

National Textile University Faisalabad

Declaration for Medical Facility

Name:		Designation	BPS. #	SPS. #	TTS. #	Office ID #

(1) I hereby declare that my family members mentioned bellow are wholly dependent upon me .
(2) My parents mentioned below at Sr. No. ---- & ---- are also wholly dependent upon me. They are permanently residing with me and have no other source of income.
(3) I, my spouse or my parents have never been employees of government/non-government organization, which extends medical facilities during or after the retirement from the services. (4) My parents are not availing medical facility as a dependent of any other government/non-government servant.

Sr. No.	Name of Dependents	Date of Birth	Relation Ship	Chronic Disease (if any)
1			Self	
2				
3				
4				
5				
6				
7				
8				
9				
10				

Ineligible Dependents: Married daughter, Son (above 23) years age.

میں حلفیہ بیان کرتا/کرتی ہوں کہ مندرجہ بالا تمام معلومات درست ہیں۔ میں مندرجہ بالا تمام کوائف کے درست ہونے کا/کی ذمہ دار ہوں اور مہیا کردہ معلومات غلط ہونے کی صورت میں (NTU Employees (Efficiency & Discipline Statutes-2014) کے مطابق سزا پر معترض نہ ہوں گا/گی۔

Date:

Signature of Employee: -----	Thumb impression: -----
HOD/Incharge: ----- Signature, Name & Stamp:	Registrar: ----- Signature, Name & Stamp:
Rector	

Note: Attach the copy of CNIC (above 18 years) or NADRA "B" Form (sibling below 18 years).