*Dependency Declaration for availing HTC/LTC SCTIMST*

1. Name & Code No. of Employee **:**
2. Post held **:**
3. Age **:**
4. Home Town **:**

***Details of Dependents:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Age** | **Relationship with the Employee** | **Employed/Un ‐****employed/status** | **Income of dependant** | **Whether residing with the employee or not** |
| *(1)* | *(2)* | *(3)* | *(4)* | *(5)* | *(6)* |
|  |  |  |  |  |  |
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*I declare that the information furnished above are true. I am also aware that furnishing wrong information is misconduct*.

Date: Signature