



Government of Orissa
Department of Public Grievances
& Pension Administration

O.C.S.(PENSION) FORM 5
DETAILS OF FAMILY

[(See rule 56 (15)]

Name of the Government Servant :

Designation :

Date of birth :

Date of appointment :

Details of members of my family as on

Sl. No.	Name of the members of family	Date of birth	Relationship with the Officer	Initials of the Head of Office	Remarks
1	2	3	4	5	6
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I hereby undertake to keep the above particulars up-to-date by notifying to the Head of Office any addition or alternation.

Place:

Date:

Signature of the Government Servant

Family for this purpose means family as defined in clause (b) of sub-rule (17) of Rule 56 of the Orissa Services (Pension) Rules, 1992.

NOTE- Wife and husband shall include respectively Judicially separated wife and husband.