

☎ : 03473-233-318  
: 03473-232-273



# HARINGHATA MAHAVIDYALAYA

(Affiliated to Kalyani University)

NAAC ACCREDITED

P.O.-SUBARNAPUR, DIST. - NADIA, WEST BENGAL, PIN- 741249

Email: [haringhatamahavidyalaya@rediffmail.com](mailto:haringhatamahavidyalaya@rediffmail.com)

Website: [www.haringhatamahavidyalaya.org](http://www.haringhatamahavidyalaya.org)

Ref. No: 8870/20/H.M/Notice /H.R.A Declaration (T.S & N.T.S) Date: 12.12.2020

## NOTICE

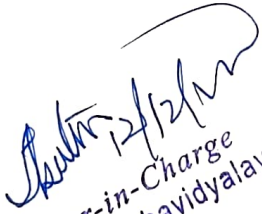
All the Teaching Staff U.G.C Substantive Post and Full-Time Non Teaching Staff are requested to submit to filled H.R.A form on or before 20.12.2020 positively.

This is for your information and action.

Jyoti Narayan Patra

Teacher-in-Charge

Haringhata Mahavidyalaya

  
Teacher-in-Charge  
Haringhata Mahavidyalaya

### Necessary information to:

1. The Hon'ble Administrator, (S.D.O, Kalyani), Haringhata Mahavidyalaya,
2. The Head Clerk,

Name of College :  
Address :

H.R.A. Declaration vide Higher Edn. Dept. Order No. 597-Edn(CS)  
dt. 09.06.99.

I do hereby declare that -

1. I am incurring/Paying/Contributing some expenditure on rent/towards house on property tax or maintenance of the house owned by myself/parents/son(s) /Unmarried daughter(s)/spouse.
2. I am married/Unmarried/Widow/Widower.
3. I and my spouse are not enjoying any accommodation provided or owned by the College authorities, Universities, Govt. authorities or any Govt. undertaking any statutory or Local Body.
- 3(a) I am paying Rs. .... as rent for accommodation provided by Govt/ any Govt. Undertaking, any statutory or local body.
4. My wife/husband is not in service under the Govt. of India or any State Govt. or any undertaking of the Central or any State Govt. or any statutory or Local Body, Educational Institution etc.

OR  
My wife/husband is employed and following are the particulars of her/his employment and pay etc. drawn by her/him :-

- a) Name and address of her/his office/Institution/Organization-  
.....
- b) present pay per mensem, scale of pay.  
.....
- c) House rent Allowance drawn by her/him per mensem & dt. of next increment  
.....

OR  
My husband/wife does not draw any HRA because  
.....

Date : \_\_\_\_\_ Signature: \_\_\_\_\_  
Name : \_\_\_\_\_  
Designation : \_\_\_\_\_

I do hereby declare that the particulars given above are true.

Signature of the Spouse \_\_\_\_\_ Signature: \_\_\_\_\_  
of the employee. Name : \_\_\_\_\_  
Designation: \_\_\_\_\_

- Note: (1) Please strike out which is not applicable.  
(2) If the employee or spouse enjoys free/rented accommodation/Quarter, then the employee will not be entitled to get HRA.  
(3) Attested Xerox copy of the Certificate of HRA issued by the employer of the spouse should be furnished.

Signature of the appointing authority \_\_\_\_\_ Signature of the Head/  
of the spouse with seal. Employer of the College  
.....