



भाकृअनुप - भारतीय मसाला फसल अनुसंधान संस्थान
ICAR - INDIAN INSTITUTE OF SPICES RESEARCH
(भारतीय कृषि अनुसंधान परिषद- Indian Council of Agricultural Research)



पी .बी .संख्या: Post Bag No: 1701, मेरिकुन्नु पोस्ट Marikunnu Post,
कोषिकोड Kozhikode -673 012, केरल Kerala, भारत India

F. No. 1-9(95)2020-Estt.

Dated: 16.09.2025

CIRCULAR

Sub: Submission of Joint Declaration Form by Staff Members – Regarding

It is hereby informed that all staff members of ICAR-Indian Institute of Spices Research (ICAR-IISR), whose spouse is also employed, are required to submit the **Joint Declaration Form** at the earliest to the office.

The Joint Declaration Form is to be submitted for availing various benefits such as **Medical Facilities, Leave Travel Concession, Children Education Allowance, etc.** as per the prescribed norms. All concerned staff members are requested to download and submit the duly filled-in form to the office **on or before 30.09.2025**

This may be treated as most urgent.

This issued with the approval of the Director.

Head of office

Encl: As above.

Distribution:

1. The Project Coordinator (AICRP on Spices), ICAR-IISR, Kozhikode
2. All Heads of Division, ICAR-IISR, Kozhikode
3. The SIC-PME, ICAR-IISR, Kozhikode
4. The Head I/C, ICAR-IISR, Regional Station, Appangala
5. The Principal Scientist & head KVK- Peruvannamuzhi
6. The SIC (Farm) Chelavoor/Peruvannamuzhi
7. The Senior Finance & Accounts Officer, ICAR-IISR, Kozhikode
8. The Drawing and Disbursing Officer, ICAR-IISR, Kozhikode
9. The (Estt., Works, Stores), ICAR-IISR, Kozhikode
10. The PS to Director, ICAR-IISR, Kozhikode
11. Arisoft/Intranet

JOINT DECLARATION IN THE CASE OF WHERE HUSBAND AND WIFE BOTH ARE
IN SERVICE

DECLARATION BY THE HUSBAND

I, _____, hereby declare that my wife Smt.
_____ is working in
_____ as
_____. I also declare that I will avail all the benefits such as
Medical Facilities, Leave Travel Concession, Children Education Allowance etc.
from my office/from the office of my wife for myself and my family members
including Smt. _____
[Name & relation of the family members]

Signature :

Designation :
Office Address :

Emp. Code No. :
Date :

Signature of Head of Office with Stamp :

DECLARATION BY THE WIFE

I, _____, hereby declare that my Husband Shri _____ is
working _____
_____ as _____ . I also declare that I will avail all the benefits such
as Medical Facilities, Leave Travel Concession, Children Education Allowance etc.
from my office/from the office of my husband for myself and my family members
including _____
_____ [Name & relation of the family members]

Signature :

Designation :
Office Address :

Emp. Code No. :
Date :

Signature of Head of Office with Stamp :