**TEZPUR UNIVERSITY**

# Napaam, Tezpur- 784028

**DECLARATION OF DETAILS OF FAMILY MEMBERS BY THE EMPLOYEE**

I, Dr./Mr./Ms. .............................................................................................. do hereby declare the details of

the members of my family as under

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sl.  No. | Name of the member (s) of the family | Date of Birth | Present address | Relationship with the employee | State ‘M’ for married , ‘UM’ for unmarried & ‘NA’  for not applicable | *#* Occupation  **(To be filled after going through the note in page 2)** | Remarks with initial of dealing Assistant / Officer  **(For office use)** |
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Signature with date : ...................................................

**Continued in Page 2**

# (2)

I also undertake to keep the particulars at pre-page up-to-date by notifying to the University Authority any addition or alteration in the event of birth of child, demise, or change of marital status / address / occupation of, any of my family members, with relevant **\* documentary evidences** (e.g. Certificate of Birth / Death / Income / Marital Status *[in case of sister]* from the authorized person of Local Municipal or Panchayat Body / Sub-Divisional or District Administrative Body).

Date : ............................. Signature : ....................................................

Place : .................................. Name : .......................................................................................

Designation : ..............................................................................

Department/Section : .................................................................

**Note :-**

* **Please strike off the columns left unfilled.**
* **# In case, a member of the family is a working or retired servant of any Government or Non- Government Organization, state the designation and name of the organization. In case of a retired servant, write (Retd.) after the designation. (Details of income and medical / LTC benefits [wherever applicable] from the concerned employer must be produced for assessment of dependency status by University Authority). In case, a member is in self-employment including business, state the details of occupation clearly (Valid proof of income status should be produced for assessment of dependency status)**
* **\* Mark refers the documents to be compulsorily furnished by the concerned employee in the event of any addition or alteration of any sort of particular in respect of the members of family.**

**(FOR OFFICE USE)**

**DETAILS OF FAMILY MEMBERS INCORPORATED LATER ON DEPENDING UPON ACCEPTANCE OF DECLARATION**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Sl.  No. | Name of the member (s) of the family | Date of Birth | Present address | Relationship with the employee | State ‘M’ for married , ‘UM’ for unmarried & ‘NA’  for not applicable | Occupation | Remarks with initial of dealing Assistant / Officer |
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