

Details of family members
[indicate clearly who are presently dependent upon you]

Relation	Name	Date of Birth	*Whether Dependent, please tick as appropriate
Self			Yes/ No
Father			Yes/ No
Mother			Yes/ No
Brother(s)			Yes/ No
Sister(s)			Yes/ No
Spouse			Yes/ No
Son(s)			Yes/ No
Daughter(s)			Yes/ No
**Father-in-Law			Yes/ No
**Mother-in-Law			Yes/ No

- * I hereby declare that the monthly income (from all the sources viz. Salary, Pension, Rent, Investment Returns, etc) of the dependent family members (other than spouse) does not exceed the amount of minimum pension prescribed in Central Government (i.e. Rs. 9,000 p.m. and dearness relief thereon).
- ** A female employee has a choice to include either her parents or her parents-in-law; option exercised can be changed only once during service. However, please note that they cannot claim benefits of LTC (Leave Travel Concession) for their parents-in-laws.
- I hereby declare that if, in case, any of the above information is found to be false or untrue or misleading or misrepresenting, then I will be held responsible and liable to face the disciplinary action/ proceedings.
- I hereby undertake that I have updated the above dependent family member details in MIS too on (date of updation).**

Date

Signature :
Name :
Designation :
Department :
Contact No. :

Forwarded & recommended by the HoD/Section Head

Updated in MIS on

Joint Registrar