FORM - III **[See Rule 53 (1)]**

ICMR- NATIONAL INSTITUTE OF VIROLOGY, PUNE

(INDIAN COUNCIL OF MEDICAL RESEARCH)

DETAILS OF FAMILY

Name of council's employee……..Designation ……..

Date of Birth …….. Date of appointment ……..Details of the members of my family * as on ……

Sr. no	Name of the members of family	Date of Birth	Relationship with the officer	Initials of the Head Office	Remarks

I hereby undertake to keep the above particulars up to date by notifying to the Audit Officer / Head of Office any alternation.

Place ……..

Date the …… Signature of the Employee

- Family for this Purpose means
  (a) Wife, in the case of a male council's employee
  (b) Husband, in the case of a female council's employee
  (c) Sons and unmarried daughters below twenty five years of age, including such son of daughter adopted legally before retirement.
- Note : Wife and husband shall include respectively judicially separated wife and husband. @ G. I, Deptt., Dept. of P&P.W., O.M. No.1 /2/ 86-P&P.W. dated the 6 th August 1987.