

THE FOOD CORPORATION OF INDIA

FAMILY PARTICULARS FORM

Statement showing the particulars of the Family of Shri _____
_____ working in this office as
_____.

(Dependent members names are to be inserted only)

Sl.No.	Name of dependent	Relation	Date of Birth	Age	Full address
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					

(*) I also certify that I have only one spouse living.

(*) (Not applicable should be struck out).

SIGNATURE :

STATION : NAME :

DATE : DESIGNATION :