भा. प्रौ. सं. मण्डी 175 075 (हिमाचल प्रदेश)

प्रशासनिक फॉमम सं. ADMIN. FORM NO.

IIT Mandi 175 075 (Himachal Pradesh)

**DECLARATION BY SIBLING(S) (IF EMPLOYED)**

I, Shri / Ms. brother / sister of Shri / Ms. Designation School / Section hereby declare that I am presently working

in & my employer does not provide any Medical / LTC

facilities to it’s employees. Also, I have no objection if my brother / sister/sister-in-law Shri /

Ms. declares my parents (father Shri

and Mother Ms. ) as dependents in his / her service record.

The above statement is true to the best of my knowledge and belief.

Signature:- Name:-

Date : Address:-

Place:

Signature of two witnesses

(1) Signature: (2) Signature: Name: Name: Address: Address:

Date: Place: Date: Place:

Forwarded to the Registrar for consideration

Signature of Employee (of IIT Mandi) :- Name :-

Designation :-

Department :-