

## DECLARATION FORM

I, \_\_\_\_\_ hereby declare that following are the members of my family who are residing with me and are wholly dependent upon me.

### DETAILS OF MEMBERS OF FAMILY:

Sl. No.	Name in Full	Date of Birth	Relationship

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

\_\_\_\_\_  
(Signature of student)

Name: \_\_\_\_\_

Roll No.: \_\_\_\_\_

Dept./Prog.: \_\_\_\_\_

House No.: \_\_\_\_\_

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

Forwarded

\_\_\_\_\_  
(Signature of the Head)  
(with Seal)