



NATIONAL INSTITUTE OF TECHNOLOGY TIRUCHIRAPPALLI-15

ADMINISTRATIVE OFFICE

**“DECLARATION” FORM FOR PERMANENT STAFF MEMBER**

**Who are staying in Quarters**

Name of the Staff	Designation	Staff ID	Department

1. I hereby authorize that **10%** of the **Gratuity** payable to me may be withheld by the Institute if I have not vacated the quarters.
2. I don't have **any objection** for the **recovery of quarters rent** payable by me as per rules after my retirement from the **Dearness Relief** payable to me till such time I am entitled to occupy the quarters.
3. I am aware that I will be forcefully evicted from my quarters if I fail to vacate the quarters after the date upto which I am entitled to occupy the quarters after my retirement.

**Date:**

**Signature of the Staff**