



राष्ट्रीय प्रौद्योगिकी संस्थान दिल्ली
National Institute of Technology Delhi

Family History

Name _____ Designation Offered _____

Name of the member of Family	Male / Female	Relationship	Date of Birth	Remarks

Signature of the designated employee

Declaration of Family Members

(Year: - 1st January to 31st December 200.....)

Certified that following members of my family declared wholly / mainly dependant on me in terms of rule 1 and 2 of section 4 of C.S. (M.A.) Rules and are residing with me.

Sr. No.	NAME	AGE	RELATION	INCOME	ADDRESS

Date :

(Signature of Employee with designation)

Endorsement by Concerned HOD :

Signature :

Name :

Designation :

Date :