

izi= lañ&1

**Ikkfjokfjd lnL;ksa gsrq ?kks’k.kk**

**DECLARATION OF FAMILY MEMBERS**

deZpkjh dk uke@Name of the Employee : …………………………………

deZpkjh la[;k@Employee No. : ………………………………….

in@Designation : ………………………………….

foHkkx@Ldwy@bdkbZ@vuqHkkx@Deptt./School/Unit/Section : ………………………………….

tUefrfFk@Date of Birth : ………………………………….

izFke fu;qfDr dh frfFk@Date of First Appointment : ………………………………….

eS ,rn~ }kjk ?kks’k.kk djrk@djrh gw¡] fd fuEufyf[kr esjs ifjokj ds lnL; gS tks fd esjs lkFk jg jgs gS vkSj iw.kZr;k esjs Åij vkfJr gSA

I hereby declare that the following are the members of my family residing with me and are wholly dependent on me:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Øñlañ**  SI No. | **uke**  Name | **tUe frfFk@vk;q**  Date of Birth/Age | **deZpkjh ds lkFk lEcU/k**  Relationship with employee | **is”kk@ O;olk;**  Occupation | **Ekkfld vk; osru@isa”ku@vU; lzksrksa ls vk;] ;fn dksbZ gks**  Monthly income from salary / pension/ other sources, if any | **fVIIk.kh** Remarks |
| **1.** |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |
| **5.** |  |  |  |  |  |  |
| **6.** |  |  |  |  |  |  |

eSa ?kks’k.kk djrk g¡w fd mi;qZDr fooj.k esa dksbZ cnyko gksus ij eSa bls v|ru djrk jgw¡xkA

I undertake to keep the above particulars up-to-date by intimating any addition/alteration.

LFkku /Place……………………….…..

fnukad /Date …………………………. gLrk{kj@Signature ……………….…….

eksckby uñ@Mobile No. ……………………...

bZ&esy@E-mail. ………………………

foHkkxk/;{k@fo|ky;ksa ds leUo;d@bdkbZ izHkkjh }kjk vxzlkfjr

Forwarded by the HoD/CoS/In-charge of unit

?kks’k.kk Lohd`r**@**Declaration Accepted

dqylfpo/funs”kd

Registrar/Director