

FAMILY DECLARATION /DEPENDENCY CERTIFICATE.

This is to certify that Dependents of Sri/ _____ working as

_____ ID.No _____

The details of the family members (Self + 5) who are fully dependent on me for claiming medical claims (Credit/Re-Imbursement facility) are as follows :-

Sl.No.	DETAILS	Recent passport size photo's
1. (SELF)	NAME: RELATIONSHIP: OCCUPATION: D.O.B:	
2. (SPOUSE)	NAME: RELATIONSHIP: OCCUPATION: D.O.B/AGE:	
* 3. (SON/ Daughter)	NAME: RELATIONSHIP: OCCUPATION: D.O.B: MARITAL : STATUS	
4. (SON/ Daughter)	NAME: RELATIONSHIP: OCCUPATION: D.O.B: MARITAL : STATUS	
5. (Mother /Mother -in-Law)	NAME: RELATIONSHIP: OCCUPATION: D.O.B: MARITAL : STATUS	

6. (Father /Father -in-Law)	NAME:		
	RELATIONSHIP:		
	OCCUPATION:		
	D.O.B:		
	MARITAL : STATUS		

*** (Mandatory) Note:-** In case of children Date of Birth may be taken into account as per SSC /Birth Certificate issued by concerned authorities in the format DD/MM/YEAR & Marital status must be furnished

I hereby declare true to the best of my knowledge and belief that whose photos affixed and attested above is solely dependent on me and he/she is not having any source of income either from land property or by way of any pension. Any false found contrary to my declaration, I am liable for disciplinary proceeding under Discipline and Appeal Regulations in vogue.

Signature of the Employee/Pensioner

ID No.

DESIGNATION:

MOBILE. No.

Declaration is true and recorded.

Signature of Head of the unit.