

BIDHAN CHANDRA KRISHI VISWAVIDYALAYA

HRA & Medical Allowance Declaration Format

Notification No.:Admn/BCKV/G-1(Pt-IX)/L-339 Dt:02/08/2022

PART-A

I am Married/ Unmarried/ Widow/ Widower: (Strike out which is not applicable)

1. Name of the employee (block letter):.....
2. Name of the Department/Section/Project:.....
3. Designation of the employee:.....
 - a) Employees' present Basic Pay :.....
 - b) HRA Drawn :.....
 - c) Opted for Swasthyasathi/ W.B. Health Scheme: Yes/No
 - d) If, Yes then write the Card No.:

I do hereby declare that the details furnished in PART-A are true at the best of my knowledge.

Date:.....

.....
(Signature of the employee)

PART-B

My wife/ husband is/was **not in service** under the Government of India/ Government of W.B./ Government undertaking/ any statutory/Local Body, educational Institute (Strike out which is not applicable) OR

My wife/ husband is/was **in service** and following are the particulars of her/his employment and pay drawn by her/him: (Strike out which is not applicable)

1. Name of the spouse (block letter) :.....
2. Name of the Office :.....
3. Address of the office :.....
.....
4. Spouse's present Basic Pay :.....
5. Spouse's HRA :.....
6. Whether spouse has opted for Govt. Housing:.....
7. Whether spouse has opted for Swasthyasathi/ W.B. Health Scheme: Yes/No

Date:.....

.....
(Signature of the employee)

Enclosed Salary Certificate.

.....
Verified By

.....
Signature of the Controlling Officer/DDO