

# RAIGANJ UNIVERSITY

P.O. RAIGANJ, DIST. UTTAR DINAJPUR, WEST BENGAL  
PIN- 733134, INDIA

**Finance Officer**  
**Raiganj University**



**Phone No.**  
03523-244055  
**E-mail:** [financeofficerrgu@gmail.com](mailto:financeofficerrgu@gmail.com)

Ref. No. *F-207/26*

Date *01/07/26*

## NOTICE

All the permanent employees are requested to submit HRA declaration form duly filled up & signed by the employee and submitted to the office of the undersigned on or before 17/07/2026 at 03:00 P.M..

HRA declaration form is available on University Website.

Non submission of HRA declaration in time, may leads to temporarily stopped HRA.

E-mail : [rgufinance@gmail.com](mailto:rgufinance@gmail.com)

Encl: HRA Declaration Form

Sd/-  
Finance Officer  
Raiganj University

Copy to:

1. The Hon'ble Vice-Chancellor, Raiganj University, for kind information.
2. Dean (Science & Management), Raiganj University.
3. Dean (Arts, Commerce & Law), Raiganj University.
4. Registrar, Raiganj University.
5. All HODs / Coordinators, Raiganj University.
6. All other Concerned, Raiganj University.
7. Office Notice Board.
8. University Website.

*[Signature]*  
01.07.26  
Finance Officer  
Raiganj University  
Raiganj University  
Uttar Dinajpur

# RAIGANJ UNIVERSITY

## Finance Branch

### HRA DECLARATION FORM

I hereby declare that :-

I AM MARRIED / UNMARRIED / WIDOW / WIDOWER:

**A.** My wife / husband IS NOT IN SERVICE under the Government of India or any State Government of any Government Undertaking or any Statutory or Local Body, Educational Institution etc.

**B.** My wife / husband IS IN SERVICE AND following are the particulars of her / his employment and pay etc. drawn by her / him.

(a) Name of the Spouse :

(b) Designation :

(c) Address of her / his Office :

(d) Present Pay per month :

(e) Providing the employer details of  
Using Quarters :

(f) House Rent Allowance :  
drawn by his / her  
in the month of .....  
**(Certified copy attached)**

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Department : \_\_\_\_\_

Institution : \_\_\_\_\_

Date : \_\_\_\_\_

\* Please strike (√) which is applicable.