

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

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:

Certificate for the Calendar Year.....

1. I certify that I have not been provided with Government accommodation nor have I refused such accommodation during the period in respect of which the allowance is claimed

2. I certify that I am incurring some expenditure on rent.*
Contributing towards rent.*
Incurring some expenditure towards house or property tax.*
Incurring some expenditure on the maintenance of the house.*
Contributing towards maintenance expenditure.*
* (Strike out which is not applicable)

3. I certify that I am not sharing accommodation allotted to my parents/children/wife husband by the State Government, Central Government, an autonomous public sector undertaking (including LIC and Nationalized banks) or semi-Government organized such as Municipalities etc., allotted rent free accommodation to another Government servant.

4. I also certify that my wife/husband has not been allotted family accommodation at the same station by the State Government, Central Government, an autonomous public sector undertaking or semi-Government organization such as Municipalities etc.

Dated:

Signature.....

Place:

Name & Designation.....

प्रपत्र-1

1. अधिकारी/कर्मचारी का नाम व पदनाम
2. क्या पति/पत्नी सरकारी/अर्ध सरकारी/ स्वायत्तशासी संस्था /बोर्ड कारपोरेशन इत्यादि सेवा में हो तो उसका नाम व पदनाम पूर्ण विवरण सहित ।
3. क्या पति/पत्नी दोनों द्वारा मकान किराया भत्ता प्राप्त किया जा रहा है, यदि हाँ तो किस तिथि से प्राप्त किया जा रहा है ।
4. पति/पत्नी के वर्तमान तैनाती का स्थान व तैनाती की तिथि।
5. पति/पत्नी दोनों के वर्तमान तैनाती के स्थान की परस्पर दूरी ।
6. पति/पत्नी दोनों के आवास का पूर्ण पता ।

दिनांक

सरकारी कर्मचारी के हस्ताक्षर

स्थान

-----cut here-----

प्रपत्र-1।

प्रमाणित किया जाता है कि :

1. श्री / श्रीमतीपदनामइस
विभाग/कार्यालय (पूर्ण पता).....
.....में दिनांक.....
.....से कार्यरत/ तैनात है ।
2. श्री / श्रीमती.....दिनांकसे इस विभाग/ कार्यालय
से मकान किराया भत्ता आहरित कर रहे हैं / आहरित नहीं कर रहे हैं ।

दिनांक

आहरण एवं संवितरण अधिकारी

स्थान

(पूर्ण कार्यालय पते सहित)