

**INDIAN INSTITUTE OF TECHNOLOGY INDORE****Declaration of the Dependant Family Members of the employee**

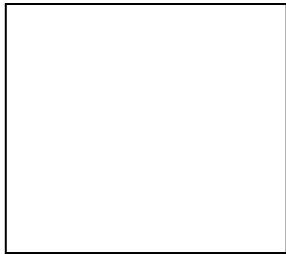
S. No.	Name(s) of the member (s) of the Family	Date of Birth	Age (as on date)	Relationship	Marital Status (a) Married (b) Unmarried (c) Divorcee (d) Widow	Please mention the category (a)Employed (b)Pensioner (C)Family Pensioners (d)Others	Income per month if any	Place of residence

1. I hereby undertake to keep the above particulars up-to-date by notifying to the Head of Office any addition or alteration.
2. A self – certified proof of Date of Birth is enclosed in respect of dependent Brothers/Sisters, if any.
3. Photos and Signatures of the family members (required for identity card, issued by the security section for various purposes including medical) at Annexure – A
4. Remarks if any :

Signature of the Employee

**Annexure – A**

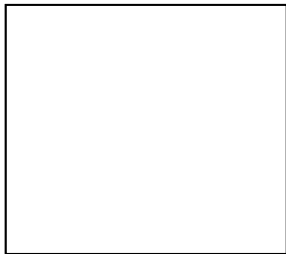
**Photos**



**Signature / Thumb Impression**



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



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



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

Signature of the Employee