NATIONAL SANSKRIT UNIVERSITY TIRUPATI-517 507 (A.P.)

DETAILS OF DEPENDENT FAMILY MEMBERS

(Extract of Instructions regarding dependent family members enclosed along with this form for information only. For details on the subject please refer to Central Service (Medical Attendance) Rules,1944 as amended from time to time.)

Name	of the Employee & ID No.	ĺ				
Designation						
Date of Birth		*				
Date of	Appointment	1				
Details	of the dependent member	s of my family a	s on 01.07	2022		
S.No.	Name of the dependent family member	Relationship	Date of Birth	Age as	Occupation	Marital status (Married Unmarried Widowed
01		1				Wildowell
02.						
03.			-			
04.	4					
05.						
06.						
	When both husband a Is spouse of the employe If yes, then name of the Or If spouse of the employe organizations? YES/NO (May choose either the me facilities provided by the or	ee a Governmen rganization ee availing medi edical facilities u	t Servant? cal facilitie	s from loca	ament rules or	ate
II.	Is Income of dependent amount of Rs.9000/- pm Rs.9000/- pm? YES/NO (member)	plus the amour	it of dearno	ess relief o	n the basic ner	ision of
as and w	AKING: I hereby undertake to the here is any change in ble, and shall be open to any a	the status of my	/ dependent	ts, failing w	which I shall be	he Registrar solely held
Place:						

Note: Furnishing the details of dependent family members is a mandatory requirement to become eligible for making reference for the treatment with two hospitals with whom the University entered into a MoU.

Signature of the Government Employee

Date: