

NATIONAL INSTITUTE FOR RESEARCH IN TUBERCIOSIS, CHETPUT,
CHENNAI - 600 031

(INDIAN COUNCIL OF MEDICAL RESEARCH)

DECLARATION OF DEPENDENTS FOR PURPOSE OF AVAILING LTC/HOME TOWN/
MEDICAL AID

“Family include only wife (or Husband), Children or step Children and wholly dependent parents and no other relations such as married or widowed daughters, brothers and sisters etc. An employee who declares his/her parents as dependent on him/her should also give a certificate in the form appended below:-

I declare that the following persons are wholly dependent on me:-

DECLARATION OF DEPENDENTS

<i>Sl.No.</i>	<i>Name</i>	<i>Age</i>	<i>Relationship</i>

I further declare that my father / mother or both father and mother is / are actually residing with me at

(here give address)

and that he / she / they are wholly dependent on me and that their income is Rs. per month.

Place: Chennai

Date:

Signature of the employee

with designation

- Note:** 1. The declarations regarding parental income is to be filled in January every year.
2. Recurring monthly income for sources such as Houses, land, holdings etc. are to be taken into account for the purpose of declaring parental's income.
3. Change if any in list of dependents declared above should be invariably notified to the office.