



जम्मू केन्द्रीय विश्वविद्यालय Central University of Jammu

Declaration Form (Medical Facilities)

I, (Emp. Code No., Name & Designation) _____
_____ hereby declare that following are the members of my family who are residing with me
and are wholly dependent upon me.

S. No.	Full Name	Relationship	Date of Birth	Age	Income if any
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

The particulars of dependent members of family as given above are correct. If any statement is found to be untrue I shall be liable for disciplinary action.

(Signature of Employee)

Name _____

Designation _____

Deptt./Section _____

Employee Code No. _____

Dated:

Important : In case Husband/Wife is employed in some other organization a Certificate from his/her employer to the effect that no medical facility is available to him/her and that no such concession if admissible will be availed hereafter.

Forwarded

(Head of the Deptt./Section)