



भारतीय सूचना प्रौद्योगिकी संस्थान इलाहाबाद
Indian Institute of Information Technology Allahabad
An Institute of National Importance by Act of Parliament
Deoghat Jhalwa, Prayagraj-211015 (U.P.) INDIA

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DECLARATION ABOUT FAMILY MEMBERS

I S/o, W/o. D/o hereby declared that the particulars of my family appended herewith in form-3 under Rule 54 (12) of the CCS Pension Rules 1972 are true:

FORM 3

[See Rule 54(12)]

Details of Family

Name of the Government Servant:

Designation:

Date of Birth:

Date of Regular Appointment:

Details of the members of Family as on :

Sl. No.	Name of the Members of the family	Date of Birth	Relationship with the Employee	Whether Dependent (Tick on applicable option)	Suffering from any Disease	Give details if you or any of your dependents suffering from any of the following ailments: Hypertension, diabetes, Heart Disease, STD/ISD, AIDS, Infectious Skin Disease, Renal Disorder Thalassaemia or Asthma
1				Yes / No	Yes / No	
2				Yes / No	Yes / No	
3				Yes / No	Yes / No	
4				Yes / No	Yes / No	
5				Yes / No	Yes / No	
6				Yes / No	Yes / No	
7				Yes / No	Yes / No	
8				Yes / No	Yes / No	

I hereby undertake to keep the above particulars up to date by notifying to the Head of Office any addition or alteration.

Place:-

Signature of Employee

Date:-

Name :-

Designation:-

Signature of the Verifying Officer