CERTIFICATE OF FITNESS FOR INSTITUTE SERVICES

Dated:	Board/ Medical Officer
Signature of the Candidate	Signature of Medical
years.	
The candidate's age according to his own stater	ment isyears and by appearance is
employment in the Department of	
	. I do not consider this a disqualification for
communicable or otherwise constitutional	weakness or bodily infirmity except
of National Institute of Technology Manipur an	d cannot discover that he has any disease
candidate for employment in the Department of	
I do hereby certify that I have examined Shri/Ms./	/Dr

DECLARATION REGARDING MARITAL STATUS

I hereby declare that I am unmarried/ married and I do not have more than one wife/husband living and am aware that in the event of declaration in the negative being found to be incorrect after my appointment. I will be liable to be dismissed from service.

Signature	:	
Designation	:	
Date	:	

Details of family members [indicate who are presently dependent upon you]

Relation	Name & Age	Dependent	Suffering from any disease?	Give details if you or any of your dependents suffering from any of the following ailments: (a) Hypertension, (b) Diabetes, (c) Heart disease, (d) STD/ISD, (e) AIDS, (f) Infectious Skin disease, (g) Renal disorder, (h) Thalassaemia or (i) Br. Asthma?
Self		Yes/ No	Yes/ No	
Father		Yes/ No	Yes/ No	
Mother		Yes/ No	Yes/ No	
Brother(s)		Yes/ No	Yes/ No	
Sister(s)		Yes/ No	Yes/ No	
Spouse		Yes/ No	Yes/ No	
Son(s)		Yes/ No	Yes/ No	
Daughter(s)		Yes/ No	Yes/ No	

Statement of immovable property on First Appointment [e.g., Lands, House, Shops, Other Buildings, etc.]

SI. No.	Description of property	Precise location [Name of District, Division, Taluk	Area of land [in case of land and buildings]	Nature of land in case of landed	Extent of interest	If not in own name, state In whose name held and	Date of acquisition	How acquired [whether by purchase, mortgage, lease, inheritance, gift or otherwise] and name with	Value of them property [see Note-	Particulars of sanction of prescribed authority, if	Total Annual income from the	Remarks
		and Village in which the property is situated		property		his/her relationship, if any to the Government		details of person/persons from whom acquired [address and connection of Government servant, if	2 below]	any	property	
		and also its distinctive number,				servant		any, with the person/persons concerned] Please see Note-1 below				
01	02	etc.]	04	05	06	07	08	09	10	11	12	13
01	02	- 00	04		- 00	07	- 00	- 03	10		12	10

Date:	Signature :
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NOTE: 1. For purpose of Column 9, the term "lease" would mean a lease of immovable property from year to year or for any term exceeding one year, or reserving a yearly rent. Where, however, the lease of immovable. property is obtained from a person having official dealings with the Government servant, such a lease should be shown in this column irrespective of the term of the lease, whether it is short term or long term, and the periodicity of the payment of rent.

NOTE: 2. In Column 10 should be shown:

- [a] Where the property has been' acquired by purchase, mortgage or lease, the price or premium paid for such acquisition;
- [b] Where it has been acquired by lease, the total annual rent thereof also: and
- [c] Where the acquisition is by inheritance, gift or exchange, the approximate value of the property so acquired.

FORM No. II

Statement of liquid assets on first appointment

- [1] Cash and Bank balance exceeding 3 months' emoluments.
- [2] Deposits, loans advances and investments [such as shares, securities, debentures, etc.].

SI. No.	Description	Name and Address of Company Bank, etc.	Amount	If not in own name, name and address of person in whose name held and his/her relationship with the Government servant	Annual Income derived	Remarks
01	02	03	04	05	06	07

Date:	Signature :

- **NOTE: 1.** In Column 7, particulars regarding sanctions obtained or report made in respect of the various transactions may be given.
- **NOTE: 2.** The term, "emoluments" means the pay and .allowances received by the Government servant.

FORM No. III

Statement of movable property on first appointment

SI. No.	Description of Items	Price or value at the time of acquisition and/or total payments made up to the date of return, as the case may	If not in own name, name and address of the person in whose name and his/her relationship with the Government servant	How acquired With approximate date of acquisition	Remarks
01	02	03	04	05	06

Date:	Signature :
Date:	Oignataic

NOTE: 1. In this Form, information may be given regarding items like.(a) jewellery owned by him (total value): (b) silver and other precious metals and precious stones owned by him not forming part of jeweller)' (total Motor (ii)Scooters/Motor value); (c) (i) Cars, Cycles, (iii) refrigerators/air conditioners, (iv) radios/radiograms/ television sets and any other articles, the value of which individually exceeds Rs. 1,000; (d) value of items of movable property individually worth less than Rs. 1,000 other than articles of daily use such as clothes, utensils, books, crockery, etc., added together as lumpsum.

- NOTE: 2. In Column 5, may be indicated whether the property was acquired by purchase, inheritance, gift or otherwise.
- NOTE: 3. In Column 6, particulars regarding sanction obtained or report made in respect of various transactions may be given.

<u>FORM No. IV</u>
Statement of Provident Fund and Life Insurance Policy on First Appointment

SI. 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]
01	02	03	04	05	06	07	08	09	10

Date:	Signature :

FORM No. V

Statement of Debts and Other Liabilities on First Appointment

SI. No.	Amount	Name and address of creditor	Date of incurring Liabilities	Details of Transaction	Remarks
01	02	03	04	05	06

Date:	Signature :

HOME TOWN DECLARATION FORM

[OM. No. 43/15/57-Estts.(A), dated 24.06.1958]

hereby declare that my home town is at the place as shown
pelow for the purposed of availing Leave Travel Concession for self and family as notified in the
Government of India, Ministry of Home Affairs, New Delhi O.M. No. 43/1/55-Estts.(A) Part-II
dated 11.01.1956.

Home Town/ Place of Visit	Nearest Railway Station	Name of District & State	Remarks
1	2	3	4

Reasons: Permanent residence to near relatives/ownership of immovable.

Signature of the Employees
Name
Designation
Date

ACCEPTED

Signature of Head	
Designation	
Date	

Definition of term" Home Town" for the purpose of LEAVE TRAVEL CONCESSION in view of Ministry of Home Affairs Memo No. 43/715/57/Exts(A) dated 24.06.1958. The declaration may be made based on the criteria given below.

- (i) Whether the place declared by Government servant is the one which requires his physical presence at intervals for discharging various domestic and social obligations, and if so, whether after his entry into service, the Government servant had been visiting that place frequently.
- (ii) Whether the Government servant owns residential property in that place or whether he is a member of a joint family having such property there.
- (iii) Whether his near relations are resident in that place.
- (iv) Whether, prior to his entry into Government service, the Government servant had been living there for some years.