

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

DEPENDENCY CERTIFICATE FOR THE YEAR 2022

1. Name :
2. Designation :
3. Present Basic Pay with date of next increment :
4. Address :-
  1. Present residential/ Local address :
  2. Name of Home address :
  3. Name of Home town declared :

---

Sr. No.	Name of family Member Wholly dependent	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
---------	--	----------------	---	--

---

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.

Place:

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. 9000/- p. m. may be demand to be “wholly dependent” upon the incumbent.

JOINT DECLARATION FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES/LEAVE TRAVEL  
CONCESSION/CHILDREN EDUCATION ALLOWANCE  
(IN CASE BOTH HUSBAND & WIFE ARE GOVT. EMPLOYEES)

DECLARATION BY HUSBAND

I \_\_\_\_\_, hereby declare that my spouse, Smt. \_\_\_\_\_ is working in \_\_\_\_\_ as \_\_\_\_\_. I also declare that I will avail all the benefits such as Medical Facilities, Leave Travel Concession, Children Education Allowance, etc. from my office/ from the office of my spouse for myself and my family members as mentioned below:

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

Signature of Employee \_\_\_\_\_

Designation \_\_\_\_\_

Date \_\_\_\_\_

DECLARATION BY WIFE

I \_\_\_\_\_, hereby declare that my spouse, Shri \_\_\_\_\_ is working in \_\_\_\_\_ as \_\_\_\_\_. I also declare that I will avail all the benefits such as Medical Facilities, Leave Travel Concession, Children Education Allowance, etc. from my office/from the office of my spouse for myself and my family members as mentioned below:-

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

Signature of Employee \_\_\_\_\_

Designation \_\_\_\_\_

Date \_\_\_\_\_