

BIRBAL SAHNI INSTITUTE OF PALAEOSCIENCES, LUCKNOW

DECLARATION FORM

(For leave Travel Concession and Medical Facility)

I,, hereby declare that the following members are in my family, who are wholly dependent on me.

DETAILS OF FAMILY

(i) Husband, Wife, Children, Step Children.

S.N.	Full Name	Relationship	Date of Birth
1.			
2.			
3.			
4.			

(ii) Father, Mother/Minor Brother/Sister/Widowed Daughter/Widowed Sister, residing with me.

S.N.	Full Name	Relationship	Age in case of minor brother/sisters/children	Status married /Unmarried/Widowed

UNDERTAKING (As per GOI rules)

I undertake that-

1. The children/step children claimed to be dependent do not have income exceeding Rs.9000/- per person per month from all sources including stipend and scholarship
2. The income of parents from all sources including person pension (inclusive of temporary increase in pension and pension equivalent of DCRG benefits) does not exceed Rs.9000/- per month. (If anyone mother/father has the said income, both of them will not come under dependent category)
3. My father is not alive/my mother is wholly dependent on me and income of my widowed sister/unmarried sister does not exceed Rs.9000/- per month, from all sources, for each person.
4. In the event of any change in the status of any of the above mentioned persons, which effects the eligibility, I shall inform the Directorate Office immediately about the same.
5. The particular of dependent members of my family as given are correct If any statement is found to be untrue, I shall be liable for disciplinary action.

Signature:

Name:

Designation:

Department:

P.F. No.:

Date:

FORWARDED

(Deputy Registrar/Registrar/Director)

Note: Children getting stipend or scholarship exceeding Rs.9000/- per month will not be entitled for LTC but they will be eligible for Medical Facility.