

FAMILY DECLARATION FORM FOR ADDITION/DELETION

Name of the worker (Roll no.)

Date of Birth

Unit/Department/Section

Telephone no.

E-mail (if any)

**DETAILS OF THE DEPENDENT FAMILY MEMBERS WHOSE NAME YOU
WANT TO ADD/DELETE**

As on

S.No.	Name (in capital letters)	Relationship	Age	Date of Birth (DD/MM/YY)	Income (if any)

I hereby declare that the above information is true to the best of my knowledge and belief.

(signature)

Date: