

**FAMILY DECLARATION FOR THE PURPOSE OF AVAILING THE MEDICAL FACILITIES AS PER RULE AT NERIST HEALTH UNIT**

1. Name of the Govt Servant (in block letters) : .....
2. DoB & Age : .....
3. Designation : .....
4. Pay in Pay Band & G.P : .....
5. Department/Branch/Section : .....
6. Residential Address : .....  
.....  
.....  
.....

Particulars of the family members residing with the employees at address at Col. 5 above:

Sl.No	Name of the dependant	Identification mark	Relationship with Govt Servant	Date of Birth (With proof)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Signature of HoD/HoS

Sign of Govt Servant with date