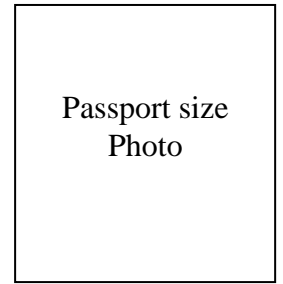


OFFICE OF THE REGISTRAR
(MEDICAL BILL SECTION)
JAMIA MILLIA ISLAMIA
NEW DELHI-10025
FAMILY DECLARATION FORM FOR MEDICAL FACILITIES
(TO BE FILLED BY THE EMPLOYEE IN TRIPLICATE)



Name of the Employee

Department / Office

Designation.....

Nature of Appointment

Present Home Address

.....**Mob**.....**F.D.R. No.if any**.....

S.No	Name (Block Letters)	Date of Birth	Age	Relation With employee
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10				

EXPLANTION

The family for the purpose of these rules shall mean employee, wife or husband as the case may be, parents, children and step Children, sister, widowed sisters, widowed daughters, minor brothers all residing with and wholly dependent upon the employee.

NOTE:

To be considered as dependent, the total monthly income of such member should not exceed Rs.3500/- P.M. from all sources.

Certified that the particulars mentioned above are correct.

Dated.....

Signature of the Employee.

VERIFIED:

(To be verified by the Head of the Department /Office concerned).

.....
Signature

.....
Designation and Deptt./Office

.....
.....
.....
.....

Date.....

FOR OFFICE USE ONLY

Registered at F.D.R. No.....

Eligibility Verified :

Date.....

.....
Signature of
Dealing Asstt.

.....
Signature of
Section Officer

.....
Signature of
A.R./Dy. Registrar (Admn.)

.....
Signature of
Registrar

FOR USE IN THE ANSARI HEALTH CENTRE

Dated.....

Admitted to the Medical Facilities

Medical Officer
Ansari Health Centre
Jamia Millia Islamia
(Signature)