

**DECLARATION OF DEPENDENCY OF FAMILY MEMBERS FOR
THE PURPOSE OF MEDICAL REIMBURSEMENT UNDER
GOVERNMENT OF MIZORAM**

(To be resubmitted for every claim)

I hereby state that Mr/Mrs _____
aged _____ who is my _____ (relationship) is wholly dependent
upon me and was already declared as my family member in the Details of family under
Section 4(1) of CS (MA) Rules 1944. I also certify that his/her income per month does not
exceed ₹ 9000+DR and he/she is not a retired government servant.

The above declaration is made to the best of my belief and I shall be held
responsible for any false declaration.

(_____)

Government Servant

I consider that the declaration made above is acceptable.

(_____)

Controlling Officer

DETAILS OF FAMILY

(To be updated every year)

{See Section 4(1) of CS(MA) Rules 1944}

1. **Name of Govt. Servant** :
2. **Designation** :
3. **Date of Birth** :
4. **Date of appointment** :
5. **Details of the family members as on** :

Sl. No	Name of the family members	Date of Birth	Relationship with the Govt. Servant	Document submitted	Remarks of the Controlling Officer
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

I hereby certify that the above declaration made by me is fully updated and correct.

Dated:

Signature of Govt. Servant

DECLARATION OF THE CONTROLLING AUTHORITY

After careful checking of the documents submitted by the Government Servant. I satisfy myself that the above (Number of the members) persons are truly the Family Members of Pi/Pu for the purpose of CS (MA) Rules 1944.

Dated:

Signature of the Controlling Officer
(with seal)