## FAMILY DECLARATION

This is to certify that the following are the family members and they are fully dependent on me

Sl.No.	Name	Relationship	Date of Birth/Age

The above information is given by me is true to the best of my knowledge.

Signature of the Employee/Pensioner ID No./PPO.No.

## **DECLARATION CERTIFICATE OF DEPENDENCY**To be filled every year in the month of January and to retain with HODs'

Should be given in respect of Wife/Husband/Children/Parents

			Depe	ndents	of Sı	mt/Sr	i				
	I hereby decla					•		edge	and	believe	that
Smt/Sr											
	aged										
depend	lent on me and He/	She is not ha	aving a	ny sour	ce of	f inco	me eithe	er fron	n land	property	or by
way of	f any pension. Ar	ny false four	d cont	rary to	my	decla	ration I	am li	able f	or discipl	inary
procee	ding under Discipli	ine and Appe	al Regi	ulations	s in v	ogue	•				
						Si	_		Emple O.No.	oyee/Pens	ioner
Head o	of the unit										
The al	oove declaration is	s truly recor	ded								
Note:	For Employee: Women Employe	Self, Spouse & Children (*), Mother/Father  e: Self, Husband, Children (*), Mother-in-Law/Father-in-Law or Mother/Father.									
	Pensioners:	Self, Spo	Self, Spouse, Children (*), Mother/Father.								
	Family Pensione	r: Self, De <sub>l</sub>	oenden	t Child	ren (	*).					

\* Children upto 25 years are dependent or till they earn or marriage which ever is

The photos to be affixed above should be latest

earlier.