

Performa of declaration
(To be given by the employee)

DETAILS OF DEPENDENT FAMILY MEMBERS OF UNIVERSITY EMPLOYEES

1. Name of employee.....
2. Designation.....
3. Employee No.
4. Date of Birth.....
5. Date of appointment.....
6. Marital Status.....
7. Calendar Year.....

DETAILS OF DEPENDENT FAMILY MEMBERS

| Sl. No. | Name | Relationship | Occupation | Sex | Date of Birth | Age |
|---------|------|--------------|------------|-----|---------------|-----|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |

Declaration:

I

Shri/Smt..... Employee No..... hereby declare that particulars of my family as shown above are correct in all respect. I also declare that the above family members are fully dependent upon me and their individual income is less than Rs. 9000/- plus DA.

Signature of Employee

Countersignature by HOD/TIC