

UNIVERSITY OF VETERINARY & ANIMAL SCIENCES, LAHORE

DECLARATION OF FAMILY MEMBERS FOR THE PURPOSE OF MEDICAL FACILITIES

I hereby declare that the following members of my family are wholly dependent on me and are residing with me _____

(Identity Card Address)

Sr. #	Name	Age	Relationship	Previous or present occupation of the dependent	Monthly income of the dependent
1.					
2.					
3.					
4.					
5.					
6.					

PARTICULARS OF BROTHERS

Sr. #	Name	Residential Address (as per identity Card)	Elder/ Younger	Occupation	Monthly Income
1.					
2.					
3.					

I hereby undertake that the information furnished above is correct and the Registrar, UVAS, Lahore will be informed as soon as any change occurs. Identity card address of the dependents and the supporter are a pre-requisite prior to the acceptance of this proforma.

Name in full _____

Designation _____

Department _____

Residential Address. _____

Signature _____

Date _____

Countersigned

(Principal Officer / Dean / Director)

Note:

- Family in this context means "his wife" children and parents residing with and wholly dependent upon him"
- If the information furnished is found incorrect or changes occurred are not informed well in time, the employee concerned will be treated as having committed an act of misconduct.