ICAR-CENTRAL INSTITUTE OF POST-HARVEST ENGINEERING & TECHNOLOGY P.O. PAU, LUDHIANA-141004

F. No. 5-16/2023-C&B/ 1427

Dated: 14.02.2023

CIRCULAR

According to Medical Attendance Rules, a Govt Servant has to furnish Dependency / Joint Declaration Certificate of every calendar year in respect of his/ her parents/ spouse, in case he / she wants reimbursement of medical expenditure incurred in respect of them. Therefore, it is circulated for general information of all employees, who want to avail the benefit under the Medical Attendance Rules, they are directed to furnish necessary declaration in the prescribed form enclosed herewith.

The Declaration / Dependency Certificate in triplicate should be submitted to the undersigned by 24.02.2023 positively. Declaration / Dependency Certificate would not be entertained after the stipulated date.

Therefore, all PCs, HODs & Section In-Charges are requested to bring the contents of this circular in the notice of staff working under them.

Dependency certificate form is also available on the Institute website.

(Avtar Singh)

Drawing & Disbursing Officer

E-241480

Encl: as above.

Distribution:

1. All PCs/ HODs/ In-charge Section, ICAR-CIPHET, Ludhiana

2. I/c AKMU, ICAR-CIPHET, Ludhiana with request to kindly upload the attached "Dependency Certificate" form on the Institute website.

3. Notice Board.

CENTRAL INSTITUTE OF POST HARVEST ENGINEERING & TECHNOLOGY P.O: PAU CAMPUS, LUDHIANA - 141 004

DEPENDENCY CERTIFICATE FOR THE YEAR 2023

	No. Name of family No. Member Wholly dependent (Sh/Smt/Mrs.)	Age / Relation	Whether residing with the officer at the Local address (if residing only occasionally or not residing, make a specific mention thereof)	Monthly Income of family member from all sources
	Name of Home Town Declared		:	
	Name of Home Address		:	
	Present Residential/Loc	cal Address	:	
4.	Address			
3.	Present Basic Pay with date	e of next increment	:	
2.	Designation		:	
1.	Name		:	

Sr. No.	Name of family Member Wholly dependent (Sh./Smt./Mrs.)	Age / Relation	Whether residing with the officer at the Local address (if residing only occasionally or not residing, make a specific mention thereof)	Monthly Income of family member from all sources
1.				
2.				
3.				
4.				

I do hereby declare that the above information is correct to the best of my knowledge and nothing has been concealed. In case any of the above information is found wrong during this year I shall be held responsible for the same and aware that action will be taken accordingly.

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Date: (Signature of Applicant)

Note: A legitimate child or step-child/parent/sister/minor brother who resides with the incumbent and whose income from all sources including pension (inclusive of temporary increase in pension and pension equivalent of DCRG benefits; and in the case of children stipend and Scholarship etc.) does not exceed Rs. 9,000/- p.m. may be deemed to be "wholly dependent" upon the incumbent.