

**चिकित्सा सुविधा हेतु आश्रितों की घोषणा**  
**DECLARATION OF DEPENDENTS FOR PURPOSES OF MEDICAL AID**

मैं प्रमाणित करता हूँ कि निम्नलिखित मेरे ऊपर पूर्णतया आश्रित हैं :-  
 I certify that the following persons are wholly dependent to me

S.No.	Name	Age	Relationship
1.			
2.			
3.			
4.			
5.			

नोट :- परिवार में केवल पत्नी (या पती) बच्चे या सौतेले और बच्चे एवं पूर्णतया आश्रित माता-पिता सम्मिलित होंगे, न कि अन्य संबंधी जैसे विवाहित या विधवा पुत्रियां, भाई और बहनें। ऐसे माता-पिता भी उस कर्मचारी पर आश्रित माने जायेंगे जिनकी मासिक आय 500 रूपये से कम एवं संबंधित कर्मचारी के महंगाई वेतन सहित, (जहां लागू हो) मासिक वेतन से कम है।

Note : " Family " includes only wife (or husband), children or step-children and wholly dependent parents and no other relations such as married or widowed daughters, brothers and sisters etc. Such parents who normally reside with employee concerned and whose total monthly income does not exceed the pay plus dearness pay (where applicable) of the employee subject to the maximum income of the parents being Rs. 1500/- per month are treated as dependent to the employee.

An employee who declares his parents as dependents on him should give a certificate in the following form :

(certified that my father/mother or both father and mother is/are actually residing with me at \_\_\_\_\_ and that he/she they \_\_\_\_\_ are wholly dependent on me and that their income is Rs. \_\_\_\_\_ per month.

स्थान  
Place : \_\_\_\_\_

हस्ताक्षर  
Signature \_\_\_\_\_  
नाम  
Name: \_\_\_\_\_  
पदनाम  
Designation : \_\_\_\_\_  
इंक्वायरी का नाम  
Name of Enquiry \_\_\_\_\_