

# INDIAN STATISTICAL INSTITUTE

DELHI CENTRE

Sub.: Employee's declaration regarding members of family.  
Reg. Leave Travel Concession (both home town in 2 Year  
block and any part of India in 4 Year block)

1. Name of worker (Roll No.) :  
(in BLOCK LETTERS, Surname first) :

2. Designation :

3. Department / Division etc. or outlying  
offices to which attached :

4. Date of birth :

5. Male or female :

6. Basic salary :

7. (a) Permanent Address :

(b) Declared Home Town Address :

8. Present Address :

9. Details of members of family\* :

Sl. No.	Full name of members of family	Age**	Relationship	Employed or not	If employed, address of employer and monthly earning	Address
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(1)	(2)	(3)	(4)	(5)	(6)	(7)
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

I solemnly declare that the information furnished above are correct to the best of my knowledge and belief. I also undertake to intimate to the Administration any changes in the above declaration within 30 days of occurrence.

Date :

\_\_\_\_\_  
Signature of employee

Note

- Declaration of family : The term `family' means of Institute worker's wife or husband, as the case may be, residing with the Institute worker, legitimate children and step-children, parents, step-mother, sisters and minor brothers residing with and wholly dependent upon the Institute worker.

Only one wife is included in the term `family'. Children studying in education Institutions who are not actually residing with an Institute employee at the time but who later come to spend the vacation with him/her may be considered as members of his family for the purpose of LTC.

\*\* With supporting documents, if any.

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(For Office use only)

Forwarded

Accounts Officer  
Serial No.

(Signature of the Head of  
Div/ Unit / Deptt/ Sec.)

Date of  
Registration

Accepted as

Record

