



मोतीलाल नेहरू कॉलेज Motilal Nehru College



(दिल्ली विश्वविद्यालय)
(University of Delhi)

संदर्भ : एमएनसी/बीजेएम

Ref. : MNC/BJM/ 2024/1243

Dated: 09.01.2024

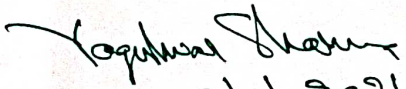
NOTICE

This is for information to all teaching and non-teaching staff who had/are declared/declaring their parents, parents-in-law, widowed sisters, widowed daughters, adult son (unmarried) and adult daughter (unmarried), minor brothers and minor sisters as dependent for availing medical facility and LTC/HTC facility, may please submit the following documents:-

1. Proof of Residence/Stay of dependents
(Copy of Ration Card/Election ID/Pass Port/Bank Pass Book)
2. Proof of Identity of dependents – Copy of Aadhar Card
3. Copy of PAN Card of dependents
4. Copy of bank statement of dependents of all accounts for last 03 years. In case of bank statement generated by online, then it should be duly certified by the bank.
5. Declaration Certificate of Dependency as per Annexure-1
6. Affidavit as per Annexure-2

Dependency: –

- a) Members of family (other than spouse) whose income is less than Rs.9,000/- + DA per month are treated as dependents.
- b) Dependents are normally residing with employee in case of availing medical facility only.


09/11/2024
(Prof. Yogeshwar Sharma)
Officiating Principal

Copy to:

1. College's website
2. Notice Board
3. A.O / S.O (Admin.)

बेनीतो हुआरेज़ मार्ग नई दिल्ली-110021 Benito Juarez Marg, New Delhi-110021

Tel. : (011) 24112604 • Website : <http://www.mlncdu.ac.in>, E-mail : motilalnehru64@gmail.com

DECLARATION CERTIFICATE OF DEPENDENCY

I hereby declare true to the best of my knowledge and belief that the following members is/are solely dependent on me.

S.No.	Name	Relationship	Date of Birth	Age

Their combined monthly income (other than spouse) from all sources including income accruing from house/other immovable property/fixed deposit/pension, is less than Rs.9,000/- + DA. Any false found contrary to my declaration, I am liable for disciplinary proceeding under Discipline and Appeal Regulations in vogue.

Signature of the Employee

Name:.....

Designation:.....

Department:.....

PF No.....

SAMPLE OF AFFIDAVIT

AFFIDAVIT ON Rs. 10/- NON JUDICIAL STAMP PAPER and TO BE ATTESTED BY
MAGISTRATE/NOTARY PUBLIC DECLARATION

I, _____, solemnly affirm and declare as follows:-

1. That I have the following legal dependent(s) whose details is/are as below:-

S.No.	Name	Relationship	Date of Birth	Age

2. (a) That their combined monthly income (other than spouse) from all sources including income accruing from house/other immovable property/fixed deposit/pension etc), is less than Rs 9000/- plus DA and are physically residing with me.

3. That in case of any change in the status of my dependants (due to death, marriage, employment), I will inform to the Principal, Motilal Nehru College at the earliest and will stop use of medical facilities and LTC facility. I will refund in full, the cost of reimbursement of any medical treatment and LTC/HTC claim that my dependent may have received after he/she became ineligible. I shall be liable for civil/criminal action should I fail to do so.

4. (a) That I am NOT a member of any other medical scheme funded by Central Govt, PSU or any other Govt undertaking.

(b) That my spouse is NOT a member of CGHS or any other Govt Scheme.

5. I understand that in case I have submitted any incorrect information, or if any medical card is misused or used by any unauthorised person, my medical facility will be cancelled without any notice or further hearing. In addition, I will forfeit my contribution and I will pay the entire cost of expenditure incurred on such unauthorised person(s). I will also be liable for legal action by the College. I will also immediately report the loss of my medical card to the Principal, Motilal Nehru College.

6. That in case of any tampering with medical bills or attempt to defraud, I will forfeit my medical facility automatically.

VERIFICATION

I, the deponent above named, do hereby solemnly declare and verify that the contents of the above affidavit are true to the best of my knowledge and belief, and nothing material has been concealed or suppressed therefrom.

Verified at (place)-----on this (date)-----day of (Month)-----
Year-----

Signature of Deponent

ATTESTATION

Certified that the above statement is declared before me at (Place)-----on this -----
--day of (Month)-----Year-----by DEPONENT (Name of deponent-----)
who is identified by Name-----S/O-----
(Father's name of Identifier)----- and witnessed by Name-----
-----S/O----- (Father's name of first witness) &
Name----- S/O----- (Father's name of
second witness).

WITNESS

Signature of Witness No.1

Signature of Witness No.2

(Name in Block Capitals)

(Name in Block Capitals)

(Full Postal Address)

(Full Postal Address)

ATTESTED BY MAGISTRATE/NOTARY PUBLIC