

OFFICE OF THE ACCOUNTANT GENERAL (A&E) HARYANA, CHANDIGARH**Subject:- Declaration of dependency for Medical Reimbursement for the year _____**

With reference to the office order No. _____ I hereby declare my (Father/Mother/Sister/Widowed daughter/minor brother) as dependent upon me for reimbursement of medical claims in the year _____.

The required particulars are as under:-

1.	Name of the dependent, relation with age	
2.	Normal residential address of dependents	
3.	Occupation of dependents	
4.	Monthly income from house, land holding and also from pension. Originally sanctioned without commutation plus increase in pension on account of ADA etc.	
5.	Residential address of the Government Servant at his place of duty	
6.	If dependents are not residing with the Government Servant, with whom they are residing and the reasons thereof	
7.	In case the spouse is employed, i) Name of spouse ii) Designation and postal address of his/her department	
8.	Name of the spouse who will claim the medical reimbursement in respect of family.	

I hereby declare that the above declaration is true to the best of my knowledge and dependents shown above are normally reside with me.

Yours faithfully,

Signature:

Name :

Designation:

Section:

Mobile No.:

***Note:-**

(In case if spouse is working, a separate form regarding joint declaration should be filled).