

## Aryavart Bank -----Region

## **RE:: DEPENDANT DETAILS TO BE SUBMITTED TO REGIONAL OFFICE:**

(To be furnished in Duplicate)

Sl. No.	Name/s of the Family Members		Relationship with staff	Date of Birth	Place of Birth	State of Birth
1	2		3	4	5	6
						_
SI.	Birth					
No.	Country	Address		Mobile No.	E-mail ID	Marital Status
1	7	8		9	10	11

SI. No.	Gender (M/F)	* Category	ID Proof No. ( Enclose copy of ID proof)
1	12	13	14

<sup>\*</sup>Category:- Whether Dependant, Beneficiary or Both (whichever is applicable)

I, hereby declare and confirm that the dependants details furnished by me here-in-above are true & correct to the best of my knowledge and belief. (Please also enclose the proof of income, wherever required.)

Signature	:
Name of Staff Member	:
Employee ID	:
Designation	<b>:</b>
Branch/Office	:
Region	:

Date: .....