

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)