

# INDIAN INSTITUTE OF SCIENCE BANGLORE 560 012

## Family Declaration for Contributory Health Service Scheme

1. Name of the Staff Member (in block letters)	
2. Date of Birth / Age	
3. Designation	
4. Department / Centre/ Unit	
5. Residential Address & Phone Number if any	

### 6. Details of dependents (Please see overleaf for eligibility before filling up)

Sl No	Name (Block letters)	Relation ship	Date of birth/Age	Profes -sion	Employ ment	Pension	Income from other source

7. I hereby declare that the details furnished by me above are true to the best of my knowledge, information and belief. If the information given by me is found incorrect / false, the Institute may take necessary disciplinary action against me.

Date :

SIGNATURE