



Gramin Bank of Aryavart
-----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

Sl. No.	Birth Country	Address	Mobile No.	E-mail ID	Marital Status
1	7	8	9	10	11

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

*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 :- _____
 Branch/Office :- _____
 Region :- _____

Date: