

भा. प्रौ. सं. मण्डी 175 075 (हिमाचल प्रदेश)
IIT Mandi 175 075 (Himachal Pradesh)

DECLARATION BY SIBLING(S)
(IF EMPLOYED)

I, Shri / Ms. _____ brother / sister of
Shri / Ms. _____ Designation _____
School / Section _____ hereby declare that I am presently working
in _____ & my employer does not provide any Medical / LTC
facilities to it's employees. Also, I have no objection if my brother / sister/sister-in-law Shri /
Ms. _____ declares my parents (father Shri
_____ and Mother Ms. _____) as
dependents in his / her service record.

The above statement is true to the best of my knowledge and belief.

Signature:- _____

Name:- _____

Date : _____

Address:- _____

Place: _____

Signature of two witnesses

(1) Signature: _____

Name: _____

Address: _____

Date: _____ Place: _____

(2) Signature: _____

Name: _____

Address: _____

Date: _____ Place: _____

Forwarded to the Registrar for consideration

Signature of Employee (of IIT Mandi) :- _____

Name :- _____

Designation :- _____

Department :- _____