



অসম বিশ্ববিদ্যালয় সিলচর  
ASSAM UNIVERSITY SILCHAR

To be submitted in duplicate

**Details of Family**

1. Name of the employee : \_\_\_\_\_
2. Designation : \_\_\_\_\_
3. Department/Section : \_\_\_\_\_
4. Date of Birth : \_\_\_\_\_
5. Date of appointment : \_\_\_\_\_
6. Details of family as on \_\_\_\_\_ who are dependent on me :-

Sl. No.	Name of the family members of the family	Date of Birth	Relationship with the employee	Monthly incomes from all sources separately (in case of spouse, parents, elder brother, elder sister, major sons & married daughters being dependent)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

**N.B. :- In case of family members without income/not salaried employee, please attach the PAN Card details and last two income tax returns and in case of inclusion of the name of spouse & child/children, please attach a copy of the marriage certificate & birth certificate respectively.**

**Declaration regarding Home Town**

1. Particulars of Home Town : \_\_\_\_\_

PIN -

2. Nearest Railway Station : \_\_\_\_\_

I hereby undertake to keep the above particulars up – to – date by notifying the Registrar any addition or alteration.

I certify that the particulars given above are correct to the best of my knowledge and belief.

**Full Signature of the Employee**

Place : \_\_\_\_\_

Date : \_\_\_\_\_