



भारतीय
प्रौद्योगिकी
संस्थान
काशी हिन्दू विश्वविद्यालय



INDIAN
INSTITUTE OF
TECHNOLOGY
BANARAS HINDU UNIVERSITY

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