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SR NO.	NAME OF DEPENDENT	RELATION	AGE/ DATE OF BIRTH	SR NO.	NAME OF DEPENDENT	RELATION	AGE/ DATE OF BIRTH
1	Sehrish Toseel	Wife	30-11-1994	7			
		Daughter	07-08-2018	8			
3	Zimal Toseef	Daughter	18-10-2021	9			
	Purhraj Shajialue	mother	01-01-1958	10			
5				11			
6				12			

I solemnly declare that the above mentioned family members are wholly dependent upon me and their all responsibilities regarding medical treatment/alimony are upon me. Neither they are serving in the Central, Autonomous Bodies, Local Bodies and Corporations nor they are retired from any department or getting pension. Furthermore, I will be duty bound to inform the office for any death of above listed person or newly born child. I will also be held responsible for any wrong information to the office.

SIGNATURE OF BRANCH OFFICER

Shams ur Rehman Kamyana