FORM - III [See Rule 53 (1)]

ICMR- NATIONAL INSTITUTE OF VIROLOGY, PUNE

(INDIAN COUNCIL OF MEDICAL RESEARCH)

DETAILS OF FAMILY

| my family * as | on | • | ••• | | |
|----------------|-------------------------------|---|-------------------------------|--------------------------------|--------------------|
| . no | Name of the members of family | Date of Birth | Relationship with the officer | Initials of the Head Office | Remarks |
| | | | | | |
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| | | | | | |
| • | dertake to keep the above p | particulars up to date | by notifying to the Audit | Officer / Head of Office | e any alternation. |
| ace | | | | | |
| ate the | | | | Signature of the Employee | |

• Note: Wife and husband shall include respectively judicially separated wife and husband. @ G. I, Deptt., Dept. of P&P.W., O.M. No.1 /2/86-P&P.W. dated the 6th August 1987.

legally before retirement.