LAKSHMIBAI COLLEGE

(UNIVERSITY OF DELHI)

DECLARATION OF FAMILY MEMBERS FOR PURPOSE OF CENTRAL SERVICE MEDICAL ATTENDANCE & FOR LEAVE TRAVEL CONCESSION.

I hereby declare that the following are the members of my family residing with and wholly dependent on me:-

Note	"A husband/wife/child/parents ha family of the Government serval increase in pension and pensio month."	nt/Universit	y/college employee	except when the income (incl	usive of temporary
SNO	Name	Δαe	Relationship	Occupation monthly	Remark

J.1NO.	Name	Age	Helationship	Income if any	Heman
1.					e 18.
2.					
3,					
4.					
5.					
6.					
7.					
3.					
9.					

That my husband/wife is/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 from them hereafter and not claim for reimbursement under CSMA.

That my father/mother is/is not a retired pensioner and the amount of pension drawn by him/them is as shown in the attached income certificate, viz. Rd.

That any change in the list of 'family' members declared will be intimated to the college/University immediately for record.

Signature of the employee

Dated:

Admitted for LTC/CSMA

Principal