



Date:

DETAILS OF FAMILY

Name of the Staff :
ID No. :
Designation & Department :
Date of Birth :
Marital Status :
Date of Joining :

❖ **ALL FIELDS ARE MANDATORY**

- ❖ Aadhar Card copy is mandatory and copy of Birth Certificate in case of new born should be compulsorily attached.

Sl. No	Name of the Dependent Family Members	Relationship	Date of Birth	Occupation	Marital Status (Married/Unmarried/Widowed)
1.					
2.					
3.					
4.					
5.					
6.					

I. When both husband and wife are employed:

- a) **Is spouse of the employee a Government Servant? YES/NO** (Strike off Which is not applicable)

If Yes, then name of the Organization _____

(If yes, please attach latest Identity Card of Place of Work of Spouse)

- b) **If spouse of the employee availing medical facilities from local bodies/private organizations? YES/NO**

(May choose either the medical facilities under the Central Government rules or facilities provided by the organization in which the spouse is employed)

II. Is Income of dependent family members (other than spouse) more than Rs.9000/-pm plus the amount of dearness relief on basic pension of Rs.9000/-pm? YES/NO (Strike off Which is not applicable)

(If yes, please attach Income Certificate of dependent family member)

UNDERTAKING:

- The Income of dependent family members (Other than spouse) do not exceed Rs.9000/- pm plus the amount of dearness relief on basic pension of Rs.9000/- pm per person from all sources including pension/salary/business/service etc.
- In the event of any change in the above filled particulars, the same shall be intimated to the office at the earliest.
- The particulars of dependent family members of my family as given are correct. If any statement is found to be false, I shall be liable for disciplinary action.
- I hereby undertake to keep the above particulars up to date by notifying to the Head of the Office for any addition or revision.

No. of Enclosures:

Signature of the Employee