



ब्रह्मपुत्र वैली फर्टिलाइजर कॉरपोरेशन लिमिटेड, नामरूप
BRAHMAPUTRA VALLEY FERTILIZER CORPORATION LIMITED, NAMRUP
मानव संसाधन विभाग / HUMAN RESOURCE DEPARTMENT
आश्रित घोषणा /DEPENDENT DECLARATION FORM

I, _____ hereby declare that the following members of my family are wholly dependent upon me who are eligible for medical treatment under Medical Attendance & Treatment Rules (MATR) of the Corporation and the Group Mediclaim Policy.

क्रम. संख्या SL. NO.	आश्रितों का नाम NAME OF THE DEPENDENT(S)	आश्रितों का कर्मचारी से संबंध RELATIONSHIP OF THE DEPENDENT(S) TO THE EMPLOYEE	आश्रितों के रोजगार की स्थिति STATUS OF THE EMPLOYMENT OF DEPENDENT(S)	जन्म तिथि DATE OF BIRTH	लिंग SEX

उपरोक्त सूचना सही है, और यदि सेवा के किसी भी बिंदु पर उपरोक्त जानकारी झूठी पाई जाती है, तो बीवीएफसीएल आचरण, अनुशासन और अपील नियमों के अनुसार मेरे खिलाफ कार्रवाई करेगा।

/ The above information is true, and if at any point of service the above information is found to be false, then BVFCL shall take action against me as per conduct, discipline & appeal rules.

कर्मचारी का हस्ताक्षर/ Signature of the employee:

पूरा नाम/ Full Name:

कर्मचारी संख्या C/E No.:

प्रतिहस्ताक्षर/COUNTERSIGNED BY

पदनाम/ Designation:

विभाग/ Department:

तारीख/ Date:

संपर्क नंबर/ Contact No.

विभाग के प्रमुख/HEAD OF THE DEPARTMENT

Next page

UNDERTAKING

I hereby undertake that:

1. The Income of my dependent parents does not exceed Rs. 3500/- per month from all sources.
2. My spouse is not employed or self employed.
3. My Son(s) is/are below 25years of age is/are unmarried and not an earning member.
4. My Daughter(s) is/are unmarried and not an earning member.
5. In the event of any change in the above filled particulars, the same shall be intimated to the HR Department at the earliest by me.
6. The particulars in respect of dependent family members of my family as declared are true and correct to the best of my knowledge and belief. In case, if any statement given above is found to be false, I shall be liable for disciplinary action initiated by the Competent Authority of the Corporation.
7. I hereby undertake to keep the above particulars up to date by notifying the HR-Welfare for any addition/ deletion or revision of information in respect of the dependent family members.

No. of Enclosures:

Signature of the Employee with date

