

## DEPENDENCY CERTIFICATE

(In Case for Adult members)

Certified that following member(s) of my family is/are wholly dependent on me as per Rule 7(d) of CCS LTC Rules and their monthly income does not exceed the minimum family pension plus Dearness Allowance prescribed by the Central Government : -

Sl No.	Name	Age & DOB	Relationship	Status (Unemployed/ Unmarried/ Divorced/ abandoned/ separated/ Widowed/ residing with.)
--------	------	-----------	--------------	---

Date :

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Office : \_\_\_\_\_

Emp No : \_\_\_\_\_

## DEPENDENCY CERTIFICATE

(In Case for Adult members)

Certified that following member(s) of my family is/are wholly dependent on me as per Rule 7(d) of CCS LTC Rules and their monthly income does not exceed the minimum family pension plus Dearness Allowance prescribed by the Central Government : -

Sl No.	Name	Age & DOB	Relationship	Status (Unemployed/ Unmarried/ Divorced/ abandoned/ separated/ Widowed/ residing with.)
--------	------	-----------	--------------	---

Date :

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Office : \_\_\_\_\_

Emp No : \_\_\_\_\_