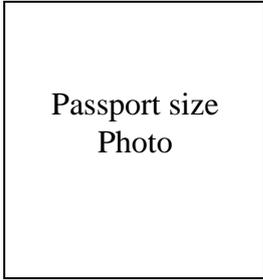


**OFFICE OF THE REGISTRAR**  
(MEDICAL BILL SECTION)  
**JAMIA MILLIA ISLAMIA**

NEW DELHI-10025  
FAMILY DECLARATION FORM FOR MEDICAL FACILITIES  
( TO BE FILLED BY THE EMPLOYEE IN TRIPLICATE )



Name of the Employee .....

Department / Office .....

Designation.....

Nature of Appointment .....

Present Home Address .....

.....**Mob.**.....**F.D.R. No.if any**.....

S.No	Name ( Block Letters )	Date of Birth	Age	Relation With employee
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10				

**EXPLANTION**

The family for the purpose of these rules shall mean employee, wife or husband as the case may be, parents, children and step Children, sister, widowed sisters, widowed daughters, minor brothers all residing with and wholly dependent upon the employee.

**NOTE:**

To be considered as dependent, the total monthly income of such member should not exceed Rs.3500/- P.M. from all sources.

Certified that the particulars mentioned above are correct.

Dated.....

Signature of the Employee.

**VERIFIED:**

(To be verified by the Head of the Department /Office concerned).

.....  
**Signature**

.....  
Designation and Deptt./Office

.....  
.....  
.....  
.....

Date.....

---

**FOR OFFICE USE ONLY**

Registered at F.D.R. No.....

Eligibility Verified :

Date.....

.....  
Signature of  
Dealing Asstt.

.....  
Signature of  
Section Officer

.....  
Signature of  
A.R./Dy. Registrar (Admn.)

.....  
Signature of  
Registrar

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**FOR USE IN THE ANSARI HEALTH CENTRE**

Dated.....

Admitted to the Medical Facilities

Medical Officer  
**Ansari Health Centre**  
Jamia Millia Islamia  
(Signature)