

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR- 110029

Declaration for the purpose of inclusion of dependant parents/in-laws as EHS

Beneficiary

- (i) I _____ posted as _____ in _____ Department/Centre, hereby declare that my father/mother/father-in-law/mother-in-law* namely _____ are wholly dependent upon me.
- (ii) I also certify that my father/father-in-law* namely _____ and mother/mother-in-law* namely _____ are dependent on me and their income from all sources including Pension/Family pension and Pension equivalent of DCRG does not exceed Rs. 9000/- plus the amount of Dearness Relief there on per month.
- (iii) I am aware that as per rules, dependents/parents having income of more than 9000/- per month from all sources are not eligible for coverage under EHS Rules.
- (iv) In case the income of the above said dependent beneficiary increases later and crosses the limit (i.e. Rs. 9000/- plus the amount of Dearness Relief thereon per month) and which renders she/he no longer dependent upon me, I will inform the office in writing.
- (v) If the above information given by me is found to be inappropriate / incorrect in any way or in case of failure on my part to update information as per Para (iii) above, legal/disciplinary action under CCS (CCA) Rules, as may be appropriate can be taken against me.

Date:

Signature of the Institute employee

Name :

Designation :

Department :

- * In case of male employee, they can have his mother and father only as his dependant beneficiaries.
In case of female employee, they can have either her parents or in laws as dependant beneficiaries.