

**DETAILS OF FAMILY****FORM-3**

[Rule 54(12) of CCS (Pension) Rules, 1972]  
(For Leave Travel Concession and Medical Facility)

I ..... hereby declare that the following are Members of my family who are wholly dependent on me.

(i) Husband, Wife, Children, Step Children

S. No.	Full Name	Relationship	Date of Birth

(ii) Father, Mother/Minor Brothers/Sisters/Widowed Daughters/Widowed Sisters, residing with me

S. No.	Full Name	Relationship	Age in case of Minor Brothers/sisters /children and date of birth	Status Married/ Unmarried/ Widowed

**UNDERTAKING**

I undertake that -

1. The children/step children claimed to be dependent do not have income exceeding 9000/- per person per month from all sources including stipend and scholarship.
2. The income of parents from all sources including pension (inclusive of temporary increase in pension and pension equivalent of DCRG benefits) does not exceed Rs.9000/-per month. (If anyone mother/father has the said income, both of them will come under dependents category.) Income Certificate of the concerned must be enclosed.
3. My father is not alive/ my father is wholly dependent on me and income of my widowed sisters/unmarried sisters does not exceed Rs.9000/-per month from all sources. For each person, Income Certificate must be enclosed.
4. In the event of any change in the status of any of the above mentioned persons, which affects the eligibility, I shall inform the Establishment Section, All India Institute of Medical Sciences - ~~RAJKOT~~ immediately about the same.
5. The particulars of dependent members of my family as given are correct. If any statement is found to be untrue I shall be liable for disciplinary action.

\* **Family for this purpose means family as defined in clause (b) of sub- rule (14) of rule 54 of the CCS (Pension) Rules, 1972.**

Date:

Signature: .....

Name: .....

Designation: .....

Department: .....

**Office use only**

Filled in my presence	Verified & Submitted for Approval
Dealing Assistant	Assistant Administrative Officer



## Definition of Family

1. Husband / Wife (First wife only)
2. Dependent Parents / Step Mother ( in case of adoption , only adoptive & not real parents)
3. If adoptive father has more than one wife, the first wife only.
4. A female employee has a choice to include either her dependent parents or her dependent parents – in law; option exercise can be changed only once during service.
5. Children including legally adopted children , step children and children taken as wards subject to the following conditions:

(I )	Son	Till he starts earning or attains the age of 25 years, whichever is earlier.
(ii)	Daughter	Till she starts earning or gets married, irrespective of the age limit, whichever may be earlier
(iii)	Son Suffering from any permanent disability of any kind (physical or mental ) as defined below	Irrespective of age limit.
(iv)	Dependent divorced / abandoned or separated from their husband / widowed daughters and dependent unmarried / divorced abandoned or separated from their husband / widowed sisters.	Irrespective of age limit provided their parents are either not alive or are themselves wholly dependent on the Government servant.
(v)	Dependent Minor brother(s)	Up to the age of becoming a major.

For the purpose of availing reimbursement of LTC/Medical for a disabled son above 25 years, please attach a copy of the certificate of disability issued by the competent authority.

“Disability” will be AS DEFINED IN SECTION 2(1) OF THE PERSONS WITH DISABILITIES (EQUAL OPPORTUNITIES, PROTECTION OF RIGHTS AND FULL PARTICIPATION) ACT, 1995 (NO: 1 OF 1996) “ WHICH IS REPRODUCED BELOW:

“DISABILITY” MEANS

- I. BLINDNESS
- II. LOW VISION
- III. LEPROCY CURED
- IV. HEARING IMPAIRMENT
- V. LOCOMOTIVE DISABILITY
- VI. MENTAL RETARDATION
- VII. MENTAL ILLNESS

Dependency:

Members of family (other than spouse) whose income is less than Rs.9000\*/+DA- per month are treated as dependents and are normally residing with employee.

The Following Documents are to be enclosed:

- I. Proof of Residence / Stay of dependents –{ copy of Ration Card / Election ID / Pass Port / Identity Card issued by College / School / University / Bank Pass Book , etc.,}
- II. Proof of age of son –
- III. Attested Copy of Disability certificate issued by Competent Authority (in case of dependent son aged 25 and above)

I have read the instructions stated above and certify that the information furnished by me in this application has been verified to be correct and that no information has been concealed or has been misrepresented and I stand by the same.

(Signature of Govt. Servant)