

	भारतीय प्रौद्योगिकी संस्थान मद्रास INDIAN INSTITUTE OF TECHNOLOGY MADRAS Chennai – 600 036	
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PERSONAL DATA FORM

01.	Name of the Employee	:						
			Emp ID No.					
02.	Designation	:						
03.	Dept./Centre/Section Room No: Phone Land line and Mobile No.	:						
04.	Residence Address	:						
05.	Permanent Home Address:	:						
06.	Person to be informed in case of Emergency	:						
07.	Details of family members (Aadhaar Card copy is mandatory and copy of Birth Certificate in case of new born should be compulsorily attached)							
S. No	Name of the family members	Relationship	Date of birth/Age	Married, Unmarried, Widowed, Divorced	Employed /Unemployed / Retired Private/ Government	Pensioner Yes / No	Monthly Income / Pension	Whether Dependant Yes / No
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1								
2								
3								
4								
5								
6								

Note:

1. If spouse also is employed furnish details of employer, whether LTC / Medical facilities exist in that office certificate to be produced from the employer.
2. If spouse is working in PSU/Autonomous, kindly submit Joint Declaration form to Deputy Registrar (Admin)

UNDERTAKING:

1. The Income of dependent family members (Other than spouse) do not exceed Rs.9000/- pm plus the amount of dearness relief on basic pension of Rs.9000/- pm per person from all sources including pension/salary/business/ service etc.
2. In the event of any change in the above filled particulars, the same shall be intimated to the office at the earliest.
3. The particulars of dependent family members of my family as given are correct. If any statement is found to be false, I shall be liable for disciplinary action.
4. I hereby undertake to keep the above particulars up to date by notifying to the Head of the Office for any addition or revision.

Date:

Signature of the Employee

Forwarded
Assistant Registrar (Admn)

To

1. The Deputy Registrar (F&A)
2. The Chief Medical Officer
3. Administration-III (Insurance)
4. Personal File.