

FAMILY COMPOSITION CERTIFICATE

1.	NAME OF THE EMPLOYEE (CAPITAL LETTERS)		TICKET NO	
2.	P.F.NO. / EMP. NO.		SHOP/OFFICE	
3.	DESIGNATION		DATE OF BIRTH	
4.	RATE OF PAY AND GRADE PAY		DATE OF APPOINTMENT	

DETAILS OF FAMILY MEMBERS

SL. NO	NAME	RELATIONS	DOB	REMARKS HP/MR ETC	AADHAR NO.	DECLARATION
1.						1.MY FATHER IS ALIVE / NOT ALIVE
2.						2. I hereby declare that all the mentioned family members in FCC are residing with me & are wholly dependent upon me. All the members mentioned are not availing Railway Pass/PTOs from any other sources
3.						3. All the information furnished are true to the best of my knowledge and in case any information furnished is found false. I shall be liable to be taken up under DAR.
4.						-----DO-----

WITNESS - 01:

SIGNATURE:

OFFICE:

SIGNATURE OF THE IMMEDIATE SUPERVISOR

NAME:

DESIGNATION /SEAL/DATE:

WITNESS-02:

SIGNATURE :

OFFICE:

SIGNATURE OF EMPLOYEE

DATE