



हरियाणा केन्द्रीय विश्वविद्यालय CENTRAL UNIVERSITY OF HARYANA

(संसद अधिनियम 25 (2009) के तहत स्थापित)

(Established vide Act No. 25 (2009) of Parliament)

गांव: जांट-पाली, जिला-महेन्द्रगढ़ (हरियाणा) . 123029

Village : Jant-Pali, Distt : Mahendergarh (Haryana)-123029

संख्या : ह.के.वि./2018/स्थपना-2/ *sec/954*

दिनांक/Dated: *7*.....08.18

No : CUH/2018/Estt.-2/ *sec/954*

अधिसूचना / NOTIFICATION

In compliance with the guidelines suggested by the External Audit party that an appropriate mechanism be adopted to ensure the submission of dependency certificate by each employee within the schedule, all regular Teaching and Non-Teaching employees are required to submit their declaration for dependent family members in duplicate (one copy in Establish Branch and one copy in Accounts Branch) in the month of Jan each year from 2019 onwards. Declaration for the year 2018 may be submitted by 31 August, 2018. Format of the Declaration Certificate for Dependent Family members is attached.

[Signature]
Section Officer (Estt.)

Enclosures : Department wise and Combined Seniority Lists.

Copy of above is forwarded to the following for information and necessary action:

1. सभी विभागाध्यक्ष/प्रभारी/सम्बंधित अध्यापक, हकैविवि, महेन्द्रगढ़/ All the Heads/Teachers-In-charge/Teacher concerned of the Departments, CUH, Mahendergarh.
2. वित्त अधिकारी, हकैविवि, महेन्द्रगढ़/ Finance Officer, Central University of Haryana, Mahendergarh.
3. कुलपति के निजी सहायक (कुलपति की जानकारी हेतु), हकैविवि, महेन्द्रगढ़/PA to Vice Chancellor (for kind information of Hon'ble Vice-Chancellor), Central University of Haryana, Mahendergarh.
4. कुलसचिव के निजी सहायक, (कुलसचिव की जानकारी हेतु), हकैविवि, महेन्द्रगढ़/PA to Registrar (for kind information of the Registrar), Central University of Haryana, Mahendergarh.
5. कंप्यूटर केंद्र, हकैविवि, महेन्द्रगढ़ / Computer Centre, Central University of Haryana, Mahendergarh to upload on the University website.

[Signature]
Section Officer (Estt.)

Performa of declaration
(To be given by the employee)

DETAILS OF DEPENDENT FAMILY MEMBERS OF UNIVERSITY EMPLOYEES

1. Name of employee.....
2. Designation.....
3. Employee No.
4. Date of Birth.....
5. Date of appointment.....
6. Marital Status.....
7. Calendar Year.....

DETAILS OF DEPENDENT FAMILY MEMBERS

| Sl. No. | Name | Relationship | Occupation | Sex | Date of Birth | Age |
|---------|------|--------------|------------|-----|---------------|-----|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |

Declaration:

I

Shri/Smt..... Employee No..... hereby declare that particulars of my family as shown above are correct in all respect. I also declare that the above family members are fully dependent upon me and their individual income is less than Rs. 9000/- plus DA.

Signature of Employee

Countersignature by HOD/TIC