**BIRBAL SAHNI INSTITUTE OF PALAEOSCIENCES, LUCKNOW**

I HEREBY declare that my home town is ------------------------------------------------------------------ ------------------------------------------------------- for the purpose of Leave Travel Concession.

The details regarding members of my family are given below

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl. No. | Name | Age with date of Birth | Relation -ship | Profession if any | Source of income, if any, with details | Details of moveable & immoveable property |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |

I further certify that the above details are correct and all the family members are residing with me permanently/temporarily and are wholly dependent on me.

ACCEPTED

Dated: Signature of Institute Employee

 Designation