

I declare that the following members of my family are solely dependent on me and their employment status/ monthly income details are furnished below:

S. No	Name of the Dependent	DOB & Age	Marital Status	Relationship with Government Servant	Employed (Yes/ No)	Pensioner (Yes/ No)	Name of the Organization (in case employed)	Organization Type (Govt. / Non-Govt.)	Designation held	Temporary / Permanent	Gross Salary / Pension Amount (p.m.)	Is LTC or similar concession offered?	Is CEAS or similar concession offered?	Residing with Govt. Servant (Yes/No)	Income from all sources	Remarks

Also, I hereby undertake to keep the above particulars up-to-date by notifying to the Head of the Office any addition or alteration.

Signature of the employee: \_\_\_\_\_

Name: \_\_\_\_\_

Designation and Department \_\_\_\_\_

Date: