

VALLABHBHAI PATEL CHEST INSTITUTE
UNIVERSITY OF DELHI
DELHI-7

FORM FOR DECLARATION OF FAMILY MEMBERS OF V.P.C.I STAFF

I hereby declare,

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

NOTE:

A husband/child/parent(excluding spouse) having an independent source of income is not related as a member belonging to the family of the Government servant except when the income including (inclusive of temporary increases in pension and pension equivalent of death-cum- retirement benefits) does not exceed Rs.3500 per month.

S. No.	Name	Date of Birth	Relation	Occupation/income, if any	Remarks
I					
II					
III					
IV					
V					
VI					
VII					
VIII					

2. That my husband/wife is/ 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 them hereafter.
3. That my father/mother is/is not a retired and the amount of pension drawn by him,/them is as shown in the attached income certificate.
4. That any charge in the list of family members declared will be intimated to the Institute immediately for record.

Signature of the STAFF _____
NAME _____
DEPTT.OF _____
DATED _____

Forwarded

Accepted/ Not accepted

Signature of Head of the Deptt.

Director/Jt. Registrar
V.P.C.I., Delhi