PASTE COLOURED FROUP PHOTOGRAPH OF DEPENDENT FAMILY MEMBERS

SIZE 6X4 CMS

**DESHBANDHU COLLEGE (UNIVERSITY OF DELHI), KALKAJI NEW DELHI – 110019**

**DECLARATION OF SELF AND DEPENDENT FAMILY MEMBERS SUBMITTED BY EMPLOYEE / RETIRED EMPLOYEE/ FAMILY PENSIONER**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that the following are the members of my family residing and wholly dependent on me.

|  |  |  |
| --- | --- | --- |
| FOR LEAVE TRAVEL CONCESSION/ CHILDREN EDUCATION ALLOWANCES |  | FOR MEDICAL REIMBURSEMENT |
| S.NO. | NAME | DATE OF BIRTH | AGE | RELATION | S.NO. | NAME | DATE OF BIRTH | AGE | RELATION |
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Note:

1. A husband/wife/children/parent having of income is not related as member belonging to the family of the government servant/employee except when the income including pension, temporary increase in pension but excluding dearness relief on pension or stipend etc. does not exceed Rs. 9000/- per month.
2. That my husband/wife is not in service, if in service a certificate from the employer to the effect that he/she shall not avail the facility of LTC/HTC/Medical reimbursement from here.
3. That my father/mother is not a retired pensioner and the amount of pension drawn by him/her as shown in the attached income certificate viz Rs. 9000/- PM.
4. That any change in the list of dependent family members will be intimated to the college/university for record.
5. That I have carefully gone through the contents of family declaration by me regarding definition of FAMILY.

 **Signature of employee/ retired employee/family pensioner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_**

 **Name in Block Letters \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Counter Signed by Principal**

 **Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**