

## Form - B

(form to be filled in block letters)

\* (For - Wife / Husband / Son / Daughter / Father / Mother / Father in Law / Mother in Law)

|  |   |             |
|--|---|-------------|
| Name                                     | : | (Dependent) |
| Relation                                 | : |             |
| Department                               | : |             |
| Category                                 | : |             |
| Age                                      | : |             |
| Sex                                      | : |             |
| GP/Ward                                  | : |             |
| Village                                  | : |             |
| Cast                                     | : |             |
| Minority                                 | : |             |
| RSBY Type                                | : |             |
| Postal Address                           | : |             |
| Office Address along<br>with Designation | : |             |
| Aadhar No<br>(if available)              | : |             |
| Mobile No                                | : |             |
| Khadyasathi ID<br>or SECC ID             | : |             |

I do solemnly declare that the particulars given above and in form - B are true and correct.

Signature in full