

Declaration for Dependent

Details of my dependent family members are as follows:

| SN | Name of dependent | Relationship with the employee | Gender | Date of Birth | Married/Unmarried/ Widowed/ Divorced/Separated | Whether Physically and / or mentally challenged | If yes, % of disability | If yes, details of the Certificate issuing Authority | Monthly Income |
|----|-------------------|--------------------------------|--------|---------------|--|---|-------------------------|--|----------------|
| 1 | | | | | | | | | |
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I also undertake that abovementioned dependents fulfill all the criteria covered under "Definition of family" as mentioned in Xth Bipartite, which are reproduced as follows:

1. *The employee's spouse, wholly dependent unmarried children (including step children and legally adopted children) wholly dependent physically and mentally challenged brother/sister with 40% or more disability, widowed daughters and dependent divorced/separated daughters, sisters including unmarried/ divorced/ abandoned or separated from husband/widowed sisters as also parents wholly dependent on the employee.*
 2. *The term wholly dependent family member shall mean such member of the family having a monthly income not exceeding Rs.10000/- p.m. If the income of one of the parents exceeds Rs.10000/- p.m. or aggregate income of both the parents exceeds Rs.10000/- p.m. both the parent shall not be considered as wholly dependent on the employee.*
 3. *A married female employee may include her natural parents or parents-in-law under the definition of family, but not both, provided that the parents/ parents-in-law are wholly dependent on her.*
- Note: For the purpose of medical expenses reimbursement scheme, for all employees, any two of the dependents parents/ parents-in-law shall be covered.

I confirm that the above list is up to date and I also undertake that whenever there is any change in the status of dependents, I will immediately inform the Bank.

I hereby solemnly declare that the above information given by me are true and correct and that I have not omitted/ suppressed any fact for which I am liable to the bank as per the terms of my employment. If it is found that the information given hereinabove incorrect/false at any point of time then management can take necessary disciplinary action against me.

Signature

Name: _____
 Designation: _____
 PF No. _____
 Branch/Dept. Name _____

Confirmation from Branch/ Department Head

I confirm that the above details furnished by Mr./Mrs./Miss _____ are true and correct. Further, I also certify that the documents attached are verified by me.

Branch Manager/ Departmental Head