

Central University of Tibetan Studies, Sarnath, Varanasi
(Deemed to be University)

Form for self-declaration of the dependent family members of the Employee

Name of the Employee: -----

Designation: -----

Date of Joining: -----

Sl. No.	Name	Date of Birth/Age	Relationship with the employee	Remarks
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

I hereby declare that the entries in this form are true and complete in all respects to the best of my knowledge and belief and I shall be liable for any kind of disciplinary action against me on account of the above information being found incomplete, concealed or false.

I further undertake to keep the particular up-to-date by notifying to the Head of Office for any addition or alternation.

Date:

Place:

Unit/Section/Department:

(Signature of Employee)

(Signature of the Head of Dept./Section/wing)

Registrar