



**INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI**  
**MEDICAL SECTION**

**DECLARATION**

I Dr./Mr./Ms..... (Name of the Employee), Employee No.....  
Designation.....Dept./Section/Centre ..... do hereby  
declare that my ..... (Relation) named .....  
age.....years(Date of Birth:.....) is staying with me and would like to state the  
followings.

- (a) He/she is staying with me and he/she\* is not staying more than 60 days outside Guwahati.
- (b) Dependent Parents whose income from all sources including pension does not exceed the  
limit as defined by the Institute from time to time.
- (c) I shall abide by the rule and its modification from time to time made by the Institute.

Further I undertake to update all / any of the above declarations as and when it will be so  
required.

I solemnly affirm that the above declarations are true to the best of my knowledge and belief. I  
also understand that in the event of any of the above declaration is found to be incorrect, I shall  
be liable for imposition of penalty and recovery of costs.

**Date:**

**Signature of the Employee**

\* Excluding children studying outside Guwahati.