

DYAL SINGH EVENING COLLEGE, LODI ROAD, NEW DELHI

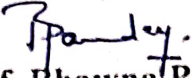
20th April 2026

NOTICE

All Teaching and Non-Teaching Staff are hereby informed to furnish the Dependent Certificate/Declaration Form (copy attached) to the College for availing the relevant benefits.

All concerned are requested to submit the duly filled form along with supporting documents, if any, to the Administration Office by 24th April 2026.

This may be treated as **urgent**.


(Prof. Bhawna Pandey)
Principal

Copy to:-

1. College Website
2. Staff Room Notice Board

DYAL SINGH EVENING COLLEGE

DEPENDENT CERTIFICATE / DECLARATION FORM

Name: _____ Designation: _____

Department: _____ Date of Appointment: _____

DEPENDENT PARTICULARS

S.No	Full Name	Relation ship	Date of Birth	Occupation	Employer Name & Address (If Employed)	Monthly Income (All Sources)	Remarks
1							
2							
3							
4							
5							
6							

UNDERTAKING & DECLARATION

I hereby declare that the particulars provided above are true and correct to the best of my knowledge. Any changes in the status of dependency (due to employment, marriage, etc.) will be intimated to the Admin Section immediately. In case of any discrepancy found during an audit or verification, I shall be held personally responsible for any financial recovery or disciplinary action.

Date: _____

(Signature of the Employee)

FOR OFFICE USE ONLY

- Verified by : _____
- Status: [] Accepted / [] Returned for Correction
- Date of Entry in Service Book: _____