



**GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
SECTOR -16C, DWARKA, NEW DELHI-110075**

DECLARATION OF FAMILY MEMBERS

Name of the Employee : _____
 Designation & Employee Code : _____
 Branch/School : _____
 Date of Birth : _____
 Date of Appointment : _____

I hereby declare:-

1. that the following are the members of my family residing with me and are wholly dependent on me:-

Note: "husband/wife/child/parent having an independent source of income is not treated as a member belonging to the family of the Government Servant except when the income including (inclusive of temporary increase in pension and pension equivalent of death-cum-retirement benefits) does not exceed Rs.3,500/- per month."

S. No.	Name	Date of Birth and Age	Relationship	Occupation monthly income, if any	Remarks
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

- that my Husband/Wife/Son/Daughter is not in the service. If in service, a certificate from the employer to the effect that **he/she shall not avail the facility of LTC & Medical** hereafter (Attached).
- that my Father/Mother/Father-in-law/Mother-in-law/is not a retired pensioner and the amount of pension drawn by him/them is as shown in the attached income certificate.
- that the above mentioned family members are residing/not residing with me.
- that any change in the list of '**Family Members**' declared will be intimated to the University immediately for record.
- that the information provided above is correct and nothing has been concealed. If any information is found wrong at any stage, I shall be held liable for the same.

Place : _____
 Date : _____

Signature _____
 Mobile No. _____
 E-mail _____

Signature of two witnesses :
 1. _____ 2. _____

Signature of Head of Office with seal