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Form No.-1

**DECLARATION OF FAMILY MEMBERS**

Name of the Employee : …………………………………

Employee No. : ………………………………….

Designation : ………………………………….

Deptt./School/Unit/Section : ………………………………….

Date of Birth : ………………………………….

Date of First Appointment : ………………………………….

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SI No. | Name | Date of Birth/Age | Relationship with employee | Occupation | Monthly income from salary/pension/ other sources, if any | Remarks |
| **1.** |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |
| **5.** |  |  |  |  |  |  |
| **6.** |  |  |  |  |  |  |
| **7.** |  |  |  |  |  |  |
| **8.** |  |  |  |  |  |  |

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

Place:……………………….….

Date: …………………………. Signature:…………….……

Mobile No:…………………

E-mail: …………………….

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

Declaration Accepted

Registrar/Director