

## **FAMILY DECLARATION / DEPENDENCY CERTIFICATE.**

This is to certify that Dependents of Sri/Smt \_\_\_\_\_  
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: DESIGNATION: D.O.B:		
2.	NAME: RELATIONSHIP: OCCUPATION: D.O.B:		
3	NAME: RELATIONSHIP: OCCUPATION: D.O.B:		
4.	NAME: RELATIONSHIP: OCCUPATION: D.O.B:		
5.	NAME: RELATIONSHIP: OCCUPATION: D.O.B:		
6.	NAME: RELATIONSHIP: OCCUPATION: D.O.B:		

**::2::**

**\* (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 Artisan**

**ID No:**

**GRADE:**

**CIRCLE:**

**Mobile. No:**

**Declaration is true and recorded.**

**Signature of Head of the unit.**