

CENTRAL POLLUTION CONTROL BOARD

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

DEPENDENT DECLARATION FORM

2. Desi 3. Date	of birth		:			
	ils of the members of				T	
S.No.	Name of the members of Family	Date of birth (attach documents)	Relationship with the employee	Marital Status	Remarks	
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2,						
3.						
4.						
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10.						
(If ret auther I her	ession / Occupation of ired, please indicate the nticated documents OR Income undertake to kee f the Office regarding	exact amount oome Certificate fr	f pension received the concerned particulars up	red by your fat d Authority).	ther / mother with	
		Name of the	Employee			
	Name of the Employee:					
Designation:						
		N				
D 1			Email ID: .			
⊔ate:						
Place:						