

Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow
Application for Declaration of Dependents for staff and dependents registration

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|-------------|--|--|--|--|--|--|--|--|--|--|
| Employee ID | | | | | | | | | | |
|-------------|--|--|--|--|--|--|--|--|--|--|

Date of Joining:

Details of Employee

| Name | | | DOB (DD/MM/YY) | Sex (M/F) | Department | Designation | Telephone no. | Bank A/c no. | Old/new CR No. |
|------------|-------------|-----------|-------------------|--------------|------------|-------------|------------------|--------------|----------------|
| First Name | Middle Name | Last Name | | | | | | | |
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Details of Dependents

| S. No | Name | Age/ DOB (DD/MM/YY) and sex (M/F) | Relation with employee | Profession if employed or name & address of department, if retired. | Whether medical facility provided by employer | Basic pension per month w.e.f. 1/1/96 | Total income from all sources | Old/new CR no. |
|-------|------|---|---------------------------|---|---|---|-------------------------------------|-------------------|
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I hereby certify that the above mentioned family members are fully dependent upon me as per above mentioned details. I also certify that the entries in the form have been made by me are correct. I hereby give the undertaking that if any of the entries in the form are found to be incorrect or false at any time I shall be fully responsible for the same and suitable disciplinary action may be taken against me including recovery of amount spent on treatment of any of my dependent.

Signature of Employee