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)*

I declare that the information furnished above are true. I am also aware that furnishing wrong information is misconduct.

Date:

Signature