

REGIONAL CENTRE FOR BIOTECHNOLOGY

NCR-Biotech Science Cluster, Faridabad- Gurgaon Expressway, Faridabad

Form - 7

DECLARATION OF FAMILY MEMBERS

I hereby declare:

1. That the following are the members of my family residing with and wholly dependent on me:

FOR PUPOSE OF LEAVE TRAVEL CONSESSION

FOR PURPOSE OF MEDICAL REIMBURSEMENT

Sr. No	NAME	AGE	RELATIONSHIP	DATE OF BIRTH	PLACE OF RESIDENCE	Sr. No	NAME	AGE	RELATIONSHIP	REMARKS	PLACE OF RESIDENCE

Note : A husband /wife/child/parent having an independent source of income is not a dependent member belonging to the family of the Govt. servant except when the income including pension, temporary increase in pension but excluding dearness relief on pension or stipend etc. does not exceed Rs. 3500/- per month.

2. That my husband/wife is not in service, if in service, a certificate from the employer to the effect that he/she shall not avail the facility of LTC/HTC and Medical Reimbursement from here.
3. That my father/mother is/is not a retired pensioner and the amount of pension drawn by him/her is as shown in the attached income certificate viz. Rs 3500/-
4. That any change in the list of family members declared will be intimated to this office for record.
5. That I have carefully gone through the contents of the enclosure regarding definition of 'FAMILY'. (To be enclosed)

It is certified that all the information provided above are true to the best of my knowledge & in the event of any information being found incorrect at a later stage, I am liable for appropriate disciplinary action as per conduct rule of the Centre.

Counter signed by the Head of the Department

Designation:

Signature of the Employee
Name (in Block letters):