FORM-17 (See Rule 52) Details of family

Name Design	of govt. Servant : _				_
Date o	f birth : _				- -
	f appointment : _				_
Details of the members of my family as on:					
SI. No.	Name of the members of family	Date of birth	Relationship with the Govt. Servant.	Initials of the Head of Office	Remarks
1	2	3	4	5	6
I hereby undertake to keep the above particulars up to date by notifying to the Audit Officer/Head of Office any addition or alteration.					
Date :	Signature of Govt. Servant				
	(To	be filled in by H	lead of Office/Audit Of	ficer)	
Details	of family –				
Filled b	nV				

Designation _____