



# MEDICAL CENTRE

National Textile University Faisalabad



## Family Dependent Declaration form for Medical Facility

Name of Employee		Designation	BPS. No.	TTS./SPS.	Employee ID/ PPO.No.
Department		Ext. No.	Cell No.		

- (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.  
 (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				

Date: ---- / ---- / -----

**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۔

Signature of Employee: ----- Thumb impression: -----

I have verified with my own sources. I/ We hereby confirm/ indorsed that the information provided here and above given data is accurate, correct and complete.

HOD/ Dean/ Incharge: -----  
Signature, Name & Stamp

Registrar: -----  
Signature, Name & Stamp

Rector:

Note: Attach the copy of (1)-Appoint-Letter, (2)-CNIC, (3)-NADRA "B" Form (of sibling below 18 years).