

UNDERTAKING
TO WHOMSOEVER IT MAY CONCERN

I Sri/Smt _____, Designation _____,
EMP.ID.No./PPO.No. _____, O/o. _____

_____ declare that the following family members are fully dependent on me and they have no any other earning sources.

Sl.No.	Name	Relation	D.O.B	Occupation

This is true and best of my knowledge .If found any false, I will be held responsible for further action.

Employee : Details

Sri / Smt.

Employee Sign:

ID No.

Designation :

Office Address:

Countersigned by the Drawing Officer