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

**GOVERNMENT OF MIZORAM**

(To be resubmitted for every claims)

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 Rs. 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.

(ELIZABETH MANNOU)

Controlling Officer