

**HALL OF RESIDENCE
INDIAN INSTITUTE OF TECHNOLOGY
KHARAGPUR**

Family Declaration Form
(To be submitted in duplicated)

I do hereby declare that the following particulars are genuine and any change in the status including addition / mission shall be intimated at the earliest through a fresh declaration.

Name (In Block Letters)	Age / Date of Birth	Relation	Employment/ Matrial States
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- 1.
- 2.
- 3.
- a)
- b)
- c)
- d)
- e)
- f)

4. Parents

- a) Father
- b) Mother

It is further certified that all the family members mentioned here in above are residing with me and are fully dependent on me. The income of my parents does not exceed Rs.500/- per month including pension, if any. In the case of employed's wife or husband I elect medical facility from self / our source.

Date

(Signature of the Employee)

Name :

Designation :

Hall :

Forwarded :

Warden /Asst. Warden

Hall of Residence

HALL MANAGEMENT CENTRE IIT KHARAGPUR

Employee Code :

Employee Name :

Designation :

Hall of Residence :

Dependent Name :

Date of Birth :

Relationship

Marital Status :

Occupation :

Dependent on Employee :

Blood Group

Existing Medical Card No. :

Remarks :

Stamp
Size
Photo
With
Sign.

(Please put the correct data)