

DECLARATION TO BE FURNISHED BY A GOVERMENT SERVANT IN THE BEGINNING OF EVERY CALENDAR YEAR FOR THE PURPOSE OF ELIGIBILITY OF MEDICAL REIMBURSEMENT UNDER THE MEDICAL ATTENDENCE RULES

DECLARATION

I _____ (Name of the Govt. Servant) designation _____ hereby declare that the following person(s) is/are wholly dependant upon me for the purpose of eligibility of Medical Reimbursement for the financial Year 2024-2025

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Note: (i) The term “family” shall mean a Governments Servants's wife or husband, as the case may be, and parents, children and step children, but it does not include other dependant such as brother/sister etc., sons/unmarried daughters who are employed otherwise than on a part time basis, shall be regarded as gainfully employed and shall not be treated as wholly dependant.

(ii) Only such parents should be regarded as “wholly dependant” upon a Government Servant; who normally reside with the Govt. Servant and whose total monthly income, does not exceed Rs.350/- per month.

Dated:

Signature of the
Government Servant.