

Employee Joining Forms



बिरला प्रौद्योगिकी संस्थान, मेसरा
Birla Institute of Technology, Mesra



Birla Institute of Technology

A Deemed to be University u/s 3 of UGC Act, 1956

Mesra 835215 (Ranchi)

Website: <https://www.bitmesra.ac.in>

Annexure I: Declaration of not-under-bond

I hereby declare that I am not under any bond or agreement or under any obligation to serve the Central Government, a State Government, a University or a Public Authority or Undertaking or an Institute.

I also declare that (tick ✓ whichever is applicable)

I have not submitted application (s) to any of the organization as on the date of joining.

OR

I have already submitted application (s) to the following organizations as on the date of joining.

Sr. No	Name of the Organization	Post	Date of application
1.			
2.			
3.			
4.			
5.			
6.			

Yours Faithfully

Signature of declarant:

Name:

Designation:

Date:

Place:



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Annexure II: Character certificate

Certify that I have known Dr./Mr./Ms. _____
son/wife/daughter of _____ for the last _____ years
and to the best of my knowledge and belief he/she bears a good moral character and has no
antecedents which render him/her unsuitable for employment at Birla Institute of Technology
Mesra.

Dr./Mr./Ms _____ is not related to me.

Signature of certifying officer*:

Name and designation of the
certifying officer:
(Not below the rank of Under Secretary)

Address:

Place:

Date:

Note: * The certifying officer should have personally known the candidate for at least three year.



Annexure III: Employee History Sheet

WARNING: The furnishing of false information or suppression of an information in the Attestation form would be a disqualification and is likely to render the candidate unfit for employment under the Institute.

If detained, convicted, debarred etc. after the completion and submission of this form, the details should be communicated immediately to the Authority to whom the attestation form has been sent earlier as the case may be, failing which it will be deemed to be a suppression of an information.

Affix passport size
(3.5cm X 4.5cm)
recent
photograph
here.

1. **Name in full** (in block letters) First Name Middle Name Last Name

a. Any other name by which you were known in the past including addition / drop / change in surnames.

b. Any aliases by which you are/were known.

2. **Present Address** (in full) with telephone numbers and email addresses

3. **(a) Permanent Address** (in full) with telephone numbers and email addresses

(b) If originally a resident of Pakistan, the address in that country and the date of migration to Indian Union

4. Aadhar No., PAN Card No., Passport No.: -

5. Contact No:
6. Emergency Contact No. & Name:
7. Nationality:
8. (a) Date of birth:
(b) Age at the time of completion of SSC/X/Matriculation:
9. Place of birth, district, state and country in which you were born:
10. (a) Your religion:
(b) Are you a member of a SC/ST, Answer "Yes or No" and if the answer is Yes state the name thereof:
11. Category: (GEN/SC/ST/OBC/Others)-
(In case of SC/ST/OBC/Others please enclose necessary prof.)
12. Mother Tongue:
13. Marital Status:
14. Male/ Female:
15. Languages Known (Indian & Foreign):

S.No.	Language	Read	Write	Speak

16. Particulars of place (with period of residences) where you have resided for more than one year at a time during the preceding five years. In case of stay abroad particulars of all places where you have resided for more than one year after attaining the age of 21 years should be given:

From	To	Residential Address in full (i.e. village/Thana & Dist. or House no. Lane/Street/Road and Town)	Name of the Dist. Head Quarter of the place mentioned in the proceeding column

17. (a) Information to be furnished with regard to family members/dependents:

Relationship	Name & Nationality (by birth and/or by domicile) and place of birth	Occupation (if employed give designation & official address)	Present postal address (if dead give last address)	Permanent home address
1. Father (Name in full – aliases if any)				
2. Mother				
3. Wife /Husband				
4. Brother(s)				
5. Sister(s)				
6. Children				

(b) Information to be furnished with regard to son(s) and / or daughter(s) in case they are studying/living in a foreign country:

Name	Nationality (by birth)	Place of birth	Country in which studying/living with full address	Date from which studying/living in the country mentioned in previous column

18. Educational qualification showing place of education with years in school and colleges since 15th year of age:

Degree	School/College / Institute	Board/ University	From	To	Percentage/ Grade	Specialization

19. (a) Are you holding or any time held an appointment under the Central/ State Govt. or Semi Govt. or a Quasi Govt. body or an Autonomous body or a Public undertaking or a Private firm Institution? If so, give full particulars of employment up-to-date.

Name of Employer	Post Held	From	To	Last Pay Drawn with Scale	Reason of Leaving

(b) If the previous employment was under the Govt. of India, a State Govt/ an Undertaking owned or controlled by Govt. of India or a State Govt./ an autonomous body/ University/Local body, if you had left service on giving a month's notice under rule 5 of the Central Civil Services (Temporary Service) Rules, 1965, of any similar corresponding rules, were any disciplinary proceedings frames against you or had you been called upon to explain your conduct in any matter at the time you gave notice of termination of service, or at a subsequent date, before your services actually terminated?

(c) In case of previous employment (if any), relieving certificate / experience certificate indicating DOJ /DOL with designation at the time of joining /leaving, last pay certificate, Income Tax Return form of last 3 years.

20. (a) The following questions must be answered with respect to any country of the world including India (Specific answer to each of the questions should be given by striking out "Yes" or "No" as the case may be):

(i) Have you ever been arrested?	Yes/No
(ii) Have you ever been prosecuted?	Yes/No
(iii) Have you ever been kept under detention?	Yes/No
(iv) Have you ever been fined by a Court of Law?	Yes/No
(v) Have you ever been bound down?	Yes/No
(vi) Have you ever been convicted by a court of Law for any offence?	Yes/No
(vii) Have you ever been debarred from any exam by any Public Service Commission from appearing at its exam/selection?	Yes/No
(viii) Have you ever been debarred from any exam or rusticated by any university or any other educational authority/ institution?	Yes/No
(ix) Is any case pending against you in any court of law at the time of filling or this attestation form?	Yes/No
(x) Is any case pending against you in any university or any other educational authority/ institution at the time of filling up this attestation form?	Yes/No

(b) If the answer to any of the above mentioned question is a Yes give full particulars of the case/ arrest / detention/ fine/ conviction/ sentence/ punishment etc. and/ or the nature of the case pending in the Court/ University Educational Authority etc. at the time of filling up this form.

21. Name of two responsible persons (with address) of your locality or two references of whom you are known:

(I)

(II)

22. Write two identification marks on your body:

(I)
(II)

I certify that the foregoing information is correct and complete to the best of my knowledge and belief. I am not aware of any circumstances which might impair my fitness for employment under Government.

Date:	Signature of declarant:
Place:	Name of declarant:
	Designation:



Annexure IV: Identity certificate

With Aadhaar card

Certified that the Identity of Shri/Smt/Kum _____
_____ son/daughter/wife of
Shri _____ has
been verified using e-KYC procedure of Aadhaar card.

Signature of Registrar
of BIT Mesra:

Name:

Date:

Affix passport size
(3.5cm X 4.5cm)
recent
photograph
here.

OR

Without Aadhaar card

Certified that I have known Shri/Smt/Kum _____
_____ Son/daughter/wife of
Shri _____ for the
last _____ years, _____ months and that to the best of my knowledge
and belief the particulars furnished by him/her are correct.

Signature of certifying*
officer along with seal:

Name and designation of
the certifying officer:

Address:

Date:

Affix passport size
(3.5cm X 4.5cm)
recent
photograph
here.

*Certificate to be signed by any one of the following

- a. Gazette Officer of the central or state government. Member of the parliament or state legislature belonging to the constituency where the candidate or his parents/guardian is ordinarily resident.
- b. Sub-divisional magistrate/officers.
- c. Tahsildars of Naib/Deputy Tahsildars authorized to exercise magisterial powers.
- d. Principal/Head master of the recognized school/college/Institution where the candidate studies last.
- e. Block Development Officer/Panchayat Inspectors.
- f. Identity certificate is optional for the person with a valid Aadhaar card and whose identity verification is carried out by the Institute using Aadhaar card.



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Annexure V: Oath of allegiance

(Form I)

(Indian nationals)

I _____ do swear / solemnly affirm that I will be faithful and bear true allegiance to India and to the Constitution of India as by law established, that I will uphold the sovereignty and integrity of India, and that I will carry out the duties of my office loyally, honestly and with impartiality.

Signature:

Date:

Name:

Place:

Designation:

(Form II)

(Foreign nationals)

I _____ a citizen of _____ temporarily residing in and holding a civil post under the Government of India do swear / solemnly affirm that, having the faith and allegiance I owe to * _____ I will, during the period of my service as aforesaid, be faithful to India and to the Constitution of India as by law established and that I will carry out the duties of my office loyally, honestly and with impartiality.

Signature:

Date:

Name:

Place:

Designation:



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Annexure VI: Certificate of Marital Status

1. I Dr./Sh./Smt./Kumari_____declare as under:

- a. That I am unmarried / a widower / widow.
- b. That I am married* and have more than one spouse living. Application for grant of exemption is enclosed.
- c. That I am married* and that during the life time of my spouse, have contracted another marriage. Application for grant of exemption is enclosed.
- d. That I am married* and my husband / wife does not have other living spouse to the best of my knowledge.
- e. That I have contracted a marriage with a person who has already one wife or more living. 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.

*Marriage certificate to be enclosed.

Signature of declarant:

Date:

Name:

Place:

Designation:



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Annexure VII: Oath of secrecy

I _____ having been appointed as _____, do solemnly affirm / do swear in the name of God that I will not directly or indirectly communicate or reveal to any person or persons any matter which shall be brought under my consideration or shall become known to me as an employee of Birla Institute of Technology Mesra, except as may be required for the due discharge of my duties.

Signature of declarant:

Date:

Name:

Place:

Designation:



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Annexure VIII: Medical fitness certificate

(To be issued by a Government Medical Practitioner or Civil Surgeon)

PERSONAL HISTORY

1. Name
2. Employee Code.
3. Parent/ Guardian's Name.....
4. Age Years Months
5. Sex.....
6. Identification Mark on the Body, if any
(This can be a mole, scar or birthmark)
7. Major illness/ surgery, if any
(Specify nature of illness/ surgery)

CERTIFICATE

(The following are to be filled by the Medical Officer conducting the medical examination)

- | | |
|-----------------------------------|---------------------------|
| 1. Height..... cm | 2. Weight..... kg |
| 3. Past History | 4. Chest |
| a) Mental Disease | a) Inspirationcm |
| b) Epileptic Fit | b) Expirationcm |
| 5. Blood Group | 6. Hearing..... |
| 7. Vision with or without glasses | b) Left Eye..... |
| a) Right Eye..... | d) Uniocular Vision |
| c) Colour Blindness | |
| 8. Respiratory system | 9. Nervous system |
| 10. Heart | 11. Abdomen |
| a) Sounds..... | a) Liver..... |
| b) Murmur | b) Spleen |

- 12. a) Hernia
- b) Hydrocele
- 13. Laboratory Tests:
 - a) CBC.....
 - b) Blood Glucose.....
 - c) Viral screening.....
 - d) Urine RM.....
- 14. X-ray chest.....
- 15. ECG.....
- 16. Any other defects.....

Certified that Son/daughter
 of is in found physical health to
 pursue his/her service at BIT Mesra.

Signature of the Medical Officer or Civil Surgeon

Signature of the Candidate

Date.....

Full Name.....

Medical/Registration No.....

Official Seal



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Annexure IX: Declaration

Form Medical facilities

I _____
(Name & Designation) Emp. Code. _____ hereby declare that following are the members of my family who are residing with me and are wholly dependent (as per the definition applicable for employee of BIT Mesra) upon me. Eligibility (1) Self (2) Spouse (Husband/ Wife) (3) Dependent Children (Maximum Two-upto the age of 23 years. However, the Child/ Children should be unemployed and unmarried.

S. N.	Full Name	Relation-ship	Date of birth	Age	Aadhaar number	Income, if any
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The particulars of dependent members of family as given above are correct. If any statement is found to be untrue I shall be liable for disciplinary action.

Signature of declarant:

Name:

Designation:

Deptt. / Section:

Date:

Employee Code:

Note: In case husband/wife is employed in some other organization a certificate from his/her employer to effect that no medical facility is available to him/her and that no such concession if admissible will be availed hereafter or I hereby undertake not to avail Medical facilities from the Institute, as I am beneficiary from the Organisation where my Husband / wife presently employed (Name of the Organisation).

Forwarded: (Head of the deptt. /Section)



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Annexure X: Forms of nomination

Form A: Gratuity Nomination

I, (Name & Designation) _____

Emp. Code _____ hereby nominate the person/persons mentioned below and confer on him/her/them the right to receive in the event of my death, to the extent specified below, amount on account of any *gratuity* from BIT Mesra.

Name (in full) date of birth, relationship, and Address of the nominee	Percentage share to be paid to each	If nominee is minor, then, name, date of birth, relationship and address of the person who may receive the amount on behalf of minor	Name, DOB, relationship and address of alternate nominee in case the nominee under col (1) predeceases the employee	Name, DOB and address of person who may receive the amount if alternate nominee in col (4) is a minor	Conditions rendering nomination invalid
1	2	3	4	5	6

These nominations supersede any nominations made by me earlier.

Signature of the employee

Name of employee :

Designation :

Date of receipt of nomination :

Signature of the Head of office :

Date:

Designation :



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Annexure X: Forms of nomination

Form B: Nomination for encashment of Earned Leaves

I, (Name & Designation) _____

Emp. Code _____ hereby nominate the person/persons mentioned below and confer on him/her/them the right to receive in the event of my death, to the extent specified below, amount on account of any *earned leaves* from BIT Mesra.

Name (in full) date of birth, relationship, and Address of the nominee	Percentage share to be paid to each	If nominee is minor, then, name, date of birth, relationship and address of the person who may receive the amount on behalf of minor	Name, DOB, relationship and address of alternate nominee in case the nominee under col (1) predeceases the employee	Name, DOB and address of person who may receive the amount if alternate nominee in col (4) is a minor	Conditions rendering nomination invalid
1	2	3	4	5	6

These nominations supersede any nominations made by me earlier.

Signature of the employee

Name of employee :

Designation :

Date of receipt of nomination :

Signature of the Head of office :

Date:

Designation :



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Annexure X: Forms of nomination

Forms C: Nomination for other payments due

I, (Name & Designation) _____

Emp. Code _____ hereby nominate the person/persons mentioned below and confer on him/her/them the right to receive in the event of my death, to the extent specified below, amount on account of any *other due payments* including pending reimbursement from BIT Mesra.

Name (in full) date of birth, relationship, and Address of the nominee	Percentage share to be paid to each	If nominee is minor, then, name, date of birth, relationship and address of the person who may receive the amount on behalf of minor	Name, DOB, relationship and address of alternate nominee in case the nominee under col (1) predeceases the employee	Name, DOB and address of person who may receive the amount if alternate nominee in col (4) is a minor	Conditions rendering nomination invalid
1	2	3	4	5	6

These nominations supersede any nominations made by me earlier.

Signature of the employee

Name of employee :

Designation :

Date of receipt of nomination :

Signature of the Head of office :

Date:

Designation :



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Annexure XI: Employee registration form

Name:

Designation:

Department:

Residential address:

Affix passport size
(3.5cm X 4.5cm)
recent
photograph
here.

Phone number:

Email ID:

Aadhaar number:

Permanent Account Number (PAN):

Permanent Retirement Account Number (PRAN):

Bank A/c number and IFSC:

Date of birth:

Blood group:

Personal identification marks:

Emergency contact details:

Name of the person:

Relationship with person & Phone number:

Permanent address:

For office use only

Employee code no. allotted:

Accommodation allotted:

Countersigned by authority:

Date:

Signature of the employee