

LIST OF FORMS REQUIRED AT THE TIME OF JOINING

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HOME TOWN DECLARATION

I declare that my " Home Town" for Leave Travel Concession as below
(In block Letters)

Name of Town/ Village : _____
District : _____
State : _____

Place : Nagpur.

Date:- _____

Signature_____

(Name in Block letters)_____

Assistant Commissioner of Income Tax (UT)

ACCEPTED

**Drawing & Disbursing Officer
N.A.D.T., Nagpur.**

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 received under F.No. 30/189/58(Co-ord(372) dated12.07.1958 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 Govt. Servant has been visiting that place frequently. The declaration may be made based on the criteria given below.

1. Whether the Govt. servant owns residential property in that place or whether he is a member of joint family having such property there.
2. Whether his near relations are resident in that place.
3. Whether prior to his entry into Govt. Service, the Govt. Servant has been living there for some years.

DECLARATION REGARDING MARRITAL STATUS

I, Shri/ Shrimati/Kumari _____ - declare as
under---

- *i) That I am unmarried/ a widower /a widow
- *ii) That I am married and have only one spouse living.
- *iii) That I have entered into or contracted a marriage with a person having one spouse living. Application for grant of exemption is enclosed.
- *iv) That I have entered into and contracted a marriage with another person during the lifetime of my spouse. 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.

Dated:-

Signature : -----

Assistant Commissioner of Income Tax (UT)

*NOTE.-----Please delete clause/clauses not applicable.

FORM OF OATH OF ALLEGIANCE

I, _____ do swear that I will be faithful and bear true allegiance 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 impartially.

Signature :-----

Name :-----

Assistant Commissioner of Income Tax (UT)

63rd Batch Indian Revenue Service

ANNEXURE-I

NEW PENSION SCHEME

(Details to be furnished by the Government Servant)

1. Name of the Govt. Servant :- -----
(In Block letters)
2. Designation :- -----
3. Name of Ministry/ Dep't.
Organization :- -----
4. Scale of Pay :- -----
5. Date of Birth :- -----
6. Date of joining Govt. Service :- -----
7. Basic Pay :- -----
8. Nominee for accumulation under
the Pension Account :- -----

Sr. No.	Name of the nominee	Age	Percentage of Share Payable	Relationship with the government servant
1.				
2.				
3.				
4.				

Name and Signature

Bill No. /2009-2010

ANNEXURE-II

Date. / /2009 For the month of ,2009

DETAILS OF OFFICIAL & NOMINEE(S) FOR THE ACCUMULATIONS UNDER PENSION ACCOUNTS IN r/o Shri/Smt/Ms -----

63rd Batch ACIT(UT), NADT, Nagpur.

Detail of nominee(s) for the accumulations under pension account

S. No.	Name of the Govt. Servant	Designation	Basic Pay	Date of Birth	Unique pension account no. in 15 digits (to be allocated by PAO)	Date of Joining service	Name of nominee	Age	Relation with Govt servant	% age of share
1	2	3	4	5	6	7	8	9	10	11

Signature
63rd Batch ACIT(UT)

Drawing & Disbursing Officer
O/o the NADT, Nagpur

FORM NO-8
(SEC.PARA 19.7)

**NOMINATION FOR BENEFITS UNDER THE CENTRAL GOVT. EMPLOYEES
GROUP INSURANCE SCHEME 1980**

(When the govt. Servant has a family & wishes to nominate one member or more than one member thereof)

I,hereby nominate the person/ persons mentioned below who is/are members(s) of my family, and confer on him/her right to receive to the extent specified below any amount that may be sanctioned by the Central Govt. under the Central Govt. Employees Group Insurance Scheme, 1980, in the event of my death while in service or which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Name & address(es) of Nominee/ Nominees	Relationship with the Govt. servant	Age	*Share of amount to be paid to each	Contingencies on the happening of which the Nomination shall become invalid	Name address & relationship of the person, if any, to whom the right of the nominee shall pass in the event of his/her predeceasing the Govt. Servant
1	2	3	4	5	6

Dated, thisday of 20.....at.....

Two witnesses to signature.

(With name, designation,)

1.

2.

Signature: _____

Name : _____

Assistant Commissioner of Income Tax (UT)
63rd Batch Indian Revenue Service

N.B. :- The Government servant should draw line across the blank space below his last entry to prevent the insertion of any name after he has signed.

* This column should be filled is so as to cover the whole amount that may be payable under the Insurance Scheme.

FORM NO-7

{See Para.19.7}

**NOMINATION FOR BENEFITS UNDER THE CENTRAL GOVERNMENT
EMPLOYEES GROUP INSURANCE SCHEME ,1980**

(When the govt. Servant has **no** family and wishes to nominate one person or more than one person)

I, having no family, hereby nominate the person/ persons mentioned below and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Central Govt. under the Central Government Employees Group Insurance Scheme, 1980, in the event of my death while in service or which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Name(s) & addresses of nominee/ nominees	Relationship with the Govt. servant	Age	*Share of amount to be paid to each	**Contingencies on the happening of which the Nomination shall become invalid	Name address & relationship of the person, if any, to whom the right of the nominee shall pass in the event of his predeceasing the Govt. Servant
1	2	3	4	5	6
1.					
2.					
3.					

Dated, thisday of 20.....at.....

Two witnesses to signature.

(With name, designation,)

- 1.
- 2.

Signature: _____

Name : _____

Assistant Commissioner of Income Tax (UT)
63rd Batch Indian Revenue Service

N.B. :- The Government servant should draw line across the blank space below his/her last entry to prevent the insertion of any name after he has signed.

* This column should be filled is so as to cover the whole amount that may be payable under the Insurance Scheme.

** The Government Servant shall specify in this column that the nomination shall become invalid in the event of is subsequently acquiring a family.

APPLICATION FOR LEAVE/EXTENSION OF LEAVE

{The application may be filled only by those Officer- trainees who attended the current F.C. at
Hyderabad and Bhopal}

1. Name of Applicant :-----
2. Post held :-----
3. Department, office and section :-----
4. Pay :-----
5. House rent and other compensatory allowance, drawn in the present post :-----
6. Nature and Period of Leave :-----
7. Sundays and Holidays, if any, proposed to be Prefixed/ suffixed to leave :-----
8. Ground on which leave, and nature Block leave after completing F.C period of that leave :-----
9. Date of return from last leave, and nature and period of that leave :-----
10. I proposed / do not propose to avail myself to leave travel connection for the block Year ----- during the ensuring
11. Address during leave period :-----

Dated: _____ Signature-----

12. Remarks and /or recommendation of the Controlling Officer.

Signature-----

Dated: _____ Signature-----

CERTIFICATE REGARDING ADMISSIBILITY OF LEAVE

(Office use)

Certified that _____
for _____ From _____ to _____

Is admissible under Rules _____ of the central Civil Services

(Leave) Rules, 1972

Dated: _____ Signature _____
Designation _____

14. Order of the authority competent to grant leave.

Dated: _____ Signature _____
Designation _____

To,
The Drawing & Disbursing Officer,
NADT, Nagpur

Sir,

Sub:- Authorization for making the deduction from the salary- reg.

I, the undersigned hereby authorize the DDO, NADT, Nagpur for making the deduction of Rs. 800/- every month, out of my salary, towards the following accounts-

- i) Towards the establishment and maintenance charge of Mess Rs. 700/-
 - ii) Towards the subscription for IRS Association Rs. 50/-
 - iii) Towards maintenance and cleanliness of Meeting point cafe Rs 50/-
- Rs. 800/-**

()
Assistant Commissioner of Income Tax (UT)
63rd Batch of I.R.S.,
NADT, Nagpur.

OPTION FOR MORNING EXERCISE

Name of the Officer Trainee : -----

*Option : -----

(Signature)

OPTIONS AVAILABLE:

1. P.T.
2. YOGA
3. Self Defense (Karate)

*OT has to choose one option from the above

OPTION FOR MORNING EXERCISE

Name of the Officer Trainee : -----

*Option : -----

(Signature)

OPTIONS AVAILABLE:

1. P.T.
2. YOGA
3. Self Defense (Karate)

*OT has to choose one option from the above

APPLICATION FOR ISSUE OF IDENTITY CARD

To,

**The Assistant Director (Administration)
National Academy of Direct Taxes.
Nagpur-30**

Sir,

I request you to issue me an Identity Card. I Joined the Academy on..... I am enclosing herewith a copy of my passport size photograph.

Yours faithfully,

Signature : -----

Name :-----

Assistant Commissioner of Income Tax (UT)

63rd Batch Indian Revenue Service
NADT, Nagpur

Nagpur :

Dated : /12/2009

Name :-.....

Designation:-.....

Identification Mark:.....

Blood Group.....

Signature

***APPLICATION FOR CGHS CARD**

1. Name in Full :-----
2. Ministry/Department/Office :-**NADT Nagpur**
3. Residential Address :-----
4. Dispensary No : **1 A NADT Nagpur**
5. Details of Family**

Sl No	Name	Date of Birth	Relationship
1			
2			
3			
4			
5			
6			
7			
8			

** Family includes wife(or husband), children, step children, dependent parents, sisters, widow sisters, daughters, widow daughters and minor brothers (below 18 years), adopted children, son till starts earning or attains the age of 25 years whichever is earlier.

Signature-----

63rd Batch Indian Revenue Service
NADT, Nagpur

Nagpur
/12/2009

* This application should be accompanied by properly filled CGHS card (which will be provided) and three copies of the group photo of all family members including the officer.

CERTIFICATE OF ASSUMPTION OF CHARGE

Certified that I have on the **Forenoon/Afternoon** of this day ----- assumed charge of the office of Assistant Commissioner of Income tax (Under Training), **National Academy of Direct Taxes, Nagpur.**

Nagpur -----

Date: ----- Signature of Assuming Officer with date

Name (In block letters)-----

Assistant Commissioner of Income Tax (UT)

63rd Batch of I.R.S. N.A.D.T. Nagpur

CERTIFICATE OF ASSUMPTION OF CHARGE

Certified that I have on the **Forenoon/Afternoon** of this day ----- assumed charge of the office of Assistant Commissioner of Income tax (Under Training), **National Academy of Direct Taxes, Nagpur.**

Nagpur -----

Date: ----- Signature of Assuming Officer with date

Name (In block letters)-----

Assistant Commissioner of Income Tax (UT)

63rd Batch of I.R.S. N.A.D.T. Nagpur.