ICMR- NATIONAL INSTIUTE OF VIROLOGY, PUNE

DECLARATION OF DEPENDENTS FOR PURPOSES OF MEDICAL AID (Year 2023)

Certified that the following person(s) other than my family is /are wholly dependent on me and are residing with me. Their monthly income from all sources is Rs._____per month.

Sr. No.	Name	Age	Relationship
1			
2			
3			
4			
5			

Note: The term "FAMILY" includes only wife (or husband) and parents , children and step-children wholly dependent upon the Government Servant and does not include parent –in-laws, step-parents, brothers , sister, widow sister ,etc. dependents whose total monthly income does not exceed the maximum of Rs. 9000/- per month are treated as dependent to the employee.

Place: Pune

Signature : _____

Name : _____

Designation : _____

Certificate

Certified that I, Shri/Smt._____(Name) employed in NIV, Pune is not availing of medical facilities or financial / medical allowance in lieu thereof either for myself and / or the members of my family from any other source than under the CS(MA) Rules 1944.

Date:_____

Signature of the Govt. Servant concerned