

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

NAME :- _____

DESIGNATION:- _____

: DETAILS OF DEPENDENT FAMILY MEMBERS :

Sr. No	Name of dependents	Date of Birth & Age	Relationship	Income of the dependent if any with full details
1				
2				
3				
4				
5				
6				

Certified that all the members of my family shown above are wholly dependent on me and no other member of my family is contributing towards his/her/their maintenance.

Signature : _____

Date : _____