



भारतीय कृषि अनुसंधान परिषद
उत्तरपूर्वी पर्वतीय क्षेत्र अनुसंधान परिसर
उमियम, मेघालय - 793 103

INDIAN COUNCIL OF AGRICULTURAL RESEARCH
ICAR Research Complex for NEH Region
Umiam, Meghalaya - 793103

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F.No.RC(G)13/2019

Dated Umiam, the 3rd June, 2019

परिपत्र/CIRCULAR

इस संस्थान के तथा सभी क्षेत्रीय केंद्रों और कृषि विज्ञान केंद्र सहित सभी वैज्ञानिक/तकनीकी/प्रशासनिक/सहायक कर्मचारियों के संबंध में अभिलेखों को अद्यतन करने की दृष्टि से आवश्यक जानकारी संलग्न प्रारूप के अनुसार 30/06/2019 तक ई-मेल द्वारा भेजी जाये। (केवल .pdf या .jpg प्रारूप में Sourajyoti.C@icar.gov.in में) With a view to updating the records with all necessary information in respect of all the Scientific/Technical/Administrative/Supporting staffs of this Institutes including the Regional Centers and KVKs the required information as per the format enclosed may be sent by e-mail only upto 30/06/2019. (in .pdf or .jpg format only to Sourajyoti.C@icar.gov.in)

अनुपालन में विफलता के परिणामस्वरूप चिकित्सा व्यय और छुट्टी यात्रा रियासत बिल प्रोसेस नहीं किये जायेंगे। Failure to comply shall result in non-processing of Medical Expenditure and LTC Bill reimbursement claims.

(कृष्ण कांत कुलश्रेष्ठ)
मुख्य प्रशासनिक अधिकारी
एवं कार्यालय प्रमुख

Distribution: -

1. All J.D.s/J.D.s In-charges/In-charge Heads of Divisions/Heads of KVKs/In-charge Heads of KVKs.
2. Sr.FAO/AO/DDO/AAOs.
3. Notice Boards of Hqrs., Umiam, Regional Centres & KVKs.
4. Institute Website.



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DETAILS OF FAMILY MEMBERS AS ON 31/03/2019

1. Name of Official/Employee :
2. Date of birth :
3. Complete Postal Address :

E-mail:

Mobile number:

4. Aadhar No. :
5. Present Post :
6. Details of family :

Sl.No.	Name of the family member	Relationship	Date of birth (documentary proof to be enclosed in case of children & siblings)
1		Spouse*	
2		Children 1#	
3		Children 2#	
4		Parent 1@	
5		Parent 2@	
6		Other(specify)	

*If spouse is employed in Govt./Autonomous/Private Organization, employee can choose to avail Medical & LTC facilities from either self or spouse's employer by declaring the same through a **joint declaration (format enclosed)**.

#Son/Brother: Till he starts earning or till he attains the age of 25 years, whichever is earlier. For son(s) suffering from permanent disability of any kind (physical or mental), there will be no age limit. Daughter/Sister: Till she starts earning or gets married whichever is earlier irrespective of the age limit. Only the eldest two surviving children will be considered dependent provided second issue is not twins.

@Parents: Whose income from all sources including pension does not exceed the limit (**presently ₹10,080/- p.m.**). Necessary undertaking (duly countersigned by controlling officer) needs to be submitted. A female employee may choose to include either her parents or parents-in-laws as dependents. Siblings will be considered dependent only if parents are dependent.

UNDERTAKING

I hereby undertake to inform that the above information furnished by me is fully true and correct. It is also declared that the above members are dependent on me and their monthly income is **₹10,080/- per month or less** by all means (excluding spouse). I understand that in case of above information found to be false, disciplinary action can be taken against me as per relevant provisions of CCS(Conduct)Rules, 1964 and CCS(CCA)Rules, 1965.

Date:

Signature _____

Countersignature of Controlling Officer with seal

JOINT DECLARATION

1. We, the undersigned, hereby declare that

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Will avail, L.T.C facilities, Medical reimbursement facilities, for self and other dependent family members under the Rules of the Govt. of India.

Signature

2.
.....
.....

Will not avail myself of above facilities under the Rules of the Govt. of India.

Signature

Counter-Signed
(Controlling Officer)