

Enclosure to Form 3

**LIST OF FAMILY MEMBERS
OF THE DECEASED GOVERNMENT SERVANT**

1. Name of the deceased Government servant : **Late** _____
2. Office/Department in which the deceased served last : _____
3. Date of Death of the Government servant : _____
4. Details of family members as-on-date :-

Sl. No.	Name of the members of the family (in CAPITAL letters)	Date of Birth DD-MM-YYYY	Relationship with the deceased Government servant	Initials of the Head of Office	Remarks
(1)	(2)	(3)	(4)	(5)	(6)

Note : Family for this purpose means family as defined in Rule 143(1) of A.S.(P) Rules,1969

I hereby undertake to keep the above particulars up-to-date by notifying to the Head of Office any addition or alteration.

5. Signature or left-hand thumb impression of the applicant :

Left-hand thumb impression to be furnished in case the applicant is not literate enough to sign his name

6. Name of the applicant : _____
7. Relationship with the deceased Govt. servant : _____
8. Place : _____
9. Date : _____

Countersignature
Head of Office