**BIRBAL SAHNI INSTITUTE OF PALAEOSCIENCES, LUCKNOW**

**DETAILS OF FAMILY**

**FORM-3**

Name of the Employee :

Designation :

Date of Birth :

Date of appointment :

Details of the members of my family \* as on:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl. No. | Name of the members of family | Date of Birth | Relationship with the Officer | Initials of the Head of Office | Remarks |
| 1 | 2 | 3 | 4 | 5 | 6 |
|  |  |  |  |  |   |

I hereby undertake to keep the above particulars uptodate by notifying to the Audit Officer/Head of Office any addition or alteration.

**ACCEPTED**

Place

Date Signature of Employee

\***Family for this purpose means:**

(a) Wife, in the case of male Government Servant;

(b) Husband, in the case of a female Government Servant;

(c) Sons below eighteen years of age and unmarried daughters below twenty one years of age

 including such son or daughter adopted legally before retirement.

 **Note:** Wife and husband shall include respectively judicially separated wife and husband.