	FORM – 17 (See Rule 82) Details of Family
Name of Govt. Servant	* :
Designation	×
Date of Birth	×
Date of Appointment	×
Details of the members of my family as on	×

SI. No.	Name of the Members of 'family'	Date of Birth	Relationship with the Govt. Servant	Initials of the Head of Office	Remarks
1	2	3	4	5	6
1. 2.					
3.					
4.					
5.				3.3	
6.					
7.					
8.					
9.					
Audit	I hereby undertake to Officer/Head of Office any a			to date by noti	fying to the
Place	ə :				
Date	1		Cirreture	of Court Com	
			Signature	of Govt. Serva	ant
	(To be filled in	n by the Hea	ad of Office/Audit Of	ficer)	
Deta	ils of family –				
Filled	l by				
Desig	gnation				
Office	9				
			Signature	f Head of Offic	20

ignature of Head of Offi

Dated

Designation ____