**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**

1. **Husband, Wife, Children, Step Children**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.** | **Full Name** | **Relationship**  **With Employee** | **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 ₹ 9000/- plus amount of the dearness relief on the basic pension of ₹ 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 | ………………………….. |
| Name | ……………………........... |
| Designation | …………………………… |
| Department | …………………………… |

Date ……………….