

FORM No. I

**Detail of Public Servant, his/her spouse and dependent children**

Sl.No		Name	Public Position held, if any	Whether return being filed by him/her, seperately
1	Self			
2	Spouse			
3	Dependent - 1			
4	Dependent - 2			
5*	Dependent - 3			

\*Add more rows, if necessary.

Date.....

Signature.....