

**BHASKARACHARYA COLLEGE OF APPLIED SCIENCES
(UNIVERSITY OF DELHI)
SECTOR-2, PHASE-I, DWARKA,
NEW DELHI-110075.**

DECLARATION OF FAMILY MEMBERS

I hereby declare:

That the following are the members of my family residing with and wholly dependent on me:

NOTE: “ A husband / wife / child / parent having an independent source of income is not related as member belonging to the family of the Government Servant except when the income including (inclusive of temporary increase in pension and pension equivalent of death-cum-retirement benefits does not exceed Rs.3500/- per month”.

FOR THE PURPOSE OF LEAVE TRAVEL CONCESSION					FOR THE PURPOSE OF MEDICAL RE-INBURSEMENT				
S.No.	Name	Age	Relationship	D.O. Birth in in case of children	S.No.	Name	Age	Relationship	D.O. Birth in case of children
(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)	(5)

- That my husband/wife is not in service if in service, a certificate from the employer to the effect to the effect that he/she shall not avail the facility of L.T.C./H.T.C. from them hereafter (attached).
- 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. Rs.(in fig.)_____ (in words.)_____
- That any change in the list of ‘Family Members’ declared will be intimated to the College immediately for records.
- That I have carefully gone through the contents of letter regarding definitaion of “Family”.

(Signature of the employee)

Name of the employee _____

Designation _____

Department/Branch _____

Countersigned by the Head of the Institution