## ADITI MAHAVIDALAYA

## (UNIVERSITY OF DELHI)

## **BAWANA, DELHI-110039**

## **DECLARATION OF FAMILY MEMBERS**

I hereby declare:

That the following are the members of my family residing with and wholly dependent on me:

**NOTE:**" A husband/wife/child/parent having an independent (inclusive of temporary increase in pension and pension equivalent of death-cum-retirement benefits does not exceed Rs.3500/- per month'

FOR	LEAVE TRAVEL CONCESSION			FOR MEDICAL RE-IMBURSEMENT					
S.No.	Name	Age	Relationship	D.O.B	S.No	Name	Age	Relationship	D.O.B
				Of children					of child
(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)	(5)
1.	effect the	nat he/sha y father/n	all not avail th nother is/is no	n service if in se e facility of L.T. t a retired/pension	C/H.T.C fro	m them h amount o	ereaft of pans	er (attached) sion drawn by	•
3.	That an	y change	in the list of '	'Family Membe			ntima	ted to the col	
٥.									lege
4.		•	records. fully gone thro	ough the content	s of letter reg	garding d	efiniat	tion of ''Fam	
		•		ough the content	s of letter reg			tion of ''Fam ure of the en	ily''.
	That i h	nave caref	fully gone thro	ough the content		S Nai	ignat		ily''.