Sub Disvision, Taluk & Village/ Town in which property is situated	Housing or other building	Land	Present value	If not in own name state whose name had his/ her relationship to the Govt. Servant	How acquired whether by purchase lease mortgage inheritance gift or other wise with date of acquisition & details of persons from whom acquired	Annual income from the property	Remarks
1	2	3	4	5	6	7	8	9

Date:

Signature

PROFORMA – II

Statement Of Movable Property For The Year Ending On 31ST March.....

1. Name of the Officer (in full) and to which the Officer belongs.....
2. Present Post held.....
3. Present pay (i) Basic Pay.....(ii) Grade pay.....(iii) Gross Salary.....

Sl. No	Name and details of Movable Property	Year of Acquisition	How acquired whether by purchase, inheritance, gift or otherwise with date of acquisition and name with details of persons whom acquired	Value at the time of Acquisition	If not in own name state in whose name held and his/her relationship with govt. Servant	Present Value	Remarks
1	2	3	4	5	6	7	8
1	Jewelry (Gold/Silver/ Diamond/ Precious/ Semi precious stones etc)						
2	Motor Vehicles (Scooter, Motor Cycle, Car etc.,)						
3	Home Appliances (Air Conditioner, Refrigerator, Washing Machines, Music Systems, RO Systems, Television etc)						
4	Electronic Equipments (Computer/ Laptops etc)						
5	Furniture						
6	Agricultural implements (Tractors/ Motor Pumps/ Drip irrigation systems etc)						

Date:

Signature

Note: The declaration form is required to be filled in and submitted by every member of class-I , class-II, & class-III services, excluding All India Service Officers giving particulars of all movable property held by him either in his own or in the name of his family members or in the name of any other persons. The list of items is not extensive but indicative in nature. In case where it is not possible to access the value accurately the approximate value in relation to the present condition may be indicated

PROFORMA – III

Statement Of Liquid Assets as on 31ST March.....

1. Name of the Officer (in full) and to which the Officer belongs.....
2. Present Post held.....
3. Present pay (i) Basic Pay.....(ii) Grade pay.....(iii) Gross Salary.....

Sl. No	Name and details of Liquid Assets	Year of Acquisition	How acquired whether by purchase, inheritance, gift or otherwise with date of acquisition and name with details of persons whom acquired	Value at the time of Acquisition	If not in own name state in whose name held and his/her relationship with Govt. Servant	Present Value	Income derived (Interest/ Divided received)	Remarks
1	2	3	4	5	6	7	8	8
1	Cash in hand							
2	Cash with Bank (Current/ saving account only)							
3	Deposits (Time Deposits/ NSCs etc.)							
4	Loans and Advances							
5	Investments (Shares/ bonds/debentures/ Mutual funds/ ULIPs/LIC Policy etc)							

Date:

Signature

Note: The declaration form is required to be filled in and submitted by every member of class-I , class-II, & class-III services, excluding All India Service Officers giving particulars of all liquid assets held by him either in his own or in the name of his family members or in the name of any other persons. The list of items is not extensive but indicative in nature. In case where it is not possible to access the value accurately the approximate value in relation to the present condition may be indicated

PROFORMA – IV

Statement of Debts and Other Liabilities For The Year Ending on 31ST March.....

Name of the employee:

Sl.No	Amount	Name and Address of Creditor	Date of enduring Details of Liability	Transaction	Remarks
1	2	3	4	5	6

Date:

Signature

Note:

1. In column 6, information regarding permission, if any obtained from or report made to the competent authority may also be given.
2. The statement should also include various loans and advances available to Govt. Servants, like advance for purchase of conveyance, house building advance, etc. (other than advances of pay and travelling allowances), advances from the G.P. Fund, and loans on life insurance Policies and fixed deposits, etc.,

PROFORMA – V

Statement of Provident Fund and Life Insurance Policy on First Appointment as on the 31st December 20.....

Name of the employee:

Insurance Policies					Provident Funds				
Sl.No	Policy No. and date of policy	Name of Insurance Company	Sum Insured/ date of maturity	Amount of annual premium	Type of Provident Funds/ GPF/CPF Account No.	Closing balance as last reported by the Audit/ Accounts Officer along with date of such balance	Contribution made subsequently	Total	Remarks (if there is dispute regarding closing balance, the figures according to the Government servant should also be mentioned in this column)
1	2	3	4	5	6	7	8	9	10

Date:

Signature