

NAME OF THE BRANCH _____

Dated: _____

The Senior Manager (HRD)
 Punjab National Bank
 Circle Office: _____

Detail of Dependents

S. No.	Name	Date of Birth	Occupation	Income (Rs.)	Status – Married/ Unmarried	Relation with the Employee
1.						
2.						
3.						
4.						
5.						
6.						

Date of Marriage: _____

In case of Female Employee:

Husband's Name	Date of Birth	Occupation	Income (Rs.)

Signature of the Employee:

Name of Employee:

Designation:

PF No.:

I confirm that I have certified all the above said contents of Form 'B' submitted by the employee/ I also confirm that the members of family and the dependent parents (Father/Mother OR Father-in-law/Mother-in-law) for whom the expenses have been claimed are residing with him/her and are wholly dependent on him/her in terms of Bank's Rules.

Signature of Incumbent Incharge:

Name:

Date:

NAME OF THE BRANCH _____

Dated: _____

The Senior Manager (HRD)
Punjab National Bank
Circle Office: _____

Detail of Employee's Family**I hereby submit the following detail of my family:**

Father's Name :
Whether Alive : Yes/No
Last Occupation of Father :
Last Employer's Name of Father :
Date of Superannuation/Date of Leaving Employment of Father :
Whether he is a Pensioner : Yes/No
Income from the followig sources :
Pension, Rent, Agriculture, Interest, Buiseness, Salary and others:
Mother's Name and Occupation :
Whether she is a Pensioner/Family Pensioner : Yes/No
Income from all sources (including Pension) :

Name of Dependent Occupation..... Income of
Dependent Widow/Widower/Divorcee

Note:

i) The employee's spouse, wholly dependent unmarried children (including step children and legally adopted children) wholly dependent physically and mentally challenged brothers/sisters with 40% or more disability, widowed daughters and dependent divorced/ separated daughters, sisters including unmarried/divorced/abandoned or separated from husband/widowed sisters, as also parents wholly dependent on the employee.

Provided that in the case of physically and mentally challenged children, they shall be construed as dependents even after their marriage including spouse and children subject to fulfilling the income criteria.

(ii) The term wholly dependent family member shall mean such member of the family having a monthly income not exceeding Rs.12,000/- p.m. If the income of one of the parents exceeds Rs.12,000/- p.m. or the aggregate income of both the parents exceeds Rs.12,000/- p.m., both the parents shall not be considered as wholly dependent on the employee.

(iii) A married female employee may include her natural/legal parents or parents-in-law under the definition of family, but not both, provided that the parents/parents-in-law are wholly dependent on her.

I hereby undertake as under:

1. My parents generally live with me (Certificate) and their monthly income from all the sources is not higher than Rs. 12,000/-.
2. The monthly income of my any child/brother/sister for whom the claim of expense has been lodged, from all the sources is not higher than Rs. 12,000/-.
3. I am paying a sum of Rs. _____ as monthly rent to my parents for living with them in their house.

Signature of the Employee:**Name of Employee:****Designation:****PF No.:**

I confirm that I have certified the above said details/facts submitted by the employee and the members of family for whom the expenses have been claimed are wholly dependent on him/her in terms of Bank's Rules.

Signature of Incumbent Incharge: