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

प्रशासनिक फॉमम सं. ADMIN. FORM NO.

IIT Mandi 175 075 (Himachal Pradesh)

**DECLARATION BY EMPLOYEE**

I, Shri / Ms. Designation School / Section hereby declare that my sister Ms (D.O.B. / / ) does not have any income. She is unemployed and unmarried. She is (occupation).

I also state that subsequent change in the aforementioned status, if any, will be intimated to Administration Section, for incorporation of such changes in the records.

I am aware that I am solely responsible for the correctness and accuracy of the above declaration and understand that providing false information amounts to misconduct and may attract disciplinary proceedings.

* **Copy of PPO enclosed.** (Strike if not applicable)

Photograph

Signature:- Name:-

Date : Address:-

Place:

Signature of two witnesses

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

Date: Place: Date: Place: