FILM AND TELEVISION INSTITUTE OF INDIA LAW COLLEGE ROAD, PUNE 411 004

NAME :-_

& Age dependent i		DESIGNATION:			
No		: <u>DETAILS OF</u>	DEPENDENT FA	AMILY MEMBER	<u>S</u> :
2 3 4 5 6 Certified that all the members of my family shown above are wholly dependent on mand no other member of my family is contributing towards his/her/their maintenance. Signature:		Name of dependents	The state of the s	Relationship	Income of the dependent if any with full details
3 4 5 6 Certified that all the members of my family shown above are wholly dependent on mand no other member of my family is contributing towards his/her/their maintenance. Signature:	1				
2 Certified that all the members of my family shown above are wholly dependent on mand no other member of my family is contributing towards his/her/their maintenance. Signature:	2				
Certified that all the members of my family shown above are wholly dependent on mand no other member of my family is contributing towards his/her/their maintenance. Signature:	3				
Certified that all the members of my family shown above are wholly dependent on mand no other member of my family is contributing towards his/her/their maintenance. Signature:	4		,		
Certified that all the members of my family shown above are wholly dependent on nand no other member of my family is contributing towards his/her/their maintenance. Signature:	5				
Certified that all the members of my family shown above are wholly dependent on nand no other member of my family is contributing towards his/her/their maintenance. Signature:	6				
	Certified	I that all the members of my other member of my family is o	contributing towar	ove are wholly dented a control of the control of t	aintenance.