

KINDERED ROLL

PT NO. \_\_\_\_\_ NAME: \_\_\_\_\_ DESIGNATION: \_\_\_\_\_

SER	RELATIONSHIP	NAME	AGE/DATE OF BIRTH	DEPENDENT/INDEPENDENT	PARTICULARS OF THE INDIVIDUAL WITH RELATIONSHIP AND ADDRESSES, NOMINATIONS AS NEXT OF KIN TO RECEIVE THE DUES IN CASE OF DEATH
1.	FATHER				1. NAME:
2.	MOTHER				2. FATHER'S NAME:
3.	WIFE				3. RELATIONSHIP:
4.	CHILDREN				FULL POSTAL ADDRESS:
					A. PERMANENT:
					B. PRESENT:
5.	<u>OTHERS:</u>				

COUNTERSIGNED

Signature \_\_\_\_\_

Zonal Head/Head of Deptt.  
(Name in block letter with designation)

OFFICE SEAL: