



Shaheed Rajguru College of Applied Sciences for Women
शहीद राजगुरु कॉलेज ऑफ एप्लाइड साइंस फॉर वीमेन
University of Delhi
दिल्ली विश्वविद्यालय
Vasundhara Enclave, Delhi – 110096
वसुंधरा एनक्लेव, दिल्ली-110096

DECLARATION OF FAMILY MEMBERS

The following members are the members of my family residing with and wholly dependent on me.

FOR THE PURPOSE OF LEAVE TRAVEL CONCESSION

FOR THE PURPOSE OF MEDICAL CONCESSION

| S.No. | Name | Age | Relationship | S.No. | Name | Age | Relationship | Remarks |
|-------|------|-----|--------------|-------|------|-----|--------------|---------|
| 1 | | | | 1 | | | | |
| 2 | | | | 2 | | | | |
| 3 | | | | 3 | | | | |
| 4 | | | | 4 | | | | |
| 5 | | | | 5 | | | | |

2. That my husband/ wife is/is not in service if in service, a certificate from the employer to the effect that he/she not avail the facility L.T.C./ H.T.C. from them thereafter (attached).
3. That my father/ mother is/is not a retired/ pensioner and the amount of pension drawn by him/them is shown is as shown in the attached income certificate, viz Rs. 3500/- (Three Thousand Five Hundred Only), ((7th CPC – Rs. 9000/- (Nine Thousand Only)
4. That may change in the list of “Family Members” declared will be intimated to the college immediately for record.
5. That I have carefully gone through the contents of letter regarding definition of ‘family’

Signature of Employee

Date –

Name

Designation

Department

Principal