

Dependency Certificate for the Calendar Year-.....

1. Name of the employee (in block letters):.....
2. Designation:.....

3. Name of the dependents with relation, age and their occupation:

Sr. No.	Name of Dependent	Relation	Date of Birth	Age	Occupation	Income(Per Month)

4. If Dependent, i.e. husband and wife both are employed then:

- a. Name of the spouse

Shri/Smt.....

- b. Designation and department with full postal

address:.....

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- c. Name of the spouse who will claim the medical charges in respect of self and dependents:.....

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Note: DDO certificate is required to be submitted whether employed spouse (husband/wife) is claiming any medical reimbursement from his/her employer.

Undertaking:

1. I hereby declare that family members declared as dependents in this certificate are true to the best of my knowledge and nothing has been kept concealed therein.
2. Dependency certificate is submitted as per terms & conditions laid down in Medical Attendance Rules, 1944.
3. In the event of any change in the above filled particulars, the same shall be intimated to the office at the earliest.
4. The particulars of dependent family members of my family as given are correct. If any statement is found to be false, I shall be liable for disciplinary action.
5. I hereby undertake to keep the above particulars up to date by notifying to the Head of the Office for any addition or revision.

Signature:.....

Dated:.....

Place:.....