

CLW/Chittaranjna

No. MW/Pass/Misc

Dated: 21 -07-2020


ALL CONCERNED

NOTICE FOR SUBMISSION OF FAMILY DECLARATION

In reference to this office Letter No. DY.CPO(W)/AS/Staff Dated 20-06-2020 & 25-06-2020. It is hereby brought to the kind notice of all Staff of CLW whose Privilege Pass & PTO's are issued from/maintained by Dy.CPO (W)'s office are requested to submit family particulars/declaration in the prescribed proforma attached herewith in duplicate along with documents viz. copy of Aadhar card/school admit card/Identity card issued by school in case of student/ Birth certificate etc. to the concerned dealing Assistant/Clerk of Pass section under Dy.CPO(W) for better maintenance of office record as well as to prevent fraudulent use of Pass vide CPO's Circular No. CPO/Misc./02 Dated:- 22.07.2002.

Employee those who are already submitted family particulars/declaration in one copy are requested once again to submit one more copy of declaration and two sets of documents of each family member.

Above document must be submitted in their concerned office latest by 31 -08-2020.


(P.B. Mondal)

Asstt. Welfare Officer

Copy to:

1. PCPO
2. Dy.CPO(W)
3. SPO(W)/E
4. APO(W)/M

for kind information please.

CLW/ Chittaranjan

Declaration of Family Members & Dependent(s) for issue Pass & PTO's

Ref : CPO's Circular No.- CPO/Misc./02 dated: 22/07/2002

Name of Employee _____, Date of Birth/ Age _____
Designation _____, T/No.- _____, Office _____,
Contact No.- _____ Contl. No. _____, B.U. No.- _____
Pay Level _____, Cell _____.

Sl. No.	Name of the Family Members & Dependant	Relationship	Age	Date of Birth	Monthly Income of the family members & Dependents
1.					
2.					
3.					
4.					
5.					
6.					
Dependent(s)					
1.					
2.					
3.					

*I hereby declare that all the above mentioned dependents are residing with me and are fully dependent upon me. They are not availing Pass/ PTO's facilities from any other sources.

*I hereby declare that the information furnished above is given by me is true and correct to the best of my knowledge and belief. I understand that the information being found incorrect at any stage action may be taken against me as per rule.

Signature of Head of the Office/Shop with Seal

Signature of the employee with date

