

**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 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.1500 per month.

SI. 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 vi./
4. That any change 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/Dy. Registrar**  
**V.P.C.I., Delhi**