

केन्द्रीय संस्कृत विश्वविद्यालय

CENTRAL SANSKRIT UNIVERSITY

जनकपुरी, नई दिल्ली-110058

Janakpuri, New Delhi- 110 058

दिनांक/Dated: - 02/01/2026

अधिसूचना/ NOTIFICATION

In pursuance of the provisions of the *Central Sanskrit University Act, 2020* and with the approval of the Hon'ble Visitor, the Ordinance No. 6 – Medical Attendance Rules of the Central Sanskrit University (CSU), Delhi, has been published in the *Gazette of India*. Accordingly, with the approval of the Competent Authority of the Central Sanskrit University, Delhi, it is hereby notified the operation of the University's Medical Scheme as per the said Ordinance, with immediate effect.

These Medical Attendance Rules supersede all previous medical rules, circulars, and administrative instructions. The provisions of these Rules are primarily drawn from the *Central Services (Medical Attendance) Rules*, as amended from time to time, and shall automatically extend to the employees of the Central Sanskrit University.

1. Applicability: The Medical Attendance Rules, under this Ordinance, shall apply to:

- Serving employees of CSU (regular),
- Persons appointed on deputation or contract basis against permanent or tenure posts, and
- Retired personnel of the CSU, subject to registration under the scheme and payment of the prescribed medical contribution.

2. Contribution and Coverage: -

(a) Serving Employees: Serving employees and their dependent family members (as approved in their service book) shall be admitted to the CSU Medical Scheme on payment of a monthly contribution based on the pay drawn by the concerned employees. The rate of contribution shall be at par with those prescribed under the Central Government Health Scheme (CGHS) from time to time.

(b) Retired Personnel: Retired employees who wish to avail medical facilities under these Rules may do so by paying the prescribed contribution either on a yearly basis, or a one-time payment (equivalent to 10 years' contribution) for lifetime validity for covering themselves and their dependent family members (as declared by them and approved as per Para 5 of this Notification).

- The rates of contribution are as follows: -

| Pay Matrix Level | Serving Employees | Retired Personnel | |
|------------------|----------------------|---------------------|---|
| | Monthly Subscription | Yearly Contribution | One Time (10 yrs. Contribution for whole life validity) |
| 1-5 | Rs. 250/- | Rs. 3,000/- | Rs. 30,000/- |
| 6 | Rs. 450/- | Rs. 5,400/- | Rs. 54,000/- |
| 7-11 | Rs. 650/- | Rs. 7,800/- | Rs. 78,000/- |
| 12 and above | Rs. 1000/- | Rs. 12,000/- | Rs. 1,20,000/- |

The monthly/annual/one-time contributions shall be revised automatically following the Government of India's orders as applicable.

The monthly subscription in respect of serving employees shall be deducted from their monthly salary of February 2026 onwards. Those who wish to avail medical facilities from the institution or organization where their spouse is employed must submit a joint declaration to the authorities specifying who will claim reimbursement for medical expenses of the spouse and children; this declaration shall remain valid until revised in writing by both parties, for example, in the event of promotion, transfer, or resignation.

Retired employees who wish to avail medical facilities from CSU may either pay an annual contribution or make a one-time payment for lifetime validity. The medical contribution should be deposited in CSU's Headquarters Office account: -

| | | |
|---|---------------------------------------|--|
| Name of the Beneficiary: Central Sanskrit University, New Delhi | Account Number: 10469781338 | STATE BANK OF INDIA Delhi Cantt, New Delhi - 110046 IFSC: SBIN0000733 |
|---|---------------------------------------|--|

After making the payment, retirees must inform the Headquarters Office either by e-mail or in person, alongwith proof of payment.

The annual contribution by retired personnel shall be renewed every year before the expiry of the validity period. However, any delay due to unavoidable circumstances may be condoned for a maximum period of two months from the date of expiry of the previous period.

3. Reimbursement of Medical Claims: -

(a) The reimbursement of medical expenses shall be strictly in accordance with the provisions of the *Central Services (Medical Attendance) Rules* and *CGHS Rules*, as amended from time to time.

(b) The Medical Claims of Retired Personnels submitted at HQ Office or the Nearest Campuses will be reviewed and settled at HQ Office or the Nearest Campuses (as the case may be).

4. Standard Operating Procedures: For smooth implementation of these Rules, the University has framed Standard Operating Procedures (SOPs), Instructions for Employees, Forms and Annexures for reimbursement of medical claims for both serving and retired personnel. The following documents are available on the University's website. *The link for the same is given below:*

<https://www.sanskrit.nic.in/medical.php>

5. Documents to be Submitted by Serving Employees: Serving employees shall submit the following documents to the concerned Campus Director or Registrar (HQ Office) as the case may be **on or before 31.01.2026:**

- i. Option Form for availing Medical Facility from CSU (Form-1).
- ii. Application form for opting out of medical facilities from CSU's Office (Form-9).
- iii. Declaration of Family Members (Form-8).
- iv. Application for issue of Medical Identity Card (Form-2).

Upon submission of the above documents, the monthly contribution shall commence through salary deduction from the month of February, 2026, and the employee shall become eligible for reimbursement of medical expenses in accordance with these Rules. The AMA appointment shall take effect only after approval by the Competent Authority, based on recommendations of the duly constituted Central Standing Medical Committee.

6. Documents to be Submitted by Retired Personnel: Retired personnel shall submit the following documents to the concerned Nearest Campus Director or Registrar (CSU), at the earliest:

- i. Option Form for availing medical facility, duly indicating details of yearly/one-time contribution remitted to CSU's account (Form-3).
 - ii. Declaration of Family Members (Form-8).
 - iii. Application for Medical Identity Card (Form-4).
 - iv. Form indicating the chosen Campus/HQ Office for submission of medical claims (Form-4).
- In case a beneficiary after retirement settled down in a place, other than his last place of posting, he/ she may submit his/her medical claims to the Director of nearest campus/ office. However, the retired personnel shall opt one campus for settlement and submission of all medical-related matters, and any change in the opted campus shall be permitted only with the approval of the Competent Authority.

7. Appointment of Authorized Medical Attendant (AMA): All serving and retired employees shall apply afresh for appointment of their Authorised Medical Attendant (AMA) from the empanelled list approved by the University. Any request for exemption for appointing an AMA outside the approved panel shall be considered by the Competent Authority only on a justified representation made by the concerned serving employee or retired personnel.

8. Reimbursement Conditions

- Reimbursement of Medical Bills shall be admissible to serving employees, subject to submission of all requisite documents as mentioned at para no. 5, latest by 31.01.2026.
- Reimbursement of medical bills shall be admissible to the retired personnel only from the first day of the month following the month in which the remittance of the subscription amount is made by the prospective beneficiary and duly intimated to the University. In case of delayed receipt of the annual subscription, claims pertaining to the intervening period shall not be entertained.
- Claims shall not be entertained unless all required documents are duly submitted and contributions are made.
- Mere submission of an AMA's name does not confer any right on the beneficiary for claiming medical reimbursement on reference of the proposed AMA, without formal approval by the Competent Authority.

9. No reimbursement shall be admissible for any medical treatment taken abroad under these facilities. However, in cases of deputation/official duties assigned by the Competent Authority, medical bills shall be reimbursed in accordance with CGHS/CS (MA) Rules, subject to prior approval of the Competent Authority.

10. Centralized online Subscription: Regarding the subscription process, a centralized online system will be adopted at the HQ Office to ensure full compliance with the prescribed rules. Through this online mode, the subscription process will be simple, transparent, and smoothly conducted, and effective as well as uniform disposal of all related matters will be ensured.

11. Help Desk: To assist retired personnel and family dependents in submitting medical claims, Help Desk contact details shall be notified separately for each Campus and HQ Office. Further, a dedicated web portal will be made operational for the online submission

of claims in due course of time. This will facilitate pre-verification and help minimize errors, thereby reducing the overall processing time.

12. Prevention of Fraudulent Practices: Medical claims shall be processed and sanctioned strictly in accordance with the provisions of the CS(MA) Rules and the CGHS guidelines. Submission of any fraudulent or forged medical claim by any beneficiary shall be construed as financial fraud and a criminal offence. If any Medical Reimbursement Claim is found to be fraudulent, penal and disciplinary action shall be initiated against the concerned individual as per the CCS (Conduct) Rules, CCS (CCA) Rules, and CCS (Pension) Rules, as applicable, including legal action & criminal charges. Such persons shall be kept out of the CSU Medical Scheme, including debarment.

Further, in cases where the beneficiary is found guilty by the duly constituted Committee, medical benefits shall be suspended for a period of two to three years, as the case may be. In instances of repeated offences, medical benefits shall be permanently withdrawn and disciplinary action shall be initiated as per the CCS (CCA) Rules. Additionally, a half-yearly or yearly audit shall be conducted by an internal or external committee/agency to ensure financial transparency and compliance.

13. In case a retired beneficiary opts out of the CSU Medical Scheme due to any reason, the subscription already made will not be refunded.

14. Residual Provisions: In all matters not specifically covered under these Rules, the provisions of the *Central Services (Medical Attendance) Rules* and rules/guidelines governing CGHS beneficiaries, as amended from time to time, shall apply *mutatis mutandis* to CSU employees. The decision of the Competent Authority is final in such matters.

This issues with the approval of the Competent Authority.

Encl.: As above


[प्रो. र. गा. मुरली कृष्ण]
[Prof. R. G. Murali Krishna]
कुलसचिव (प्रभारी)
Registrar (In-Charge)

Copy to:

1. PS to VC for kind information to Hon'ble Vice Chancellor, CSU, Delhi
2. The Directors of all Campuses/Centers with the request to circulate this notification to all the serving employees & Retired employees from their campus.
3. Finance Officer, for further necessary action.
4. All Sectional Head of HQ's Office.
5. All Serving Employees and Retired Personnel of CSU (through Samarth/Registered Email).
6. Project Officer for uploading in the CSU's website.
7. Deputy Director (Admin), CSU, New Delhi.
8. Notice Board
9. Guard File



CENTRAL SANSKRIT UNIVERSITY
(Established by an Act of Parliament)
New Delhi-110058

**(OPTION FORM FOR AVAILING MEDICAL FACILITIES
UNDER MEDICAL ATTENDANCE RULES)**

CATEGORY: IN-SERVICE EMPLOYEES OF CENTRAL SANSKRIT UNIVERSITY, DELHI

PART-A

I hereby opt medical facilities under medical attendance rules of Central Sanskrit University, Delhi as under: -

- a) The admission to the Scheme shall be on payment of contribution which will be on the basis of the pay being drawn by the Employees and it should be at par with the rates being charged by CGHS from the Central Government Employees.

Provided, that these subscription rates will be subject to revision by the Government of India from time to time.

At present the details of the dependent family members are as under: -

| Sl. No. | NAME | D.O.B./ AGE | RELATIONSHIP |
|---------|------|-------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

PART-B

Following details is mandatorily required to be filled by the In-Service Employees of Central Sanskrit University, Delhi in Capital Letters: -

| S. No. | Details | To be filled by the employee |
|--------|--|------------------------------|
| 01 | Name of the Employee | |
| 02 | Designation | |
| 03 | Employee Samarth ID | |
| 04 | Present Place of Posting (Name of Campus/ HQ Office) | |
| 05 | Date of initial appointment in CSU, Delhi | |
| 06 | Basic Pay with Pay Level (in case of Promotion/ CAS/ MACP, the employee must inform the administration section of the Campus/ HQ Office) | |
| 07 | Whether covered under GPF or NPS Scheme | |
| 08 | Permanent Address | |
| 09 | Present Address (proof to be enclosed) | |
| 10 | Spouse Details (if in service or retired from Central/ State Government Department/ Autonomous Bodies/ PSU/ Banks/Private Organization or in any campuses or HQ Office of Central Sanskrit University, Delhi) [if applicable] | |
| | (a) Name | |
| | (b) Working/ Retired | |
| | (c) Department Name | |
| | (d) Whether spouse availing of medical facilities or in receipt of Fixed Medical Allowance from his/her organization: | |
| | (e) If not, attach joint declaration (in the prescribed format) duly countersigned or NOC by the concerned authority of his/her spouse's department. | |

| S. No. | Details | To be filled by the employee |
|--------|--|------------------------------|
| 11 | Whether the Application form for issue of new Medical Identity Card duly signed by the employee [Form-2] is attached | Yes/ No |
| 12 | Self-attested copy of Aadhar Card in respect of all the family members | |
| 13 | Mobile Number | |
| 14 | E-Mail Id | |
| 15 | Any Other information | |

DECLARATION

1. The above information is true and correct to the best of my knowledge and nothing has been concealed there from. I further declare that I have opted for Medical Reimbursement Facility as per the Medical Attendance Rules of the Central Sanskrit University, Delhi. In future, if the rates of medical contributions as applicable are revised by the Government of India, I will pay the increased amount of contribution for availing the medical facility.

Encl: as above.

(Signature of the Employee)

For Office Use Only

(To be verified by the Administration Section of HQ Office/ Campus)

The above information in respect of Shri/Smt. /Dr. /Prof. _____ Designation _____ has personally been checked from the service records and documents submitted by the concerned. The information filled in by the applicant is found correct. Shri/ Smt./ Dr. /Prof._____ and his / her dependent family members as mentioned above are eligible for Medical Facility of Central Sanskrit University, Delhi. The Ward Entitlement of Beneficiary is **General** () / **Semi-Private** () / **Private** ().

(L.D.C./ U.D.C.)

(Assistant)

(Section Officer)

(Assistant Director/Deputy Director)

(Registrar/Director of Campus)



CENTRAL SANSKRIT UNIVERSITY

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APPLICATION FORM FOR ISSUE OF MEDICAL IDENTITY CARD FOR IN-SERVICE EMPLOYEES

(Note: Please read the instructions at Page 5 before filling up this Form)

1. Name of the Applicant & Adhaar Card No. : _____

2. Category (Tick) : (a) In-Service Employee
(b) Person appointed on Deputation/
Contract basis against permanent
/ Tenure post
3. Name of the Campus/ Office : _____
where presently posted
4. Designation : _____
5. Pay Level and Basic Pay : _____

6. Employee Samarth ID : _____
7. Whether covered under GPF/ NPS : _____
8. Official Address : _____

9. Residential Address : _____
(proof of address to be provided) _____

10. Mobile Number: : _____
11. E-Mail ID : _____
12. Date of Superannuation : ____/____/____ (write in DD/MM/YYYY format)



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13. Are you on Deputation/
Foreign Service Terms in
the services of university :

14. If yes, likely completion of
Deputation/ Foreign Service :

15. Are your services transferable
to other Campuses/ Cities :

16. Details of Family (Please see definition of Family at page 5 before filling up this column)

| S. No. | Name of Family Member | Relationship to the Medical Identity Card Holder | Date of Birth* (Compulsory) | Blood Group (optional) |
|--------|-----------------------|--|-----------------------------|------------------------|
| (i) | | | | |
| (ii) | | | | |
| (iii) | | | | |
| (iv) | | | | |
| (v) | | | | |
| (vi) | | | | |
| (vii) | | | | |
| (viii) | | | | |

(*Please attach proof of age in case of sons)

17. Are all the people whose names are given above dependent upon you? _____
(Yes/No). The dependency and income criteria are given at Page no. 5.
(please attach copy Aadhar Card of each dependent family member)



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18. Paste One Passport Size Photograph of each member of family (including self) whose names are proposed to be included as part of your Family in the space given below and mention their Sl. No. and Name as filled in the table at point no. 16.

| | | |
|-----------------|-----------------|-----------------|
| Sl. No. Name | Sl. No. Name | Sl. No. Name |
| Sl. No. Name | Sl. No. Name | Sl. No. Name |
| Sl. No. Name | Sl. No. Name | Sl. No. Name |

(Signature of the applicant)

Date:

Place:



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UNDERTAKING BY THE APPLICANT

1. That I undertake to intimate to Central Sanskrit University, Delhi immediately if there is any change in dependency criteria of my family members included in this application form. If I fail to intimate and if the University comes to know of the change, then the Medical Facility is liable to be withdrawn by the University and appropriate authorities will be free to initiate disciplinary/penal action against me.
2. That I will abide by the Rules and Modifications made there from time to time.
3. I Undertake to surrender the Medical Identity Card on my leaving the services of the University on termination, resignation or on ceasing to be eligible for Medical Facility.
4. I certify that the information furnished by me in this application form has been verified to be correct and that no information has been concealed or has been misrepresented, and I stand by the same.

FOR USE IN ADMINISTRATION SECTION ONLY

The information furnished by the applicant has been verified and found to be correct. It is recommended that a Medical Identity Card to be issued to Shri/Smt./Dr./Prof. _____, Designation _____ posted in _____ (Name of the Campus/ HQ Office). Instructions are issued to the concerned Finance Section of Campus/ HQ Office to start deducting Medical Contribution Subscriptions every month from the salary of the applicant. The Ward Entitlement of Beneficiary is **General** () / **Semi-Private** () / **Private** ().

(L.D.C./U.D.C)

(Assistant)

(Section Officer)

(Assistant Director/ Deputy Director)

(Registrar/Director of the Campus)



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INSTRUCTIONS

Definition of Family: -

- (1) The term 'Family' as per CS (MA) Rules, 1944 shall mean a Government Servant's wife or husband, as the case may be, and parents or parents-in-law, sisters, widowed sisters, widowed daughters, minor brothers, children, stepchildren, divorced/ separated daughters and stepmother wholly dependent upon the Government Servance and are normally residing with the Government servant.
- (2) The residential condition for members of families of a government servant having been waived, family members may have medical attendance and treatment even if they do not stay with the employee.
- (3) **The Age Limit of dependent family members are as follows: -**

| | |
|---|--|
| Son | Till he starts earning or attains the age of 25 years or gets married, whichever is earlier. |
| Daughter | Till she starts earning or get married, irrespective of age limit whichever is earlier |
| Son suffering from any permanent disability* of any kind (physical or mental) | Irrespective of age limit |
| 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 |
| Minor Brother(s) | Up to the age of becoming a major |
| Permanently disabled dependent brother | Irrespective of age limit |

**Disability means blindness, low vision, leprosy-cured, hearing impairment, locomotor disability, mental retardation, mental illness.*

- (4) The income limit for dependency for the purpose of providing medical attendance facility is **Rs. 9000/- plus the amount of Dearness Relief** as on the date of consideration.
- (5) The term '**children**' will include children adopted legally. It will also include children taken as wards by the Government servant under the "Guardians and Wards Act, 1890", provided such a ward lives with the Government servant and is treated as a members of the family and provided the government servant through a special will, has given such a ward the same status as that of a natural born child.

(6) The beneficiary is required to submit following certifications regarding: -

- The marital status in respect of his unmarried son and daughter (on six-monthly basis and preferably by 10th of October every year).
- The job status in respect of his son, daughter and dependent parents (on yearly basis and preferably by 10th of April every year).
- The job status of his permanent disabled dependent son or dependent brother (on yearly basis and preferably by 10th of April every year).

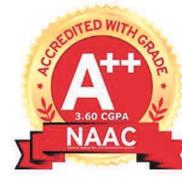
The reimbursement of subsequent medical claims shall be subject to the submission of such certificates.

(7) Documents required to be enclosed with the application form: -

- (a) Proof of Age of Son (in case son is dependent)
- (b) Self-Attested copy of disability certificate issued by Medical Board of a Government Hospital (in case of dependent son aged 25 and above or permanently disabled minor brother)
- (c) Pay Slip of serving employee
- (d) Address proof
- (e) Documents proving dependency of family members (wherever applicable)
- (f) Copy of ID Proof of dependent family members (Passport, Voter ID Card, Aadhar Card etc.)



CENTRAL SANSKRIT UNIVERSITY
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 (Under Ministry of Education, Government of India)
 Janakpuri, New Delhi - 110058



DECLARATION OF FAMILY MEMBERS FOR MEDICAL FACILITY FOR THE YEAR - _____

(To be updated every year)

1. Name of Employee : _____
2. Designation : _____
3. Place of Posting : _____
4. Date of Birth as per service book : _____
5. Date of appointment : _____

| Sl. No. | Name of the Family Member | Date of Birth | Relationship with the employee | Occupation | Monthly income from all sources | Remarks |
|---------|---------------------------|---------------|--------------------------------|------------|---------------------------------|---------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |

I hereby declare that the particulars of my family members furnished above for the purpose of medical attendance/reimbursement are true and correct to the best of my knowledge. I further undertake that if any information is found to be false or misrepresented, I shall be liable for disciplinary action by the University.

Date : _____

(Signature of Employee)

Head of the Office
(Signature & Seal)



CENTRAL SANSKRIT UNIVERSITY
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**(APPLICATION FORM FOR OPTING OUT OF MEDICAL
REIMBURSEMENT FACILITY)**

**CATEGORY: IN-SERVICE EMPLOYEES OR RETIREES OF CENTRAL SANSKRIT
UNIVERSITY, DELHI**

Instructions:

1. Please fill in all the details carefully.
2. Incomplete forms may be rejected.
3. This form is applicable for employees (serving and retired) who wish to opt out of the medical facilities provided by the Central Sanskrit University.
4. If your spouse is working, a joint declaration is required to be submitted along with this form.

A. Personal Details

1. Full Name: _____
2. Employee Samarth ID: _____
3. Designation / Post (If serving): _____
4. Campus/Department (If serving): _____
5. Date of Birth: _____
6. Contact Number: _____
7. Email Address: _____

B. Medical Facilities Information

1. Are you currently availing medical facilities from CSU?
 Yes No
2. Are you serving or retired?
 Serving Retired
3. If serving, mention your date of joining in CSU's Office: _____
4. If retired, mention your PPO/NPS PRAN No. & date of retirement: _____

C. Spouse Employment Information

1. Is your spouse currently employed?
 Yes No
2. If Yes, please provide details of your spouse's employment:
 - o Spouse's Name: _____
 - o Spouse's Employer Name: _____
 - o Spouse's Designation/Position: _____
 - o Contact Number: _____

D. Joint Declaration (if spouse is employed)

If your spouse is working, you are required to submit a joint declaration along with this form to confirm both of you are opting out of the medical facilities.

E. Reason for Opting Out (Please tick appropriate box)

1. Already covered under alternate medical scheme
2. Personal reasons
3. Family member is availing separate medical facility
4. Other (please specify): _____

Signature of the employee

Date:

Place:

Head of the Office
(Signature)

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JOINT DECLARATION IN THE CASE OF SPOUSE IS IN SERVICE

I _____ hereby declare that my wife
Smt. _____ is working in _____
as _____. I also declare that I will avail/not avail all the
benefits such as Medical Facilities, Leave Travel concession, Children Education Allowances etc. from
my office/ from the office of my wife for myself and my dependent family members including

_____ (Name and relation of the
dependent family members).

Signature :
Designation :
Emp. Code No. : [Signature (with stamp) of the Employer of the Husband]
Date :

DECLARATION BY THE WIFE

I _____ hereby declare that my husband
Shri _____ is working in _____
as _____. I also declare that I will avail/not avail all the benefits such as
Medical Facilities, Leave Travel Concession, Children Education Allowances etc. from my office/
from the office of my husband for myself and my dependent family members including

_____ (Name and relation of the
dependent family members).

Signature :
Designation :
Emp. Code No. : [Signature (with stamp) of the Employer of the Wife]
Date :

IMPORTANT NOTE:

1. Acceptance of the above declaration by the Competent Authority of the Spouse's office should be submitted along with the Family Declaration Form.
2. The Joint Declaration Form (in original) is to be submitted separately in the office of the Claimant (Husband/Wife) and a copy of the same is to be retained in the office of the spouse (Husband/Wife) or vice-versa for records.
3. In case of any change in declaration in future, the same should also be intimated jointly.
4. The Joint Declaration Form along with Family Declaration Form (duly filled in and signed) should be submitted in the college diary/dispatch section for further necessary action.