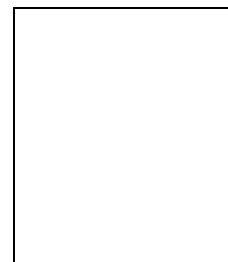


ATTESTATION FORM

Warning:- The furnishing of false information or suppression of any factual information in the Attestation form would be a disqualification, and is likely to render the candidate unfit for employment under the Govt.



2. If detained, convicted, debarred etc. subsequent to the completion and submission of this form the details should be communicated immediately to the form the Union Public Service Commission or the authority to whom the attestation form has been sent earlier, as the case may be, failing which it will be deemed to be suppression of factual information.
3. If the fact that false information has been furnished or there has been suppression of any factual information in the Attestation Form comes to notice at any time during the service of a person, his services would be liable to be terminated.

	SURNAME	NAME
1. Name in full (in block letters) which aliases, if any please indicate if you have added or dropped in any stage an part of your name of surname.		
2. Present address in full (i.e. village, Thana and District or House Number/Lane/Street/Road & Town)		
3. (a) Home address in full (i.e. Village Thana and District or House Number/Lane/Street/Road & Town & Name of district Headquarters).		
(b) If originally a resident of Pakistan, the address in that Country and the date of migration to Indian Union.		

Contd....2

4. Particulars of places (with periods, of residences) where you have resided for more than one year at a time during the preceding five years. In case of stay abroad (including Pakistan particulars of all places where you have resided for more than year after attending the age of 21 years, should be given:-

From	To	Residential Addresses In full (i.e. Village, Thana and district or House Number/Lane/ Street/ Road & Town).	Name of the district Headquarters of the place mentioned in the preceding column.

5.

Name	Nationality place by birth and of or by domicile birth	Occupation	Present postal address (if dead give last address)	Permanent home address
i) Father (Name in full aliases, if any.)				
ii) Mother				
iii) Wife/Husband				
iv) Brother (s)				
v) Sister (s)				

6. Information to be furnished with regards to son(s) and/or daughter(s) in case they are studying/living in a foreign country.

Name	Nationality (by birth And by domicile)	Place of birth	Country in which Studying /living with Full address	University from which Studying/living in the Country mentioned in Previous column.

7. Nationality:-

(a) Date of Birth (a)

(b) Present age (b)

(c) Age at Matriculation (c)

8. (a) Place of birth, district and state in (a)
which situated

(b) District and state to which you belong (b)

(c) District & State from which your father (c)
originally belongs

9. (a) Your religion (a)

(b) Are you a member of a Scheduled Caste/ (b)
Tribe? Answer Yes or No

10. Educational Qualification showing place of education with years in school and colleges since 15th Year of age:-

Name of School/ College with full address	Date of entering	Date of Leaving	Examination passed

Cont...4

11. a) Are you holding or have any time held an appointment under the central or state Government or a Semi-Government or a quasi-Govt. body, or an autonomous body or a Public undertaking or a Private firm or Institution if so, give full particulars with date of employment upto day

Period		Designation, emoluments & nature of employment	Full name and address of employer	Reason for leaving previous services
From	To			

11 (b). If the previous employment was under the Govt. of India, a state Govt./an undertaking owned or controlled by the Govt. of India or a State Government, an autonomous body/University/Local body.

If you has left service on giving a months notice under Rule 5 of the Central Govt. Services (Temporary Service),Rule 1965, or any similar corresponding rules are any disciplinary proceedings framed against you, or had you been called upon to explain your conduct in any matter etc. the time you have notice of termination of service or at a subsequent date, before your services actually terminated.

12. (i)

- | | | |
|-----|--------------------------------------------------------------------------------------------------------------------|--------|
| (a) | Have you ever been arrested ? | YES/NO |
| (b) | Have you ever been prosecuted? | YES/NO |
| (c) | Have you ever been kept under detention? | YES/NO |
| (d) | Have you ever been drawn? | YES/NO |
| (e) | Have you ever been fined by a court of law? | YES/NO |
| (f) | Have you ever been convicted by a court to law for any offence ? | YES/NO |
| (g) | Have you ever been debarred from any examination or restricted by any educational authority / Institution ? | YES/NO |
| (h) | Have you ever been debarred/disqualified by any Public Service Commission for any of its examination / selections? | YES/NO |

- (i) Is there any case pending against you in any University or any other educational authority/ Institution at the time of fulfilling up this attestation form ? YES/NO
- (j) Is there any other case pending against you in the court of law at the time of filling up this attestation form? YES/NO
- (ii) If the answer of any of the mentioned question is “YES” give full particulars of the case/arrest/detention/fine/conviction/sentence/punishment etc. and / or the nature of the pending in the court/University/ Educational Authority etc. at the time of filling up this form?

NOTE I Please also see the warning at the top of this attestation form.

NOTE II Specific answers to each of the question should be given by striking out “YES” or “NO” as the case may be.

13. Name of two responsible persons of your locality 1.
or two references to whom you are known
2.

I certify that the foregoing information is correct and complete to the best of my knowledge and belief. I am not aware of any circumstances, which might impair my fitness for employment under Government.

Signature of the candidate

Date:-_____

Place:-_____

IDENTITY CERTIFICATE

(Certificate to be signed by any of the following)

- i) Gazetted officers of central or state Government.
- ii) Members of Parliament of State Legislature belonging to the Constituency where the candidate or his parent/ guardian is ordinarily reside.
- iii) Sub-Divisional Magistrates/officers.

Cont...6

- iv) Tehsildars or Naib/Deputy Tehsildars authorized to exercise magisterial power.
- v) Principal / Head Master of the recognized School/ College.
- vi) Block Development Officer
- vii) Post-Master
- viii) Panchayat Inspectors

Certified that I have known Shri/Shrimati/Kumari _____
Son/daughter of Shri _____ for the last _____
Years _____ month _____ and that to the best of my
knowledge and belief the particulars furnished by him/her are correct.

Place:- _____

Signature:- _____

Date:- _____

Designation or Status & Address

TO BE FILLED BY THE OFFICE

- i) Name, Designation and full Address
of the appointing Authority
- ii) Post for which the candidate is being
considered

Cont....7

1. Certified that I have known Shri/Kumari _____
son/daughter of Shri _____ for the past _____ years
_____ months and that to the best of my knowledge and belief he bears a
reputable character and has no antecedents which render him unsuitable for
Government employment.

2. Shri/Ms. _____ is not related to me. She
/he is/not of Indian nationality.

Place: _____

Signature: _____

Date: _____

Designation: _____

“To be attested by Gazatted Officer”

ATTESTED

Place: _____

Signature: _____

Date: _____

Designation: _____

- 9 -

I _____ do swear affirm that I solemnly will be faithful and bear true allegiance to India and to the Constitution of India as by law establishment and that I will carry out the duties of my office loyally, honestly and with impartiality.

“(SO HELP ME GOD)”

(Signature)

Contd.....9

DECLARATIONS

1. Shri/Smt./Kumari _____ declare as under:-

- i) That I am unmarried/a widower/ a widow.
- ii) That I am married and have only one wife living
- iii) That I am married and have more than one wife living. Application for grant of exemption is enclosed.
- iv) That I am married and my husband has no other living wife, to the best of my knowledge.
- v) That I have contracted a marriage with a person who has already one wife or more living. Application for grant of exemption is enclosed.

2. I solemnly affirm that the above declaration is true and I understand that in the event of the declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Dated:- _____

Signature: _____

Note:-Please delete clauses not applicable.

@ Application in the cases of Clauses (i), (ii) and (v)

Details of Family

Name of the Government Servant

Designation

Date of Birth

Date of Appointment

Details of members of family as on

S.N. (1)	Name of the members of family* (2)	Date Birth (3)	Relationship with the officer (4)	Initials of the Head of Office (5)	Remarks (6)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

I hereby undertake to keep the above particulars up-to-date by notifying to the Head of Office any addition or alteration. It is certified that dependents mentioned at Sl. No. _____ are fully dependent on me and their source of income is not more than Rs. 9000/- per month.

Signature of Government Servant

Place _____

Dated the _____

*Family for this purpose means family as defined in Clause (b) of sub-rule(14) or Rule 54 of the CCS (Pension) Rules, 1973

Note:- Wife and husband shall include respectively judicially separated wife and husband.

Contd...11

**DECLARATION OF “HOME” STATION FOR THE PURPOSE OF AVAILING
OF LEAVE TRAVEL CONCESSION**

I Shri/ Smt./Kum. _____ in the National Institute of
Fashion Technology, New Delhi hereby declare that my permanent home town is

Signature _____

f

Name _____

Designation _____

Bio-Data

1. Name in full (in block letters) _____
2. Father's Name (in block letters) _____
3. Husband's Name _____
4. Nationality (if not a citizen of India
number and date of eligibility cert.) _____
5. Whether a member of Schedule Caste
/ Tribe _____
6. Date of Birth by Christian Era and
wherever possible also in Saka Era
(Both in words and figures) _____
7. Educations Qualification
i) At the time of first appointment _____
ii) Subsequently acquired _____
8. Professional & Technical Qualification
nor covered by 7 _____
9. Exact height measurement
(Without shoes) _____
10. Personal mark of Identification _____
11. Permanent Home Address _____
12. Signature of left hand thumb impression
of the Govt. Servant (With Date) _____

Signature & Designation of Attesting
Officer (With Date)

(Director Centre)

DECLARATION AND NOMINATION FORM FOR CPF, INSURANCE & GRATUITY

I _____ hereby nominate the person (s) mentioned below who is / are member (s) of my family to receive the amount that may stand to my credit in the fund, amount of insurance and gratuity as indicated below, in the event of my death before that amount has become payable or having payable, has not been paid.

1. Name and full address
of nominee (s) : _____
2. Relationship with the subscriber : _____
3. Age of the nominee (s) : _____
4. Share payable to each nominee : _____
5. Contingencies on the happening of which:
the nomination will become invalid : _____
6. Name address & relationship of the
Person(s), if any, to whom the right of : _____
Nominee shall pass in the event of his/
her predeceasing the subscriber
7. If the Nominee is not a member of the : _____
family, indicate the reasons

Signature of Witness

(Signature of the subscriber)

1. _____

Name _____

Designation _____

2. _____

Date:- _____

Place:- _____

DECLARION IN RESPECT OF FAMILY MEMBERS/DEPENDENTS

1. Name of the employee : _____
(in capital letter)
2. Designation : _____
3. Centre : _____
4. Date of furnishing the declaration : _____
5. Details of family members : _____

S.N.	Name of the family members/ dependents	Age (Years)	Relationship with the employee	Whether residing with the Govt. Servant or not

It is certified that the members of the family as shown herein are wholly dependent on me and that the above information is correct.

(Signature of the employee)

DECLARATION IN RESPECT OF RESIDENTIAL ADDRESS

1	Name and designation of the employee (in capital letters)		
2	Place of posting/ Headquarters		
3	Date of furnishing the declaration		
4	Complete Address of residual Accommodation	House/Flat NO. _____ Plot NO. _____ Block No. _____ Sector _____ Name of the Housing Society / Colony _____ <hr/> Town _____ City _____ State _____ Pin Code _____ Telephone _____	
5	Whether the above residential accommodation is OWNED either in the name of the employee or his/her spouse or is RENTED one :		
6	If rented, please state :		
	(a) Monthly rent paid (Rs.):	(a) Rs.	
	(b) Residential / Mailing address of the house owner from whom the property has been taken on rent:	(b)	
7	Name of the Spouse		
8	Whether the spouse is employed (Yes/No)		
9	If spouse is employed, please state the designation of the spouse, name and address of his / her employer with the employer's telephone no.	Designation of Spouse: _____ His/Her employer's name _____ Employer's Address : _____ & Telephone No. _____	
10	Whether spouse has been allotted residential accommodation by his/her employer (Yes/No)		
11	If reply to point No.10 is yes, please state complete address of the accommodation allotted to the spouse by his/her employer.		

It is certified that the above information is correct.

(Signature of Employee)

MEDICAL FITNESS CERTIFICATE

CANDIDATE'S STATEMENT & DECLARATION

The candidate must fill the details of the Form A before a medical examination: by medical officer in any Government hospital. Form B is to be filled by the medical officer. The officer will also certify the fitness of the candidate and attest the photograph of the candidate attached.

FORM A

1.	State your name in full (Block letters)	
2.	State your age and place of birth	
3.	Present Residential Address	
4.	Permanent Residential Address	
5.	Details of having suffered from any major illness in last five years. have you ever had Intermittent or any other fever Enlargement or suppression of gland Asthma Heart disease Lung disease Failing attacks Rheumatism Appendicitis? (Give details) Any other disease or accident requiring confinement to bed and medical for surgical treatment? (Give details)	
6.	When you were last vaccinated?	
7.	Have you or any of you near relations been afflicted with Consumption Rheumatism Asthma Epilepsy or mental illness of any kind?	
8.	Have you at any time suffered from any form of nervousness due to over work of any other cause?	
9.	Have you been examined and declared unfit by a Medical Officer/Medical Board, within the last 3 years?	

10.	Furnish the following particulars concerning you family : Father's age and state of health	
	If not alive, father's age at the time of his death and cause.	
	No. of brothers, their ages and state of health	
	Mother's age and state of health	
	If not alive, Mother's age at the time of her death and clause.	
	No. of sisters, their ages and state of health	

Declare all the above answers to be to the best of my belief, true and correct.

Also- solemnly affirm that I have not received a disability certificate on account of any disease of other condition.

Signed in My Presence
Signature of Medical Officer with Stamp

(Candidate's Signature)
in Presence of Medical Officer

FORM B

1.	Candidate's eyesight	
2.	Any known allergies (details)	
3.	Last surgical intervention (if any) with cause/reason	
4.	Any chronic medical condition	
5.	Any congenital medical condition	
6.	Any disability (orthopedic/muscular, nerve etc.)	



राष्ट्रीय फैशन टेक्नालॉजी संस्थान /National Institute of Fashion Technology
वस्त्र मंत्रालय, भारत सरकार /Ministry of Textile, Govt. Of India
निफ्ट मुख्यालय/केन्द्र.....

वर्ष..... के लिए अचल परिसंपत्ति का विवरण (01 जनवरी,..... की स्थिति के अनुसार)
STATEMENT OF IMMOVABLE PROPERTY FOR THE YEAR..... (AS ON 01ST JANUARY.....)

- | | |
|--------------------------------------------------------------------------|-----------------------------------------------------------------|
| 1. अधिकारी का पूरा नाम
Name of the Officer (in full) : | 4. कैडर एवं बैच
Cadre & Batch : |
| 2. अधिकारी किस सेवा से है
Service to which the Officer belong : | 5. वर्तमान वेतन
Present Pay : |
| 3. पदनाम/Designation : | 6. वर्तमान कार्यालय/मंत्रालय
Present Office/Ministry : |

जहां संपत्ति स्थित है उस गांव, तालुका, उप खंड, जिला अथवा, शहर का नाम (जगह का पूरा पता/डाक पता) Name of Distt, Sub-Division, Taluk and Village or City in which the property is situated (Full location & postal address)	संपत्ति, घर, जमीन और अन्य भवन का नाम तथा ब्योरा Name and detail of Property Housing, Lands and Other Building	घर होने की स्थिति में निर्माण/अर्जन की लागत (और खरीद का वर्ष) Cost of construction/Acquirement (and year when purchased) including of lan in case of house	वर्तमान मूल्य Present Valur*	यदि संपत्ति आपके नाम नहीं है तो धारक का नाम तथा सरकारी सेवक से उसका संबंध If not in own name, state in whose name held and his/her relationship to Govt. Servant	कैसे अधिप्राप्त की क्या यह खरीदी, लीज, बंधक, विरासत, उपहार अथवा जिससे अधिप्राप्त की उस व्यक्ति (यों) के ब्योर के साथ अधिप्राप्ति की तिथि How acquired whether by purchase, lease**, mortgage, inheritance, gift or otherwise with date of acquisition & name with detail of person(s) from whom acquired	संपत्ति से वार्षिक आय Annual Income from the property	टिप्पणी/Remarks
1	2	3	4	5	6	7	8

हस्ताक्षर/Signature :

- 1) *यदि किसी परिसंपत्ति के मूल्य का ठीक-ठीक निर्धारण करना संभव नहीं है तो वर्तमान स्थितियों के अनुसार अनुमानित मूल्य दिया जा सकता ।
*In case where it is not possible to assess the value accurately, the approximate value in relation to present conditions may be indicated.
- 2) **यदि अल्पावधि का लीज भी शामिल है ** Includes short term leases also.
- 3) आचरण नियम के प्रासंगिक प्रावधानों के तहत प्रथम श्रेणी तथा द्वितीय श्रेणी के प्रत्येक सरकारी सदस्यों द्वारा घोषणा पत्र भरा जाना तथा प्रस्तुत किया जाना अपेक्षित है तथा सेवा में प्रथम नियुक्ति और इसके बाद प्रत्येक 12 माह के अंतराल पर अपने नाम पर, अधिप्राप्ति, अथवा विरासत में मिली सभी अचल परिसंपत्तियों का विवरण जिसका स्वामित्व आप हैं या अपने नाम पर लीज या बंधक है या तो अपने नाम या अपने परिवार के किसी सदस्य के नाम या सरकारी सेवक पर आश्रित अन्य किसी व्यक्ति के नाम का विवरण दें । The declaration form is required to be filled in and submitted by every member of Class I and Class II services under relevant provisions of Conduct Rules and the first appointment to the Service and thereafter, at the interval of every twelve month, giving particulars of all immovable property owned, acquired or inherited by him or held by him on lease or mortgage, either in his own name or in the name of any other member of his family or in the name of any other person dependent on Govt. Servant.
- 4) यथावत, पूर्व में दिए विवरण के अनुसार अथवा कोई बढ़ोतरी नहीं आदि शब्द नहीं दिए जाए और पूरा विवरण भरकर दें ।The wording 'No Change or No Addition or As in previous year' may be avoided and all details filled up.
- 5) अखिल भारतीय सेवा के सदस्यों से अनुरोध है कि प्रपत्र दो प्रतियों में भरें/AIS Officers are requested to fill the form in duplicate.

ATTESTATION FORM

<p>Affix signed Passport size (5 cms. X 7 cms.) Approx. copy of recent photograph</p>		1.	"WARNING" The furnishing of false information or suppression of any factual information in the Attestation Form would be disqualification, and is likely to render the candidate unfit for employment under the government.	
		2.	If detained, arrested, prosecuted, bound down, fines convicted, debarred, acquitted etc. subsequent to the completion and submission of this form, the details should be communicated immediately to the authorities to whom the Attestation Form has been sent early, failing which it will be deemed to be a suppression of factual information	
		3.	If, the fact that false information has been furnished or that there has been suppression of any factual information in the Attestation Form comes to notice at any time during the service of a person his services would be liable to be terminated".	
			Surname	Name
1.	Name in full (in block capitals) with aliases, if any, (Please indicate if you have added or dropped in any stage, any part of your name or surname):			
2.	Present Address in full (i.e. Village, Thana and District, or House No., Lane/Street/Road & Town):			
3.(a)	Home Address in full (i.e. Village, Thana & District, or House No., Lane/Street/Road and Town and name of District Headquarters)			
(b)	If originally a resident of Pakistan/Bangladesh (erstwhile East Pakistan) the address in that country and the date of migration to Indian Union.			
4.	Adhar Card No. (if available)			
5.	PAN No. (if available)			
6.	Nationality			
7.(a)	Date of Birth			
(b)	Present age			
(c)	Age at Matriculation			
8.(a)	Place of birth, district and state in which situated			

98 (47)

(b)	District and State to which you belong					
(c)	District and State to which your father originally belong					
9.(a)	Your Religion					
(b)	Are you a member of a scheduled Caste/Scheduled Tribe/Other Backward Classes? (Answer Yes/No)					
10.	Particulars of places (with periods of residence) where you have resided for more than one year at a time during the proceeding five years. In case of stay abroad (including Pakistan), particulars of all places where you have resided for more than one year after attaining the age of 21 years, should be given.					
From	To	Residential Address in full (i.e. Village Thana & District or House No. Lane/Street/Road & Town	Name of the District Head Quarter or the place mentioned in preceding column.			
11.	Name (in full & aliases if any	Nationality (by birth & or by domicile	Place of birth	Occupation if employed give designation & official address	Present postal address (if dead give last address	Permanent Home address.
a) Father						
b) Mother						
c) Spouse						
12.	Information to be furnished with regard to son(s) and/or daughters in case they are studying/living in a foreign country:					
Name.	Nationality by birth & or by domicile	Place of birth	Country in which studying/living with full address	Date from which studying/living in the country mentioned in the previous column		
13.	Educational Qualification showing places of education with years in Schools and Colleges since 15 th year of age:					
Name of School/College (with full address.		Date of Entering	Date of Leaving	Examination Passed		

(4) 7/7/12

14. (a)		Are you holding or have any time held an appointment under Central or State Government or a Semi-Government or a Quasi Government body or an autonomous body or a public Sector Undertaking or a private firm or institution? If so, give full particulars with date of employment up-to-date		
Period		Designation, emoluments & nature of employment	Full name & address of employer	Reasons for leaving previous service
From	To			
14. (b)		<p>If the previous employment was under the Government of India/a State Government/ undertaking owned or controlled by the Government of India or a State Government/ and Autonomous Body/University/Local Body.</p> <p>If you had left service on giving a month's notice under Rule 5 of the Central Civil Services (Temporary Service) Rules 1965, or any similar corresponding rules, were any disciplinary proceedings framed against you, or had you been called upon to explain your conduct in any matter at the time you gave notice of termination of service, or at a subsequent date(s), before your service actually terminated?</p>		
15. (i)	(a)	Have you ever been kept under detention?		Yes/No
	(b)	Have you ever been arrested?		Yes/No
	(c)	Have you ever been prosecuted? (i.e. has a charge sheet in a criminal case been filed against you in any court of law)		Yes/No
	(d)	Is any criminal case pending against you in any Court of Law at the time of filling up this Attestation form?		Yes/No
	(e)	Have you ever been convicted by a court of Law for any offence?		Yes/No
	(f)	Whether discharged/expelled/withdrawn from any training/institution under the Government or otherwise?		Yes/No
	(g)	Have you ever been rusticated by any University or any other educational authority/institution?		Yes/No
	(h)	Have you ever been debarred / disqualified by any Public Service Commission/Staff Selection Commission for any of its examination/selection?		Yes/No
	(ii)	If the answer to any of the above mentioned question is 'Yes' give full particulars of the case/arrest/detention/fine/conviction/sentence/punishment etc and/or the nature of the case pending in the Court/University/Educational Authority etc at the time of filling up this attestation form:		
Notes:	(i)	Please also see the 'WARNING' at the top of this Attestation Form		
	(ii)	Specific answers to each of the questions should be given by striking out 'Yes' or 'No' as the case may be		
16.	Names of two responsible person of your locality or two references to whom you are known:		1)	

100

(49)

	2)
<p align="center">DECLARATION</p> <p>I certify that the foregoing information is correct and complete to the best of my knowledge and belief.</p> <p>I am fully aware that by providing false information or suppressing material information while filling this form, the authorities have full right to terminate my appointment letter and I am also liable for appropriate criminal/civil/legal action as a consequence.</p> <p>I am not aware of any circumstances which might impair my fitness for employment under Government.</p> <p align="right">Signature of Candidate: Date: Place:</p>	

TO BE FILLED BY THE OFFICE

- i) Name, Designation and full address of the appointment authority.
- ii) Post for which the candidate is being considered.

⑥ 9/8/12

Annexure-I

Government of
(Name & Address of the authority issuing the certificate)

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____

Date: _____

VALID FOR THE YEAR _____

This is to certify that Shri/Smt./Kumari _____ son/daughter/wife of _____ permanent resident of _____, Village/Street _____ Post Office _____ District _____ in the State/Union Territory _____ Pin Code _____ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her 'family'** is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year _____. His/her family does not own or possess any of the following assets*** :

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari _____ belongs to the _____ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office _____

Name _____

Designation _____

Recent Passport size
attested photograph of
the applicant

*Note1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

**Note 2: The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

***Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

G. Srinivasan