OFFICE OF THE PRINCIPAL DISTRICT & SESSIONS JUDGE:
(NEW DELHI DISTRICT), PATIALA HOUSE COURTS, NEW DELHI.

CIRCULAR

All the Ld. Judicial Officers and staff members who are posted and are on the Pay Roll of the Office of Ld. District & Sessions Judge, New Delhi District, Patiala House Courts, are hereby informed that henceforth for the purpose of addition of dependency of dependent family member/members (except spouse/minor children) for availing Medical and LTC facility, the annexed performas **(Annexure-A&B)** alongwith an application, are required to be submitted in the Accounts Branch, NDD (through R&I Branch).

(RAJEEV BANSAL)
Controlling Officer/Judge Incharge
Mediation Centre
Office of the Principal D. & S. J.,
New Delhi District
Patiala House Court
New Delhi.

No. 12404-12468/ S.B./Acctts/N.D.D./2020

Dated : 25/9/2020

Copy forwarded for information and necessary action to :

1. All the Judicial Officers posted at New Delhi District, Patiala House Courts **with the request to kindly bring the Circular to the notice of staff under their control.**
2. The P.S. to the Ld. Principal District & Sessions Judge, New Delhi Distt., PHC, N.D.
3. All the Sr. AO (J)/ AO (J)/AO/PRO/APRO/ Branch Incharges, Patiala House Courts, New Delhi **with the direction to circulate the same among the staff under their control.**
4. The Incharge, Computer Branch, NDD with the direction to upload the above circular on the official website of **New Delhi District.**

Rajeev Bansal

(RAJEEV BANSAL)
Controlling Officer/Judge Incharge
Mediation Centre
Office of the Principal D. & S. J.,
New Delhi District
Patiala House Court
New Delhi.

ANNEXURE-'A'

Affidavit to be submitted by the Ld. Judicial Officers/Officials.

I .....S/o, D/o, W/o Sh./Ms.....R/o .....do hereby solemnly affirm and declare as under:-

1) That - the name of dependent family member(s) of the deponent is namely Sh/Ms.....
2) That - the date of birth of the dependent family member(s) of the deponent is .....
3) That - the dependent family member(s) of the deponent is/ are not working anywhere and is/are unemployed and fully dependent upon the deponent. However, in the case of employment, the monthly income from all sources is Rs. ..... If yes, please give the details.
4) That - the deponent's dependent family member(s) are not having any income viz. agricultural income, Interest Income, rental income and any other source of income etc.. If yes, please give the details.
5) That - the deponent will intimate to this office, if the monthly income crosses the bar of Rs. 9000/- plus dearness relief per month (as per the 7th CPC recommendation) in respect of his dependent family members in future.
6) That - the deponent's dependent family member(s) are not having any FDR/Bank Fixed Deposits with any bank or post offices. If yes, please give the details.
7) That - the deponent's dependent family member(s) do not have any pension income from Government of NCT of Delhi or any Department/Authority . If yes, please give the details.
8) That - the deponent's dependent family member(s) are not having any medical/medical allowance/mediclaim facility from Government of NCT of Delhi and any department /authority / health institutions. If yes, please give the details.
9) That - the deponent's dependent family members are residing with me or at .....(reason to be given if such dependent is not residing with the Government Servant who wishes to seek the benefit).
10) That- the details viz. name, date of birth and occupational status of my other family members including brothers and sisters is as under:-

S. No.	Name	Date of Birth	Relationship	Occupational Status
.....	.....	.....	.....	.....

11) That- the dependent family members of the deponents are not dependent upon any other family members except the deponent.
12) That- the dependent family members do not have any bank account in any bank. If yes please submit the attested copies of upto date bank account statement for the last 03 years.
13) That- Income/Occupational Status of dependent family member(s) was/is..... (before and after joining of the Government Servant in this office).
14) That- Ownership details of movable and immovable property which is in the name of dependent family members (parents/brothers/sisters/parents in-law in case of female government servant) is.....
15) That the deponent shall submit dependency certificate/undertaking separately alongwith any medical/LTC claim bill of the dependent family member(s) for reimbursement in future.
16) That the above information is correct in all aspect.
17) That if the information or part of the information is found false or incorrect, the deponent shall be liable for disciplinary action besides legal action as deemed appropriate by the Department.
18) That the deponent shall be liable to refund the total claim amount to this office along with penal interest in such case.

Deponent

Verification:

Verified at New Delhi on the .....day of .....(month), ... (Year) that the above mentioned paras 1 to 18 are true and correct to the best of my knowledge and belief and nothing material has been concealed therefrom.

Deponent

Following self-Attested enclosures/Proofs/Documents which are to be submitted alongwith application.

1) An Affidavit of the officers/official declaring dependency facts (as per above prescribed format/**Annexure-A**) in respect of dependents/parents.
2) Separate Affidavit of dependents/parents declaring dependency facts as per **Annexure-B.**
3) Copy of Bank Pass Book/FDR/Bank Fixed deposit alongwith transactions statement at least **last three years** in respect of parents/dependents.
4) Copy of Identity proof viz. Aadhaar Card/Voter ID Card/Passport of parents/dependents.
5) Movable and Immovable property papers/documents of dependents/parents.
6) Copy of any other proofs related to any income of dependents/parents

ANNEXURE-'B'

Affidavit to be submitted by the dependent family member (Parents/brother/Sister/Parents-in-law in case of female government servant).

I .....S/o, D/o, W/o Sh./Ms.....R/o .....do hereby solemnly affirm and declare as under:-

1) That - I am wholly dependent upon my son/daughter/daughter-in-law namely Sh/Ms.....
2) That - the date of birth of the deponent is .....
3) That - the deponent is not working anywhere and is unemployed/In the case of employment, the monthly income from all sources is Rs..... If yes, please give the details.
4) That - the deponent is not having any income viz. agricultural income, Interest Income, rental income and from any other source. If yes, please give the details.
5) That - the deponent will intimate to this office, if my monthly income crosses the bar of Rs. 9000/- plus dearness relief per month (as per the 7th CPC recommendation) in future.
6) That - the deponent is not having any FDR/Bank Fixed Deposits with any bank or post offices. If yes, please give the details.
7) That - the deponent is not having any pension income from Government of NCT of Delhi or any Department / Authority . If yes, please give the details.
8) That - the deponent is not having any medical /medical allowance/mediclaim facility from Government of NCT of Delhi and any department /authority / health institutions. If yes, please give the details.
9) That - the deponent is residing with his/her son/daughter/daughter-in-law namely Sh/Ms..... or at .....(reason to be given if deponent is not residing with the Government Servant who wishes to seek the benefit).
10) That- the deponents is not dependent upon any other family members except the Government Servant working in this department.
11) That- the deponent does not have more than one bank account. If yes please submit the self attested copies of upto date bank account statements for the last three years of all such bank accounts in one or more banks.
12) That- Income Status/Occupational status of deponent (dependent) was/is..... (before and after joining of the Government Servant working in this office).
13) That- Ownership details of movable and immovable property which is in the name of the deponent is.....
14) That the deponent have PAN Card bearing no. is...../have not been issued PAN Card by the issuing authority.
15) That the deponent file/does not file Income Tax Return. If yes then submit ITR for the last three year.
16) That the above information is correct in all aspect.
17) That if the information or part of the information is found false or incorrect, the deponent shall be liable for legal action as deemed appropriate by the Department.

Deponent

Verification:

Verified at New Delhi on the .....day of .....(month), ...(years) that the above mentioned paras 1 to 17 are true and correct to the best of my knowledge and belief and nothing material has been concealed therefrom.

Deponent