Department/ Section: _____

Name of Employee: _____Designation/BPS: _____

Date of Appointment: _____/_____/_____ Date of Birth: _____/_____/_____

Number of Dependants: _____

Detail of Dependants

S.No	Name of Dependant	Date of Birth	Relationship with employee

_____ **_____**

Signature of Employee **Countersigned by HoD concerned**