

BIRBAL SAHNI INSTITUTE OF PALAEOSCIENCES, LUCKNOW

I HEREBY declare that my home town is.....

for the purpose of Leave Travel Concession.

The details regarding members of my family are given below :

Sl. No	Name	Age with date of birth	Relationship	Profession if any	Source of income, if any, with details	Details of moveable & immoveable property
1	2	3	4	5	6	7

1.

2.

3.

4.

5.

6.

I further certify that the above details are correct and all the family members are residing with me permanently/temporarily and are wholly dependent on me.

Dated :

ACCEPTED

Signature.....
of Institute Employee
Designation.....