**International Institute for Population Sciences**

Govandi Station Road, Deonar, Mumbai 400 088

**FAMILY DEPENDENCY DECLARATION FORM**

**[For the Financial Year: 01 April ……… to 31st March ………]**

**[Mandatorily to be submitted by the employee on or before 31 March of respective year]**

Date:

**Details of Family**

**[For the purpose of Medical Reimbursement, Children Education Allowance, Leave Travel Concession etc.] Rule 54(12) of CCS (Pension) Rules, 1972]**

Name of the Staff :

Designation & Department :

Date of Birth :

Marital Status :

Date of Joining :

**DETAILS OF DEPENDENT “FAMILY” MEMBERS**

(Definition of dependent family members behind the form as per Govt. norms)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl. No | Name of the Dependent Family Members | Relationship | Date of Birth | Age as on date | Occupation | Marital Status (Married/Unmarried// Widowed) |
|  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| I. In case of both husband and wife are employed:  a) Is spouse of the employee a Government Servant? | YES/NO  (Strike off Which is not applicable) |
| If Yes, then name of the Organization  (If yes, please attach latest Identity Card of Place of Work of Spouse) | Name of Organization  -----------------------------------------  Identity Card No:------------------- |
| II. Is Income of dependent family members (other than spouse) more than Rs.9000/-pm.  (If yes, please attach Income Certificate of dependent family member) | YES/NO  (Strike off Which is not applicable) |

**UNDERTAKING:**

Undersigned hereby declare that

1. The Income of dependent family members (Other than spouse) do not exceed Rs.9000/- pm per person from all sources including pension/salary/business/service etc.
2. **In the event of any change in the above filled particulars, the same shall be intimated to the office at the earliest.**
3. The particulars of dependent family members of my family as given are correct. If any statement is found to be false, I shall be liable for disciplinary action.
4. I hereby undertake to keep the above particulars up to date by notifying to the Director & Sr. Professor, IIPS for any type of revision.

No. of Enclosures:

Signature of the Employee

**INSTRUCTIONS**

Definition of Dependent Family member is as follows:

1. The Government servant’s wife or husband, as the case may be, and two surviving unmarried children or step children wholly dependent on the Government servant, irrespective of whether they are residing with the Government servant or not; (Unmarried son till he starts earning or till he attains the age of 25 whichever is earlier, Daughter till she starts earning or gets married whichever is earlier)

1. Married daughters who have been divorced, abandoned or separated from their husbands and widowed daughters and are residing with the Government servant and are wholly dependent on the Government servant;
2. Parents and/or step mother residing with and wholly dependent on the Government servant;
3. Unmarried minor brothers as well as unmarried, divorced, abandoned, separated from their husbands or widowed sisters residing with and wholly dependent on the Government servant, provided their parents are either not alive or are themselves wholly dependent on the Government servant.
4. A female employee has a choice to include either her parents or her parents-in-laws, option exercised can be changed only once during her service in case of medical reimbursement.

NOTE

1. Incase spouse is working in Government service, JOINT DECLARATION FORM has to be submitted every Financial year (for Children Education Allowance & Medical Reimbursement) and once in a Year (for LTC) i.e., on or before end of financial year 31, March of the respective year.
2. Dependent ANNUAL INCOME CERTIFICATE has to be submitted every financial year i.e., on or before end of financial year 31, March of the respective year.