

ICMR- REGIONAL MEDICAL RESEARCH CENTRE
CHANDRASEKHARPUR, BHUBANESWAR-751023

NOMINATION OF DEPENDENTS FOR THE PURPOSE OF MEDICAL REIMBURSEMENT

I certify that the following persons are wholly dependent on me.

Sl. No.	Name	Date of Birth	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note:- "Family" includes only wife (or Husband), Children or step- children and wholly dependent parents and no other relations such as married daughters, brothers and sisters etc. Such parents who normally reside with the employees concerned and whose total monthly income does not exceed the pay plus dearness pay (where applicable) of the employee, subject to a maximum income of the parents being Rs.9,000/- per month are treated as dependent to the employee. An employee who declares his parents as dependent on him/her should give a certificate in following form.

Certified that my father/mother OR both father and mother is/are actually residing with me at and that he/she/they are wholly dependent on me and that their monthly income is

Rs. (per month).

Signature of Employee

Place :

Name :

Date :

Designation :