

Dependent Family Member Certificate

(For LTC Purpose)

This is to certify that:

Name of Employee:

Designation:

Department/Section:

Employee ID:

Dependent Family Member Details:

Name of Dependent:

Relationship with Employee:

Date of Birth / Age:

Whether residing with employee (Yes/No):

Whether wholly/mostly dependent on employee:

Monthly Income (if any):

Declaration:

I hereby certify that the above-mentioned family member is wholly/mostly dependent on me and meets all eligibility criteria as a dependent for the purpose of availing Leave Travel Concession (LTC). The particulars furnished above are true and correct to the best of my knowledge and belief. In case any information is found to be false, I shall be liable for disciplinary action.

Place: _____

Date: _____

(Signature of Employee)

Name: _____

Designation: _____

Important Notes:

- Dependent means a family member whose monthly income does not exceed the prescribed limit as per government rules.
- False declaration may lead to disciplinary action and recovery of LTC benefits availed.
- A fresh certificate may be sought by the authority for every LTC claim.
- Supporting documents regarding dependency and relationship may be required to be furnished.
- This certificate must be properly filled and signed by the employee.