



**SRI VENKATESWARA COLLEGE  
(UNIVERSITY OF DELHI)**

**DECLARATION OF FAMILY MEMBERS**

**I hereby declare :-**

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

Note: "husband/wife/child/parent having an independent source of income is not treated as a member belonging to the family of the Government Servant except when the income including (inclusive of temporary increase in pension and pension equivalent of death-cum-retirement benefits) does not exceed **Rs 3500/-** per month."

S.No.	Name	Date of Birth and Age	Relationship	Occupation monthly income, if any	Remarks
1	2	3	4	5	6
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

2. that my Husband/Wife/Son/Daughter is not in the service. If in service, a certificate from the employer to the effect that **he/she shall not avail the facility of LTC & Medical** hereafter (Attached).

3. that my Father/Mother/Father-in-law/Mother-in-law is/is not a retired pensioner and the amount of pension drawn by him/them is as shown in the attached income certificate.

4. that any change in the list of '**Family Members**' declared will be intimated to the University/College immediately for record.

5. that the information provided above is correct and nothing has been concealed. If any information is found wrong at any stage, I shall be held liable for the same.

Signature of the Employee

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Name in block letters

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Joint declaration for claiming reimbursement of medical expenses/hospitalization charges in case where both husband and wife are employee in the University and its affiliated College or elsewhere

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Name and address with designation)

and my wife \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Name and address with designation)

I hereby declare that I/my wife will only prefer the claim for L.T.C. reimbursement of medical expenses/hospitalization charges and O.P.D. treatment in the dispensary, approved by the University.

\_\_\_\_\_  
(Signature of the Husband)

\_\_\_\_\_  
(Signature of the Wife)

(To be signed by the employer of the Husband)

(To be signed by the employer of the Wife)

**Signature of the Principal**

**Important Note** :- The required **proforma for “Declaration of Family Members”** duly filled in and signed should be submitted to the **Section Officer (Administration)** for further necessary action. A **copy** is to be retained in the **office of the Husband** and other copy is to be retained by the **office of the Wife** or vice-versa for records.