



UNIVERSITY OF HYDERABAD

Details of Family

Name of the University employee	
Designation	
Date of Birth	
Date of Appointment	
Details of the members of my family as on	

Sl. No.	Name of the Members of the Family*	Date of Birth (DD/MM/YY YY)	Aadhaar No. * (voluntary)	Relationship with the Univ. Employee	Marital Status	Occupation and Monthly income (from all sources)	Remarks	Initials of the Head of Office
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1								
2								
3								
4								
5								
6								
7								
8								

I hereby undertake to keep the above particulars up-to-date by notifying to the Head of Office any addition or alteration.

Signature of the University employee

Place: _____

Dated: _____

Email: _____ (optional) Mobile: _____

*providing Aadhar No. is voluntary. However, if it is provided, consent to link it to Bank account and also for authentication of identity from UIDAI for pension related purpose only, is presumed.

P.T.O.



IMPORTANT

1. The Original Form submitted by the University employee is to be retained. All additions/alterations are to be recorded in this Form under the signature of Head of Office in Col. (9). No new form will substitute the original Form. However, the retiring University employee should submit the details of family afresh along with Form 6.
2. The details of spouse, all children and parents (whether eligible for family pension or not) and disabled siblings (brothers and sisters) may be given.
3. The Head of Office shall indicate the date of receipt of communication regarding addition or alteration in the family in the Remark's column. The fact regarding disability or change of marital status of a family member should also be indicated in the 'Remarks' column.
4. Wife and husband shall include judicially separated wife and husband.
5. The pensioner shall intimate the details of change in family structure after retirement in Form 5.
6. Copies of birth certificates to be attached. If birth certificate is not available, then copy of the other certificate, as proof of date of birth, may be attached.

Particulars regarding the family members other than the Dependents, if they are employed.

Name of the Person	Relation-ship	Occupation/ Monthly Income	Name of the Employer	Whether they are having LTC / CEA (Tuition Fee) / Medical Reimbursement
(1)	(2)	(3)	(4)	(5)

I hereby declare that none of my family members as shown above have claimed the LTC / CEA / Medical Reimbursement for my dependents.

Signature of the University employee

COUNTERSIGNED

Dean of the School / Head of Department / Centre / Controlling Officer