

**ICAR-CENTRAL INSTITUTE OF POST HARVEST ENGINEERING &
TECHNOLOGY LUDHIANA - 141 004.**

(TO BE PASTED IN SERVICE BOOK)

Detail of the family members (dependents)

Sr. No.	Name of the family Member	Date of Birth	Relationship
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1.

I submit herewith the details in respect of my family members and will undertake to communicate the Head of Office any addition/alteration and/or omission in r/o of my family members.

Date: _____

Place: Ludhiana

Signature of ICAR Servant

Name in Block Letters: _____

Designation: _____

Signature of the Head of Office

P.S.:- Dependents for the purpose include:

- a) Spouse, Children
- b) Parents, unmarried sisters, minor brothers (less than 18 years), widowed sisters provided their income from all sources does not exceed Rs. 1500/- per month and they are wholly dependent upon the official concerned.

If any information furnished above found to be false, the matter will be viewed seriously and action as deemed fit will be initiated against the concerned ICAR's servant.

