



DECLARATION

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

- 1. My Home town is
- 2. Marital Status: Married/ Unmarried
- 3. Particulars of Spouse:
Name.....
Whether employed.....
Office/ Department, if employed.....
- 4. Parent's Occupation Father:
Mother:
- 5. Their 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/Medical/Children Education Allowance (Strike off whichever is not applicable):

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

*The monthly income of my dependent from all sources (including pension + DR, if any) does not exceed the dependency income limit of Rs. 9000/- plus DA.
(*Total-Rs. 12780/- including DA at present rate of 42%)**

I hereby undertake to keep the office notified for any addition or alteration of particulars of the above dependents.

***Note- *The dependency limit of income would change with change in DA rates which may kindly be kept in mind preferring claim.*

Signature.....

Name in Block Letters

Countersigned by Authorised Officer.....

Place & Date.....