



राष्ट्रीय प्रौद्योगिकी संस्थान मिज़ोरम
NATIONAL INSTITUTE OF TECHNOLOGY MIZORAM

(An Institution of National Importance under Ministry of Education, Govt. of India)

चलत्लांग, आइज़ोल, मिज़ोरम / CHALTLANG, AIZAWL, MIZORAM – 796012

Phone: 0389- 2391236 / 2391774 / 2391699

Email: registraroffice@nitmz.ac.in

Website: www.nitmz.ac.in

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: _____

Countersigned:-

Registrar
NIT Mizoram



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FORM – 3 [See Rule 54 (12)]

DETAILS OF FAMILY

(In block Letters)

Name of the Government Servant : _____

Designation : _____

Date of Birth : _____

Date of Appointment : _____

Details of the members of Family as on : _____

Sl. No.	Name of the Family Members	Date of Birth	Relationship with the Govt. Servant	Initials of the Head of Office	Remarks
1	2	3	4	5	6
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

I hereby undertake to keep the above particulars up-to-date by notifying to the Head of Office any addition or alteration.

Place: _____

Signature of Government Servant

Date: _____

* Family for this purpose means Family as defined in Clause (b) of sub-rule (14) of Rule 54 of the CCS (Pension) Rules, 1972 (see overleaf).

Note :- Wife and husband shall include respectively judicially separated wife and husband.

Countersigned:-

Registrar

NIT MIZORAM



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HOME TOWN DECLARATION

(Vide 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)

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

(In block Letters)

Name of the Government Servant : _____

Designation : _____

Date of Birth : _____

Date of Appointment : _____

(Regular or Adhoc)

Name of Home Town/Village : _____

District : _____

State : _____

Pin Code : _____

Sl. No.	Name of the Family Members	Date of Birth	Relationship with the Govt. Servant	Occupation	Average monthly Income from all source	Remarks
1	2	3	4	5	6	7
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Having gone through the definitions of Family members for the purpose of LTC, I do hereby declare that the family members declared by me as above are true to the best of my knowledge and if any false/mis-representation is found by the NIT Mizoram, I shall be liable to disciplinary actions.

Place: _____

Signature of Government Servant

Date: _____

Phone No. _____

Countersigned:-

Registrar

NIT Mizoram



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DECLARATION OF FAMILY MEMBERS FOR MEDICAL ATTENDANCE

(In block Letters)

Name of the Government Servant : _____

Designation : _____

Date of Birth as per Service Book : _____

Date of Appointment : _____

(Regular or Adhoc)

Sl. No.	Name of the Family Members	Date of Birth	Relationship with the Govt. Servant	Occupation	Average monthly Income from all source	Remarks
1	2	3	4	5	6	7
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Having gone through the definitions of Family members for the purpose of Medical Attendance as per CCS(MA) Rules, 1944, I do hereby declare that the family members declared by me as above are true to the best of my knowledge and if any false/mis-representation is found by the NIT Mizoram, I shall be liable to disciplinary actions.

Place: _____

Date: _____

Signature of Government Servant

Phone No. _____

ACCEPTED (except Sl. No. _____) vide Authority's/Director's approval date _____

Countersigned:-

Registrar

NIT Mizoram

DEFINITION OF FAMILY FOR MEDICAL ATTENDANCE (see overleaf)

1. FAMILY MEANS EMPLOYEES'S

- (i) Husband/Wife including more than one wife and also judicially separated wife.
- (ii) Parents but not step-parents. In case of adoption, only the adoptive and not the real parents. If the adoptive father has more than one wife, the first wife only. A female employee has a choice to include either her parents-in-law; option exercised can be changed only one during services.
- (iii) Children including legally adopted children, stepchildren and children taken as wards subject to the following conditions:-
 - Son - Till he starts earning or attains the age of 25 years or gets married, whichever is earlier.
 - Daughter - Till she starts earning or gets married, irrespective of the age-limit, whichever is earlier.
- (iv) Son suffering from any permanent disability of any kind (physical or mental) - irrespective of age-limit.
- (v) Dependent divorced / abandoned or separated from their husband / widowed daughters and dependent unmarried / divorced / abandoned or separated from their husband / widowed sisters - irrespective of age-limit.
- (vi) Minor brother(s) - Up to the age of becoming a major (i.e 21 years of age)
- (vii) Permanently disabled dependent brother - irrespective of age-limit.



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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.

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.

Place: Aizawl

Signature _____

Date: _____

Name (in Block Letters) _____

Designation: _____

Phone No. _____

***Note: Please delete the clause/clauses not applicable.**

Countersigned:-

Registrar
NIT Mizoram



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ANNEXURE-I

NATIONAL PENSION SYSTEM (NPS)

(Details to be furnished by the Government Servant)

1. Name of the Govt. Servant : _____
(In Block letters)
2. Designation : _____
3. Name of Ministry/ : _____
Deptt./ 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

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

Signature : _____

Name : _____

Designation : _____

Countersigned:-

Registrar
NIT Mizoram



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ANNEXURE-II

DETAILS OF OFFICIAL & NOMINEE(S) FOR THE ACCUMULATIONS UNDER PENSION ACCOUNTS

in r/o Shri./Smt./Ms. _____

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

Sl. 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 of Govt. Servant

Drawing & Disbursing Officer
NIT MIZORAM

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.



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To,

Date: _____

The Drawing & Disbursing Officer
NIT MIZORAM

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

Sir/Madam,

I, the undersigned hereby authorize the DDO, NIT MIZORAM for making the deduction of Rs. _____ /- every month, out of my salary, towards the following accounts :-

Towards the subscription for _____ Association	₹.
	₹.
	₹.
TOTAL	₹.

(Signature)

Name (in Block Letters): _____

NIT MIZORAM

Accepted By:-

Signature

Name of the DDO

NIT Mizoram



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APPLICATION FOR ISSUE OF IDENTITY CARD

To,

**The Registrar
National Institute of Technology Mizoram
Aizawl – 796012**

Passport
Photo
(Do not staple)

Sir/Madam,

I have joined National Institute of Technology Mizoram 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.

1. Name (In block letters) : _____
2. Date of Birth : _____
3. Designation : _____
4. Department : _____
5. Date of Joining : _____
6. Father's Name : _____
7. Permanent Address : _____

PIN: _____

Mobile No: _____

8. Blood Group : _____
9. Identification Mark : _____

ID. CARD No. (To be issued from the Office): _____

Signature of the Applicant



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FORM NO-7
{See Para. 19.7}

**NOMINATION FOR BENEFITS UNDER THE EMPLOYEES GROUP
 MEDICAL INSURANCE SCHEME**

(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

Signature of Govt. Servant

Drawing & Disbursing Officer

NIT MIZORAM

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.



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DECLARATION AND NOMINATION FORM

With reference to the Office Order No. NITMZ/Estt./98-1/2024/____, dated the 9th July, 2025, I hereby confirmed that I will be enrolled as a Member in the NIT Mizoram 'Group Term Life Insurance Scheme' with effect from 01.01.2025 on the conditions specified therein. I agree to the recovery of the subscription of Annual Premium of ₹. as per provisions of the Scheme for providing me with an Insurance cover of Sum Assured ₹. commencing from the commencement of normal working hours on the 1st August, 2025, besides benefits from the Savings Fund under the Scheme.

Further, I, hereby nominate the person(s) mentioned below who is/are member(s) of my family, and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the NIT Mizoram under the 'Group Term Life Insurance Scheme' 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 and address of Nominee	Relationship with Government servant	Age	Share of amount to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name, address and relationship of the person, if any, to whom the right of the nominee shall pass in the event of his predeceasing the Government servant.
1.	2.	3.	4.	5.	6.
1.					
2.					
3.					

Two witnesses to signature. 1.

2.

Yours faithfully,

Signature:

Name:

Designation:

Department:

Date:

Place: