

FAMILY LIST OF _____

Date : - _____

A. For Self

Name of the Employee :- _____

1. Home Address :- _____
2. Designation :- _____
3. Date of Birth :- _____
4. Date of Entry into Service / Joining :- _____
5. Present place of posting :- _____
6. Contact No. :- _____
7. Date of retirement on superannuation :- _____
8. Married / Unmarried :- _____

B. For Spouse

1. Name of the Spouse :- _____
2. Home Address :- _____
3. Occupation / Designation :- _____
4. Present place of posting :- _____
5. Date of Birth :- _____
6. Date of Entry into Govt. Service :- _____

C. For Family Member

Sl. No	Name of the Family members	Occupation & Designation	Relation to employee	Date of Birth	Marital status	Remark
1.						
2.						
3.						
4.						
5.						
6.						
7.						
DEPENDENT						
1.						
2.						
3.						
4.						
5.						
6.						

D. For Unmarried employee in case of unmarried employee the list of the family members and dependents should be updated after marriage.

Sl. No	Name of the Family members	Occupation & Designation	Relation to employee	Date of Birth	Marital status	Remark
1.						
2.						
3.						
4.						
5.						
6.						
7.						
DEPENDENT						
1.						
2.						
3.						
4.						
5.						
6.						

E. Declaration : The family members and dependents list furnished above are true. Anything is found to be false in future verification etc. Benefit available from the institution in favour my family members shall refund.

Countersigned by Councillor / Pradhan / Member

Signature of the Employee