

NATIONAL INSTITUTE OF NUTRITION
Indian Council of Medical Research
Jamai-Osmania PO, Hyderabad-500007

NOMINATION OF DEPENDANTS FOR THE PURPOSE OF LEAVE TRAVEL CONCESSION

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

S.No	Name	Date of Birth/Age	Relationship

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 employee concerned and whose totally 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/- plus the amount of Dearness Relief admissible on Rs.9,000/- on the date of consideration of claim per month are treated as dependent to the employee. An employee who declares his parents as dependent on him/her treated as dependent to the employee. An employee who declares his parents as dependent on him/her should give a certificate in the 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 : _____

Place: Name : _____

Date: Designation : _____

Signature of Officer-in-Charge of Enquiry