

All India Institute of Medical Sciences, Raebareli

Munshiganj, Dalmau Road, Raebareli-229 405 (UP)

DECLARATION FORM

	(For Leave Trave	el Concession and Medical Faci	ility)	
I followin	ng are members of my family who a			the
	D	ETAILS OF FAMILY		
(i) H	lusband, Wife, Children, Step Chil	dren		
SL No.	Full Name	Relationship	Date of Birth	
(ii) F	ather, Mother/Minor Brothers/Siste	rs/Widowed Daughters/Wi	dowed Sisters, residing with	ı 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

5. The particulars of depender found to be untrue I shall be liable	nt members of my family as given e for disciplinary action.	are correct. If any statement is
Date:	Nar Desi	nature:ne:ignation:artment:
For the use of controlling unit/off	ice of the HOD forwarded	
Filled in my presence	Verified and Submitted for Approval	Approved as per rules

Sr. Administrative Officer/ Administrative Officer

DDA/ Director

Dealing Assistant

affects the eligibility, I shall inform the Establishment Section, All India Institute of Medical Sciences, Raebareli immediately about the same.