

DECLARATION

I hereby declare that the details of my family as defined in the CS(MA) Rules 1944 and the offers issued there under are as follows. Further sons suffering from any permanent disability of any kind (Physical & Mental) shall be specially mentioned in the declaration form

Sl.No	Name	Relationship of the Govt. Servant	Date of Sex Birth/Age	Identification Marks

1. I declare that the sons aged mentioned above are below 25 years of age.
2. I also declare that the information furnished above is true to the best of my knowledge and belief.
3. I declare that my parents/Children/Step Children are wholly/mainly dependent upon me and their total maximum monthly income is with Rs.9000/- p.m. and also do not exceed my pay plus. D.A (Where applicable)
4. I also undertake to intimate any change in the membership of my family within 15 days of their occurrence such as employment/marriage of dependent vide sanction 512 of CS (MA) Rules.
5. Also certified that my parents are normally residing with me.

Resident Address:-

Signature:-

Name:

Medical facilities now availing at Hospital/Dispensary

Department/E.No: