

Declaration of Family composition for E-Pass

Name :
Designation :
PF No :
Date of Appointment :
Basic Pay :

SL No	Name	Gender	Blood	DOB	Relation	Aadhar No
1						
2						
3						
4						
5						
6						

Declaration:

I do hereby declare that the above family/dependent Relatives included in the Pass/PTO are actually members of my household, entirely dependent on me for means of subsistence and residing with me.

I declare that Smt. _____ is my widowed mother and wholly dependent on me as she is not in receipt of any independent income more than 15% of my basic pay or Rs.9000/- plus dearness relief (whichever is more).

(Strike out whichever is not applicable)

Signature of the employee

Station:

Date:

Forwarded to Sr.DPO/MDU

Signature of the Supervisor/office In charge