

LIST OF FORMS REQUIRED AT THE TIME OF JOINING

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HOME TOWN DECLARATION

(At the time of Joining)

I declare that my "Home Town" for Leave Travel Concession as below:

(In block Letters)

Name of Town/ Village : _____

District : _____

State : _____

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

Place: Nagpur.

Signature _____

Date: - _____

(Name in Block Letters) _____

Designation: **Assistant Commissioner of Income Tax (UT)**

Phone No. _____

Reasons such as "Permanent residences of near relatives like Brother etc." Ownership of immovable property etc.

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) dated 12.07.1958. 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.*

DECLARATION REGARDING MARITAL 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 _____

Name _____

Assistant Commissioner of Income Tax (UT)

69th Batch of Indian Revenue Service.

***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 uphold the sovereignty and integrity of India, and that I will carry out the duties of my office loyally honestly and impartially.

Signature : _____

Name : _____

Assistant Commissioner of Income Tax (UT)

69th Batch of I.R.S

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 _____

Signature _____

Bill No. /2015-2016

Date. / /2015 For the month of ,2015

DETAILS OF OFFICIAL & NOMINEE(S) FOR THE ACCUMULATIONS UNDER PENSION ACCOUNTS
 in r/o Shri/Smt/Ms _____
 ACIT(UT), 69th Batch of IRS, 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	Relationship with Govt servant	% age of share
1	2	3	4	5	6	7	8	9	10	11

 Signature
 69th Batch ACIT(UT)

Drawing & Disbursing Officer
 NADT, Nagpur

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 extend 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

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

Two witnesses to signature.
(With name, designation,)

1.

2.

Signature : _____

Name : _____
ACIT (UT), 69th Batch I.R.S

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.

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 the 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 : _____

ACIT (UT), 69th Batch I. R.S.

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.

APPLICATION FOR LEAVE/EXTENSION OF LEAVE

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

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 period of that leave :
9. Date of return from last leave, and nature and period of that leave :
10. I propose / do not propose to avail myself of leave travel connection for the block Year _____ during the ensuring leave :
11. Address during leave period :

Signature of the Applicant with date

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

Signature (with date) Designation

CERTIFICATE REGARDING ADMISSIBILITY OF LEAVE

(Office use)

Certified that____(*nature of leave*) _____(*period*) from _____ to _____
_____ is admissible under Rule of the Central Civil Services (Leave) Rules

Dated:

Signature (With date)
Designation_____

Order of the authority competent to grant leave.

Signature (With date)
Designation_____

To,
The Drawing & Disbursing Officer,
NADT, Nagpur

Madam,

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./- every month, out of my salary, towards the following accounts-

- | | | |
|------|---|----------------------------|
| i) | Towards the establishment and maintenance charge of Mess | Rs./- |
| ii) | Towards the subscription for IRS Association | Rs./- |
| iii) | Towards maintenance and cleanliness of Meeting point cafe | <u>Rs./-</u> |
| | Total | <u>Rs./-</u> |

(Signature)

(Name in Block Letters)

ACIT (UT) 69th 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 Dy./Asstt. Director (A&E)/ (Admn)-I/II
National Academy of Direct Taxes.
Nagpur-440030.

Passport-Photo

Sir/Madam,

I have joined National Academy of Direct Taxes as an Officer Trainee of the 69th batch of Indian Revenue Service (IRS) on _____. I request you to issue me an Identity Card. I am furnishing below the relevant details and also enclosing herewith a copy of my passport size photograph.

Name : _____

(In block letter)

Designation: Assistant Commissioner of Income Tax (UT)

Identification Mark: _____

Blood Group _____

Date of Birth _____

Signature

Yours faithfully,

Nagpur:

Signature : _____

Name : _____

Dated : /12/2015

ACIT(UT) 69th Batch of I. R. S, NADT

--

NAME _____

1. Name of the Applicant:

{ Please Tick Departmental if you are posted in the Ministry of Health & Family Welfare/ DGHS / CGHS }

{ Please Tick Services if you belong to any specific organized service }

3. Name of Department / Service

4. Designation **Gazetted** **Non-Gazetted**

5. Scale of Pay Present Pay-

(Present pay pre-revised Rs.....)

6. Last Pay / Basic Pension (in case of Pensioners):.....

7. Official Address

8. Residential Address:

9. Telephone Number: (O) 2.....(R)(M)

10. e-mail ID.....

11. Date of Superannuation: / /

Date Month Year

12. Are you on Deputation (Central Deputation?)

13. If yes, likely completion of Deputation

14. Are your services transferable to other cities:

15. Details of Family

{* Please see definition of Family before filling up this column}

S.No	Name of Family member	Relationship to CGHS Card Holder*	Date of Birth# (compulsory)	Blood Group (optional)

13

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.

Signature of Assuming Officer with date

Nagpur

Date: _____

Name (In block letters)
ACIT(UT) 69th 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.

Signature of Assuming Officer with date

Nagpur

Date: _____

Name (In block letters)
ACIT(UT) 69th Batch of I.R.S.
N.A.D.T. Nagpur

THE SCHEDULE

{See Rule 18(1)}

Return of assets and Liabilities on first appointment (as on date of appointment 22/12/2014)

1. Name of the Govt. Servant in full :.....
(in Block letters.)
2. Service to which he belongs :.....
3. Total length of service up to date :
i) in non Gazetted rank :.....
ii) in Gazetted rank :.....
4. Present Post held and place of Posting :.....
5. Total annual income from all sources :.....
During the Calendar year immediately
Preceding the 1st January, 2014
6. Declaration :.....

I have declare that the return enclosed namely, From I to V are completed, true and correct as on to the best of my knowledge and belief , in respect of information due to be furnished by me under the provisions of sub-rule(1)of Rule 18 of the Central Service (conduct) Rules, 1964.

Date

Signature.....

NOTE 1. -This return shall contain particulars of all assets and liabilities of the Government servant either in his own name or in the name of any other person.

NOTE 2.-If a Government servant is a member of Hindu Undivided Family with coparcenary rights in the properties of the family either as a 'Karta' or as a member, he should indicate in the return in Form No.1 the value of his share in such property and where it is not possible to indicate the exact value of such share, it's approximate value. Suitable explanatory notes may be added wherever necessary

FORM NO 1.

Statement of immovable property on first appointment (as on date of appointment 22/12/2014)

(e.g. Lands, House, Shops, Other buildings, etc.)

Sr. No.	Description of property	Precise location (Name of District, Division, Taluka and Village in which the property is situated and also its distinctive number, etc.	Area of land (in case of land and buildings)	Nature of land in case of landed property	Extent of interest	If not in own name, state in whose name held and his/her relationship, if any to the Government servant.
1	2	3	4	5	6	7

.. 2..

:: 2 ::

Date of acquisition	How acquired (whether by purchase, mortgage, lease, inheritance, gift or otherwise) and name with details of person/persons from whom acquired (address and connection of the Government servant, if any, with the person/persons concerned) Please see Note 1 below	Value of the property (see Note 2 below)	Particulars of sanction of prescribed authority, if any.	Total Annual income from the property	Remarks
8	9	10	11	12	13

Date _____

Signature _____

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, 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 (as on date of appointment 22/12/2014)

(1) Cash and Bank balance exceeding 3 months' emoluments.

(2) Deposits, loan advances and investments (such as shares, securities debentures etc.)

Sr. 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
1	2	3	4	5	6	7

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 (as on date of appointment 22/12/2014)

Sr. No.	Description of items	Price or value at the time of acquisition and/or the total payments made up to the date of return, as the case may be in case of articles purchased on hire purchase or installment basis	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
1	2	3	4	5	6

Date : _____

Signature _____

NOTE 1 - In this Form, information may be given regarding items like (a) jewellery owed by him (total value); (b) silver and other precious metals and precious stones owned by him not forming part of jewellery (total value); c(i) Motor Cars, (ii) Scooters/Motor Cycles, (iii) refrigerators/air-conditioners, (iv) radios/radiograms/television sets and any other articles, value of which individually exceeds Rs.1,000; (d) value of items 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, and gift or otherwise. NOTE 3 - In Column 6, particulars regarding sanction obtained or report made in respect of various transactions may be given.

FORM NO. IV

Statement of Provident Fund and Life Insurance Policy on First Appointment (as on date of appointment 22/12/2014)

Insurance Policies

Sr. No.	Policy No. and date of policy	Name of Insurance Company	Sum insured/date of maturity	Amount of annual premium
1	2	3	4	5

Provident Funds

Type of Provident Funds/GPF/CPF Account No.	Closing balance as last reported by the Audit/Accounts Officer alongwith 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)
6	7	8	9	10

Date : _____

Signature _____

FORM NO. V

Statement of Debts and Other Liabilities on First Appointment (as on date of appointment 22/12/2014)

Sr. No.	Amount	Name and address of Creditor	Date of incurring Liability	Details of Transaction	Remarks
1	2	3	4	5	6

Date : _____

Signature _____

NOTE 1 - Individual items of loans not exceeding three months emoluments or Rs.1,000 whichever is less, need not be included.

NOTE 2 - In Column 6, information regarding permission, if any, obtained from or report made to the competent authority may also be given.

NOTE 3 - The term "emoluments" means pay and allowances received by the Government servant.

NOTE 4 - The statement should also include various loans and advances available to Government servants like advance for purchase of conveyance, house building advance, etc. (other than advances of pay and traveling allowance, advances from the GP Fund and loans on Life Insurance Policies and fixed deposits).

REQUEST FOR USER-ID/PASSWORD FOR NADT INTERNET USAGE

NAME OF USER : _____
 DESIGNATION : _____
 BATCH : _____
 (In Case of Probationers)
 PLACE OF POSTING : _____

I may please be allocated with a user-id & password to access the NADT internet for official use. I hereby agree to abide by the terms & conditions of the INFORMATION TECHNOLOGY USAGE POLICY OF NADT. (User must sign on each page on the copy of the IT Usage Policy of NADT)*

Name and Signature of User
 (Officer Trainee – 69th Batch of IRS)

Mr./Ms. _____ Desg. _____ may be provided
 with a use-rid and password to access the internet of NADT for official purpose.

Name and Signature
 (Supervisory Officer)**

Note: 1. ** Supervisory signature is not required for the Faculty Member of NADT.
 2.* The Format of request form & IT usage policy documents are available on the website of NADT.