



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 No.	Full Name	Relationship	Date of Birth

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

SL No.	Full Name	Relationship	Age in case of minor Brothers/sisters/children and date of birth Date of birth	Status Married/ Unmarried/ Widowed

UNDERTAKING

I undertake that

1. The children/step children claimed to be dependent do not have income exceeding 9000/- per person per month from all sources including stipend and scholarship.
2. The income of parents from all sources including pension (inclusive of temporary increase in pension and pension equivalent of DCRG benefits) does not exceed Rs.9000/- per month. (If anyone mother/father has the said income, both of them will come under dependents category.) Income Certificate of the concerned must be enclosed.
3. My father is not alive/ my father is wholly dependent on me and income of my widowed sisters/unmarried sisters does not exceed Rs.9000/-per month. From all sources. For each person. Income Certificate must be enclosed.
4. In the event of any change in the status of any of the above mentioned persons, which

