## NATIONAL SEEDS CORPORATION LIMITED NAME OF THE FARM/OFFICE\_\_\_\_

	(10	be submitted on	first week of Janu	uary every year)	
		(Name)		(Designation	on) working at
		(office) do h	ereby declare tha	nt:	on, working at
Th xpe	e members of my famil nses are as under:- Name	y and other dependence			
No.	(S/Sh./Smt.)	Birth/Age	Relationship with employee	Marital Status (Married/Unmar ried/Widow)	Since when residing with employee
					omployee
			- A TOBY		
; ;					
	and she/he will/will My bother(s)/unma (Govt.Public Secto expenses in respe	arried sister(s) em or/Private Sector)	nployed in will not claim rein	SC OR her/his er	nedical
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SIGNATURE & COMMENTS OF THE CONTROLLING OFFICER To be forwarded to HR Department for Approval & Record