



ASSAM VETERINARY AND FISHERY UNIVERSITY
G.S. Road, Khanapara, Guwahati-22.

ANNEXURE – I

**FORM OF CERTIFICAGE TO BE FURNISHED BY A UNIVERSITY EMPLOYEE LIVING
IN A RENTED HOUSE FOR DRAWAL OF HOUSE RENT ALLOWANCES.**

I certify that I am residing in a rented house atwhich is situated in an area other than an Urban Area with a population of not less than Rs.12,000/- with effect from and I am paying a monthly rent Rupees

I also certify that I am not a subtenant of any other Govt. servant and that the accommodation in respect of which the allowance is claimed has not been sublet occupied by other who do not belong to my family.

Date: Signature & Designation.

N.B.: - This certificate should invariably be accommonied by the rent certificate.
(Strike out the portio not applicable)

ANNEXURE – II.

**FORM OF CERTIFICATE TO BE FURNISHED BY A UNIVERSITY EMPLOYEE
STAYING IN HIS OWN HOUSE FOR THE PURPOSE OF DRAWAL OF HOUSE RENT
ALLOWANCES.**

I certify that I am residing in my own house at with effect from and that the accommodation in respect of which I claim house rent allowance has not been sublet by me or occupied by other whodoes not belong to my family.

Date: Signature
Designation



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Declaration to be submitted by the serving Husband and Wife for the purpose of drawal of one House Rent Allowance working in the same Head Quarter and residing in the same house.

1. Name of Employee & Designation :
2. Office/Deptt. in which the employee is working . :
3. Name of husband/wife if he/she is are employee. :
4. Designation & official address of your husband/wife. :
5. Are you in receipt of house rent allowance? :
6. Is your husband/wife is drawing house rent allowance? :
7. Are you staying in AVFU Quarter? If so, since when? :
8. Are you working in the same H.Q. and residing in the same house? (husband& wife) :
9. To whom H.R. allowance will be granted? :
10. Remarks if any. :

Certified that the above information are true to the best of my knowledge and belief. In case false statement revealed thereafter, I shall be liable to any disciplinary action that authority my deem fit and proper.

Signature in full:

Designation :

Department :

Countersigned by

Controlling officer/DDO,
AVFU, Khanapara, Guw ahati-22.