

To The Registrar IIITDM Kancheepuram Chennai 600127	From Name of the Employee : EID : Designation : Dept. / Section :
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Sir,

I declare that the following members of my family are solely dependent on me and their employment status / monthly income details are furnished below:

Sl No	Name of the Dependent	DOB	Marital Status	Relation ship with Govern ment Servant	Employed/ Received Pension/ Stipend/ Scholarship	Name of the Organization (in case employed)	Organization Type (Govt. / Non-Govt)	Designation held	Temporary / Permanent	Gross Salary / Pension/ Stipend/ Scholarship Amount p.m.	Is LTC or similar concession offered? (Yes/No)	Is CEAS or similar concession offered? (Yes/No)	Residing with Govt. Servant (Yes/No)

Undertaking

1. The Income of parent from all sources is not exceeding Rs.9000/- per month and the children/step children do not receive any stipend/scholarship not excess of Rs.9000/- per month.
2. Also I hereby undertake to keep the above particulars up-to-date by notifying to the Head of the Office any addition or alteration.

Thanking you,

Date:

Signature