

**DECLARATION - FAMILY MEMBERS**  
 (To be submitted in duplicate after filling up all the columns)

Sr. No.	Name	Date of Birth	Age	Relationship with the employee	Status (Married/ Unmarried Widow etc.)	Income per month (if no income, NIL, should be mentioned)	Whether dependent on the employee	Whether staying with the employee	Address of each of the family member
1	2	3	4	5	6	7	8	9	10

1. Local residential address of the employee

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Date:

2. Permanent residential address of the employee

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(Signature of the employee)

Name : -----

Emp. Code :-----

Designation :-----

Note : Subsequent change in the declaration, if any, must be intimated to Admn. Section for incorporation of such changes in the declaration form.