



DECLARATION

I.....(Name).....(Designation) hereby declare that:

1. My Home town as per existing declaration is:

.....
.....

2. Marital Status: Married/ Unmarried

3. Particulars of Spouse:

Name.....Whether employed

Name and complete address of Office/ Department, if employed

.....

1. Parent's Occupation Father:

Mother:

2. Monthly income*, if any Father:

Mother:

[*Note: (i) Recurring monthly income from sources such as houses landholding should be taken into account for the purpose of assessing income;

(ii) The declaration regarding the income should be furnished once in the beginning of every calendar year or while preferring a claim]

6. The following members of my family are dependent** on me for the purpose of claiming LTC and Medical reimbursement (Strike off whichever is not applicable):

S.No.	Name	Date of Birth/Age	Relationship	Remarks
1.				
2.				
3.				
4.				
5.				

**The monthly income from all sources of my dependents does not exceed Rs. 3500/- plus Dearness Relief on Rs 3500/- (Rs. 8260/- at present).

I hereby undertake to keep the above particulars up to date by notifying the office any addition or alteration.

Signature & Name

Place & Date.....

Countersigned by Authorised Officer.....

Place & Date.....