

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

NOMINATION OF DEPENDANTS FOR THE PURPOSE OF MEDICAL AID

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 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