

FAMILY DECLARATION FORM - DETAILS OF FAMILY

Name of the Employee _____

Designation _____ Dept. _____

Date of Birth _____ Date of Appointment _____

Details of members of family as on _____

S. No.	Name of family members	Date of Birth	Relationship with employee	Income from Pension/other sources	Remarks

I hereby undertake to keep the above particulars up-to date by notifying to the Head of Office any addition/alteration.

Place:- _____

Date:- _____

(Signature of Employee)

Through: Head of the Dept./Section Head

Registrar

FAMILY DECLARATION FORM - DEPENDENT

(YEAR:- 1ST JANUARY TO 31ST DECEMBER 20___)

Certified that following members of my family declared wholly/mainly dependent on me in terms of rules 1 and 2 of section 4 of C.S. (M.A.) Rules and are residing with me.

S.No.	Name	Age	Relation	Income	Address

Place:- _____

Date:- _____

अभ्यासाध्यरयेतः विद्या

(Signature of Employee)

Name: _____

Designation: _____

Through: Head of the Dept./Section Head

Registrar