

OFFICE OF THE REGISTRAR
GURU GHASIDAS VISHWAVIDYALAYA,
BILASPUR (C.G.)

FAMILY DECLARATION FORM FOR MEDICAL FACILITIES
(TO BE FILLED IN BY THE EMPLOYEE IN TRIPLICATE)

Name of the employee -----

Department/Office -----

Designation -----

Present Home Address -----

S.No.	Name	Age/Date of Birth	Relation with employee
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

This should be accompanied by photography of the Head of the family.

EXPLANATION:

The family for the purpose of these rules shall mean employees' wife or husband as the case may be, parents, children and step-children, sisters, widowed-sisters, widowed daughters, minor brothers residing with the employees and also wholly dependent upon the employee.

Note: To be considered as dependent, the total monthly income of such member should not exceed Rs. 3500/- p.m. from all sources.

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 Certified that, the particulars mentioned above are correct.

Date:

Signature of the employee