

HRA DECLARATION FORMAT

As on 1st January / July _____ (Year)

(G.O No. 97-SE(B), Dt. 07.03.2001)

PART -A

I am married / unmarried / widow / Widower (Strike out which is not applicable)

1. Name of the Office / School : _____

2. Name of the employee : _____

3. Designation of the employee : _____

a) Employees' Present Pay (Band Pay + Grade Pay) : _____

b) HRA : _____

c) Opted for Swasthyasathi? Yes / No

d) Whether you get Swasthyasathi Card? Yes / No

If, yes then write the no. of Card _____

I do hereby declare that the details furnished in Part-A are true at the best of my knowledge.

Date : _____
Signature of Employee

PART- B

My wife / husband is / was not in service under the Government of India or any statutory / local body, educational institution (strike out which is not applicable) Or,

My wife / husband is / was in service and following are particulars of her / his employment and Pay etc. drawn by her / him. (strike out which is not applicable).

i) Name of the Spouse : _____

a) Name of the office : _____

b) Address of the office : _____

c) Spouse's Present Pay (Band Pay + Grade Pay) : _____

d) Spouse's HRA : _____

e) Whether spouse is opted for government housing? _____

f) Whether spouse is opted for W.B Health Scheme? _____

g) Whether spouse is opted for under Swasthyasathi Scheme : Yes / No

I do hereby declare that the details furnished in Part-B are true at the best of my knowledge.

Date : _____
Signature of Spouse

Enclosed: Salary Certificate of Spouse

Verified by :

S.I.s / HOI / HOO.

Signature of HT / TIC with Seal
(In case of Primary Teachers only)

STM