

Family Details Certificate

For Leave Travel Reimbursement

1. Personal Details

Name of the Employee	
Employee ID	
Designation	
Department/Section	
Office/Unit	

2. Family Details

S. No.	Name of Family Member	Date of Birth	Relationship	Dependent (Yes/No)
1				
2				
3				
4				

3. Declaration

I hereby declare that the above-mentioned family members are fully dependent on me and eligible as per rules for the Leave Travel Concession.

Date: _____ Place: _____

Signature of Employee
(Name: _____)

Important Notes:

- Details must match official records and supporting documents.
- Dependent status should be as per applicable government/service rules.
- Falsification of information may result in disciplinary action.
- Attach documentary proof of dependence if required by the department.
- This certificate is to be submitted along with LTC reimbursement claim.