

DECLARATION CERTIFICATE

1. Name & Designation of the Employee:
2. Residential Address:
.....
3. Details of Family:

Sl No.	Name	DOB	Relationship	Remarks

Certificate

I hereby declare that:

1. My Father/Mother /-in-law namely.....
Is are wholly dependent on me and that he/she/they normally reside with me at.....
..... the total monthly income of my parents does not exceed Rs. 9000/-, A copy of Govt of India OM dated 08/11/2016 is enclosed herewith.
2. My Son/ Daughter & is unemployed and wholly dependent on me. (College ID Proof) & eligible up to of 25 years or marriage whichever is earlier.
3. My wife/ Husband is employed/ Not employed in..... He/ She has undertaken not to avail of the Medical facilities provided by the said organisation.
4. I certify that my Brother 18 years / Sister (Unmarried, Unemployed, Studying College ID Proof) Dependent on me and Income does not exceed Rs. 9000/- per month.

(Signature of the Employee)

Certificate to be filled by the Concern Department

I certify that the above facts have been verified from the Service Records of Shri/Smt/Kum/
..... (Name & Designation) and found correct.

Note: All columns must be filled and strike out whichever is not applicable.

Sponsoring Authority

Place:

Date: