



DECLARATION FORM
(For Leave Travel Concession and Medical Facility)

I, hereby declare that the following are members of my family who are wholly dependent on me.

DETAILS OF FAMILY

(i) Husband, Wife, Children, Step Children

Sl.	Full Name	Relationship	Date of Birth	Status of Employment

(ii) Father, Mother/Minor Brothers/Sisters/Widowed Daughters/Widowed Sisters, residing with me

Sl.	Full Name	Relationship	(Age in case of minor brothers/sisters/ children and date of birth) Date of birth	Status Married/Unmarried/Widowed	Monthly Income

UNDERTAKING

I hereby declare that–

1. My father/mother/parents, mentioned above, is/are wholly/mainly dependent on me and that he/she/they normally reside with me. The total monthly income of my parents does not exceed the amount of Rs. 9000/- plus amount of the dearness relief on the basic pension of Rs. 9000/- as on the date of consideration.
2. My son/ daughter, mentioned above, is/are unemployed and wholly dependent on me.
3. In the event of any change in the status of any of the above mentioned persons, which effects the eligibility, I shall inform the Administrative Office immediately about the same.
4. The particulars of dependent members of my family as given are correct. If any statement is found to be untrue, I shall be liable for disciplinary action.

Signature

Dated

Name

Designation Dept.