

INDIAN COUNCIL OF MEDICAL RESEARCH

No.19/11/2006-Admn.I

Dated: 30/7/2015

OFFICE ORDER

Subject: **Declaration of income limit and residence of parent(s) for availing facilities to claim LTC or Medical facilities**

As per rule, the declaration regarding the income and the residence of parents should be furnished by the Government servant concerned once in the beginning of every calendar year.

All employees of the ICMR Hqrs office are hereby directed that they may submit their declaration of dependency of their parents in the enclosed format to claim their LTC or Medical facilities. They are also directed to mention the residential address and the income of their parents from all sources in the declaration form to avoid the future complications.

The above information may be submitted to the under^usigned within 7 days from the date of the said office order.


(R.S.Pillai)
Section Officer

DISTRIBUTION

All Section/Division
Notice Board

Copy to: 1. Chief Division of BIC may kindly put this order of ICMR website
2. Section Officer, Medical Cell

DECLARATION

Subject: Declaration regarding income limit and the residence of parent(s) for availing facilities to claim LTC or medical facilities for calendar year 2015.

I _____ hereby declare

that Dr./Sh/Smt./Ms _____ is/are my dependent parent(s) they are normally residing with me at my residential address _____ and their income from all sources including pension and pension equivalent DCRG benefit is not more than Rs.3500/- p.m. plus amount of dearness relief admissible on Rs.3500/- and accordingly is/are eligible for availing facilities under CGHS & LTC.

Signature of Government employee

Name _____

Designation _____

Dated: -