



**CENTRAL SANSKRIT UNIVERSITY**  
**Established by an Act of Parliament**  
**(Under Ministry of Education, Government of India)**  
**Janakpuri, New Delhi - 110058**



**DECLARATION OF FAMILY MEMBERS FOR MEDICAL FACILITY FOR THE YEAR -**  
(To be updated every year)

1. Name of Employee : \_\_\_\_\_
2. Designation : \_\_\_\_\_
3. Place of Posting : \_\_\_\_\_
4. Date of Birth as per service book : \_\_\_\_\_
5. Date of appointment : \_\_\_\_\_

Sl. No.	Name of the Family Member	Date of Birth	Relationship with the employee	Occupation	Monthly income from all sources	Remarks
1	2	3	4	5	6	7
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

I hereby declare that the particulars of my family members furnished above for the purpose of medical attendance/reimbursement are true and correct to the best of my knowledge. I further undertake that if any information is found to be false or misrepresented, I shall be liable for disciplinary action by the University.

Date : \_\_\_\_\_

(Signature of Employee)

**Head of the Office**  
(Signature & Seal)