

CENTRAL RESEARCH INSTITUTE FOR JUTE AND ALLIED FIBRES
 INDIAN COUNCIL OF AGRICULTURAL RESEARCH
 P.O. BARRACKPORE:: DIST-24-PARGANAS
WEST BENGAL

FAMILY DECLARATION

1. Name :
2. Designation :
3. Section/Division attached :
4. Scale of pay :
5. Residential address :

Sl. No.	Name of family members	Date of birth	Relation	Wholly or partially dependent.	Occupation & Income	R M A R K S
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6. Residential address of the family, if any, who do not reside with the employee.

- (a) Place :
- (b) Name of members

Certified that the above statements in respect of my family members are true.

Any change in the above statement shall be reported forth-with.

(Signature)

Designation

Date:

Forwarding note of the
Head of Division/Section.

N O T E :

- a) Addition or deletion of any name in the declaration must be reported forthwith along with reasons.
- b) Documents in support of date of birth & Income if any, is necessary alongwith the declaration.
- c) Dependents having income less than Rs. 500/- are treated as wholly dependent.
- d) Female employees, on their marriage, may choose either her parents or parent in law as family.
- e) She can change her option only once during entire service period.
- f) Husband & wife, when both employed, shall submit joint declaration of option to avail different facilities for themselves and family members.
- g) Family include husband, wife, father, mother, daughter, son, sister, minor brothers etc.
- h) For any doubt please consult office.

I have seen the note above.

(Signature)