



OFFICE OF THE REGISTRAR
Indian Institute of Engineering Science and Technology, Shibpur
(Formerly Bengal Engineering and Science University, Shibpur)
P.O.: Botanical Garden
Howrah – 711 103

No: RMS/51/26

Date: 28 January, 2026

NOTICE- Reminder

All employees (Teaching and Non-Teaching) are hereby again requested to submit their Family Declaration in the attached format in the receiving section positively by 06.02.2026 for updating the Institute Records. This is the last and final chance to submit the declaration form. The employees (Teaching and Non-Teaching) who have already submitted the same as per Circular No. RMS/474/25 dtd. 16th Sept., 2025, should ignore this.

This is issued with the approval of the competent authority.

Enclo: as stated

sd/-
(Shib Sankar Basak)
Deputy Registrar (E.II)

Memo No: RMS/51/26 (5)

Date: 28 January, 2026

Copy forwarded for information and necessary action to:

1. The PS to the Director
2. All Deans/HODs/Officers/Schools/Centres/Section – in Charges
3. All Hostel Superintendents
4. The I/C (Record Section) for guard file
5. Institute Website

28/1/26
Deputy Registrar (E.II)

(D)

FAMILY DECLARATION FORM

1. Name : _____

2. Designation : _____ 3. Department: _____

4. Pay Band : _____ 5. (Academic) Grade Pay : _____

6. Employee Code : _____ 7. Gross Salary : _____

8. Contact No. : _____ 9. Blood Group: _____

10. Date of Birth : _____ 11. Date of Superannuation: _____

12. Residential Address :

13. Email : _____

14. Details of Dependent's:

Sl. No.	Name(s)	Relationship with the Employee	Date of Birth	Blood Group	Residing with the Employee ? (Y / N)
a.					
b.					
c.					
d.					
e.					

-: 2 :-

15. No. of Dependents:

16. No. of Health Record Books:

17. Declaration:

I do hereby declare to intimate the Institute-authority immediately if any change in dependency criteria of my family members, mentioned in this application form, occurs.

In case I avail myself of the CMS/LTC facility for the dependent who is no more my dependent, suppressing the fact, I will be liable to accept any administrative action against me.

I do hereby declare to surrender the CMS Health Record Book of my dependent on ceasing to be eligible for CMS benefits;

I do hereby certify that the information furnished by me in this application is true to the best of my knowledge and belief. No information is concealed or misrepresented.

Date:

Signature of the Employee

Enclo: (Please use ✓ mark where applicable)

- Proof of residence / stay of dependents (Ration Card/ EPIC / Passport / Bank Pass Book / Identity Card issued by College / school/University etc.)
- Proof of age of son /dependant brother
- Disability certificate, if age of son is above 25 years
- Self certified copy of blood group report.