

KINDERED ROLL

PT NO. _____ NAME: _____ DESIGNATION: _____

SER	RELATIONSHIP	NAME	AGE/DATE OF BIRTH	DEPENDENT/IN DEPENDENT	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. RELATIOSHIP:
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: