**UNIVERSITY OF DELHI**

**DECLARATION OF FAMILY MEMBERS**

I hereby declare:

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

**FOR PURPOSE OF LEAVE TRAVEL CONSESSION FOR PURPOSE OF MEDICAL REIMBURSEMENT**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S. No.** | **Name** | **Age** | **Relationship** | **Date of Birth** |  | **S. No.** | **Name** | **Age** | **Relationship** | **Remarks** |
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Note:

1. A husband/wife/child/parent having an independent source of income is not related as member belonging to the family of the Govt. servant except when the income including pension, temporary increase in pension but excluding dearness relief on pension or stipend etc. does not exceed Rs.3500/- per month.
2. That my husband/wife/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 here.
3. That my father/mother is /is not a retired pensioner and the amount of pension drawn by him/her is as shown in the attached income certificate viz. Rs.3500/- .
4. That any change in the list of family members declared will be intimated to the University for record.
5. That I have carefully gone through the contents of the letter regarding definition of ‘FAMILY’.

Counter signed by the Head of the Department Signature of the Employee:

 Name (in Block letters):

 Designation :

 Branch: