DECLARATION
(To be submitted in Triplicate)

(Refer Clause 18 & 23.2 of Ordinance – 39 of Central University of Himachal Pradesh)

1. Name of Employee : .....
2. Designation : .....
3. Residential Address : .....
4. Details of Family :

Sl. No.	Name	PAN No.	AADHAR NO.	Date of Birth	Relationship with the Employee	Remarks
1.						
2.						
3.						
4.						
5.						
6.						

I hereby declare that the above mentioned family members are wholly dependent upon me and noting is concealed. It is also declare that the monthly income of the family members dependent upon me do not exceed Rs.9,000/- per month as prescribed under the rules.

In case the declaration given above is detected, reported or found to be false at any stage, I shall be liable for cessation of Medical Reimbursement facility and disciplinary action under the relevant Rules.

Date: **(Signature of the Employee)**

(Countersigned Signature of Controlling Officer/Head of Department)

(Signature of Registrar/Accepting Authority)

General Conditions for University employees:

1. The term family for the purpose of CUHP (MEDICAL ATTENDANCE) RULES 2011, shall mean a University employee's Wife or Husband as the case may be, and Parents/Sister/Widowed Sister(s), Widowed Daughter(s), Minor Brother, Children, Step Children, Divorced Separated Daughter and Step Mother wholly dependent upon the university employee and are normally residing with the university employee.
2. Any addition/deletion/alteration should be immediately intimated to the office for completion of Declaration form.
3. Before submitting the above declaration, refer OM No. 4-24/96-C&P/CGHS/CGHS(P) Dated 31.05.2007 and 25th February, 2009, OM No. S.14025/02/2014 Dated 19.06.2014 and S-11012/2/2016-CGHS-P Dated 08.11.2016.
4. In case the declaration given above is deducted, reported or found to be false at any stage, the employee shall be liable for cessation of Medical Reimbursement facility and disciplinary action under the relevant Rules.