(Head of Department/In-charge)

भारतीय प्रौद्योगिकी संस्थान कानपुर



INDIAN INSTITUTE OF TECHNOLOGY KANPUR प्रशासन अनुभाग



दूरभाप/ Phone: 2597738,7776

| | AD | MINISTRAT | ION S | ECTION | | | ∷ IIT Kanpur R Diamond Jubilee | |
|-------------------|--|----------------------|--------------------------|-------------------|--------------------------|--------|-----------------------------------|--|
| | सं. 211, (संकाय भवन) | | | | Room No. 211 | l (Fa | culty Building) | |
| <u>पो. अ</u> | र्ड् आई टी कानपुर — 208016 (उ.प्र.), भारत | | | | PO. IIT KANPUI | R-208 | 3016 (UP), INDIA | |
| | | | | | | | | |
| | | hereby | y declai | re that the fo | llowing are m | emb | ers of my family, | |
| wno a | are wholly dependent on me. | DETAILS (|) E E A N | AII V | | | | |
| (i) H | Husband/Wife, Children, Stepchildrer | DETAILS (| | | (NI) | | | |
| SR. | Full Name | - | 1 | | e of Birth in | | Occupation | |
| No. | | | do | | d/mm/yy tach proof | | · | |
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| (::) ₋ | | () () | /\ . | | | | | |
| ` ' | ather, Mother/Minor Brothers/Sister Please attach copy of AADHAR and P | | nters/W | /idowed Sister | s , residing with | me | | |
| SR. | Full Name | Relationship | Date | of Birth in | Status (Marri | ed/ | Occupation | |
| No. | ,, | | dd/mm/yy attach proof | | Unmarried/ Widowed) | | | |
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| | | UNDER | TAKIN | G | | | | |
| Lunde | ertake that: | <u> </u> | | _ | | | | |
| | he above-mentioned dependent(s) re- | | | | | Rs.9 | 000/- plus Dearness | |
| | Allowance/Relief thereon per person per | | | | | limit | he/she/they will not | |
| | If the income of any of the dependent(s) referred in (i) & (ii) above, exceeds the above prescribed limit, he/she/they come under dependency category. Further, if the income of Father/Mother (or both) exceeds the prescribed limit. | | | | | | | |
| | prother/sister also will not be treated as | | | | | | () | |
| 3. F | amily members as stated in Point No | o. (II) above, are r | not show | vn as depende | ent by their oth | ner so | on(s) or daughter(s). | |
| | Income tax Pan numbers of my father and mother are(attach self-attested copy). | | | | | | | |
| | In the event of any change in the status of any of the above-mentioned persons, which affects their eligibility, I shall inform Administration Section immediately about the same. | | | | | | | |
| 6. T | The particulars of dependent members of disciplinary action. | | above a | re correct. If an | y statement is fo | und u | ntrue, I shall be liable | |
| 7. 1 | his form must be submitted in original in | n double copy. | | | | | | |
| | | Sig | Signature : | | | | | |
| | | Na | Name : | | | | | |
| | | P.F | No. | •••• | | | | |
| | | De | signatio | on: | | | | |
| Forwa | Forwarded | | | | | | | |

Date: