

PUNJAB ENGINEERING COLLEGE, CHANDIGARH
(Deemed to be University)

Performa for Identity-Cum Dependent Card

Name: - _____

Father / Husband Name: - _____

Date of Birth: - _____

Residence: - _____

Date of Joining - _____

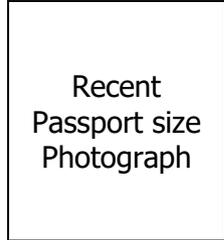
Designation: - _____

Employee's Code: - _____

Identification Mark: - _____

Blood Group: - _____

Date of Retirement: - _____



Dependent Members of the Family:

S. No.	Name	Relation	Age /D.O.B	Occupation	Monthly Income

Certified that : 1. Above detailed family members are not income tax payee and are not claiming medical reimbursement/ medical claim from any other source.
2. That above detailed family members are wholly dependent upon me and are residing with me.

Employee's Signature

Counter Signed by HOD

