



राष्ट्रीय प्रौद्योगिकी संस्थान हमीरपुर
हमीरपुर (हि.प्र.) 177 005 (भारत)
NATIONAL INSTITUTE OF TECHNOLOGY HAMIRPUR
HAMIRPUR (H.P.) - 177 005 (INDIA)
A Institute of National Importance under Ministry of HRD

No. NIT/HMR/AB-15/2022-23/ 968-1003

Dated:- 21.12.2023

To

All the Deans/ HOD's
Branch Officers/ Sr,Medical Officer/Librarian
FI (IVS), Executive Engineer CC,

Subject: - Submission of Dependency Certificate.

For the purpose of claiming medical re-imbusement for dependent/parents of the employees of NIT, Hamirpur (wholly dependent upon the Govt. employee), who normally reside with him/her and whose total income from all sources does not exceed Rs. 9000/- (Rupees Nine thousand only) plus the amount of Dearness Allowance per month. The declaration annexure regarding the income and residence of parents is required to be furnished by the concerned employee in the beginning of every calendar year. For reckoning the income of the parents, the pension originally sanctioned and pension equivalent of DCRG are to be taken into account for determining the entitlement and not the pension after commutation subject to other conditions being fulfilled under CCS (MA) rules 1944.

Therefore, it may be brought to the notice of all concerned for submitting the declaration /undertaking in case the employees, whose parents are dependent upon them for getting reimbursement of medical expenses of their parents by 09.02.2024 positively on the enclosed format.

DA/- Format of Undertaking

Deputy Registrar(F&A)
NIT, Hamirpur (HP)

Copy to:-

- 1 PS to the Director/ PA to the Registrar ,NIT, Hamirpur for kind information please.
2. FI, (Institute website) ,NIT Hamirpur for hosting the same on Institute website, please.

DEPENDENTS CERTIFICATE

UNDERTAKING

“I hereby undertake that my parents whose particular as given below are wholly dependent upon me and their total income from all sources do not exceed Rs. 9000/- plus the amount of Dearness Allowance per month and they normally reside with me.”

Sr. No.	Name of Parents/dependent	Age	Relationship with Govt .Servant

Signature of Government Servant

Name _____

Designation & Deptt. _____

Bank Account No. _____