

## **CENTRAL POLLUTION CONTROL BOARD**

Parivesh Bhawan, East Arjun Nagar, Delhi – 110 032.

## **DEPENDENT DECLARATION FORM**

2. Desi 3. Date	e of the Official gnation of birth ils of the members of t	family as on	:		
S.No.	Name of the members of Family	Date of birth (attach documents)	Relationship with the official	Marital Status	Occupation
1.					
2,					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
(If ret auther I her	ession / Occupation of ired, please indicate the nticated documents OR Incomplete to kee for the Office regarding	exact amount oome Certificate from the above	f pension recei com the concern particulars u	ved by your fa ed Authority).	ther / mother with
		Cianatura of	the official:		
Signature of the official: Name of the official:					
Designation:					
CP No.:					
		N			
			Email ID:		
Date:					
Place:					