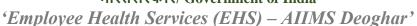


ALL INDIA INSTITUTE OF MEDICAL SCIENCES DEOGHAR (स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान) (An Institution of National Importance under Ministry of Health & Family Welfare) भारतसरकार/ Government of India





EHS Employee Declaration Form

To, The EHS Chairperson, AIIMS Deoghar.	,	Date:
Sub-Information of dependent Employee's working in same institute reg.		
Sir,		
This is to inform you that I		and my Spouse
Mr./Mrs./Dr		are working at AIIMS Deoghar. So, I
declare that my Spouse	e is dependent on me.	
This is for your kind in	nformation & necessary actions.	
Thank You.		
Employee Name		
Employee ID		
Department/Office		
Designation		
Contact no		
E-mail ID		
		Employee Sign
Employee's dependent Name		
Employee ID		
Department/Office		
Designation		
Contact no		
E-mail ID		