

(SEE RULE -S.R. 2 (b))  
DETAILS OF FAMILY

Name of the Government Servant:

Designation:

Date of Birth:

Date of Appointment:

Details of the Members of family as on :-

S.No.	Name of the members of Family	Date of Birth	Relationship with the Officer	Initial /Remarks of the Head of Office
1				
2				
3				
4				
5				
6				

I hereby declare that all the above noted members of my family are residing with me and are wholly dependent upon me. I also declare that the income of the above members from all sources including Pension and Pension equivalent of DCRG's does not exceed Rs.1500/- per month.

Place :

Date :

Signature of the Govt. Servant