

DECLARATION OF FAMILY MEMBERS

I _____ presently serving as (Post) _____ in _____ Department do hereby declare that the following person (s) are member of my family and are wholly dependent upon and residing with me and that in case of adopted or step children wholly dependent upon and residing with me. and affidavit or a Guardianship Certificate issued by the Competent Authority has been obtained and produced to the Appointing /Leave sanctioned authority.

Name of family members	Present residential address		Age & date of birth	State whether own of adopted/step children	Office where serving incase of serving family members

I further declare that if after verification any false information has been given by me. I am liable to disciplinary action as the competent authority may decide.

Signature _____

Date:-

Name & Designation of Declarant _____
