

INDIAN COUNCIL OF MEDICAL RESEARCH

DECLARATION OF DEPENDENTS FOR PURPOSES OF MEDICAL AID

I certify that the following persons are wholly dependent on me:

Sr. No.	Name	Age	Relationship
1.			
2.			
3.			
4.			
5.			
6.			

Note : Family included only wife (of husband), children or step-children and wholly dependent parents and no other relations such as married or widowed daughters, brothers and sisters etc., such parents who normally reside with the employee concerned and whose total monthly income does not exceed the pay plus dearness pay (where applicable) of the employee, subject to the maximum income of the parents being Rs. 9000/- p.m. are treated as dependent to the employee.

An employee who declares his parents as dependent on him should give a certificate in the following form :-

"Certified that my father /mother or both father and mother is/are actually residing with me _____ and he/she/they are wholly dependent on me and that their income is Rs. _____.

Place: _____

Signature : _____

Name : _____

Date: _____

Designation: _____

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in Reproductive Health**

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