

ANNEXURE -XIII

[See Rule 27 (I) (c)] and Rule 29 (I)

Declaration to be signed by the Government Employees

Regarding particulars of a dependant under Rule 3(7) of the Meghalaya Medical Attendance Rules, 2020 as applicable:-

Rules, 2020 as applicable:-

1. In case of PARENTS, please refer to Rule 3 (7) (b)

I declare that Shri/Smti. _____ who
is my (relationship) _____ resides with me at (complete
address) _____ and is wholly dependent on
me financially.

2. In case of CHILDREN, please refer to Rule 3(7)(c)

I declare that Shri/Smti. _____
who is my (relationship) _____ was
born on _____ and that he/she has no income of
his/her own.

3. In case of PERMANENT DISABILITY, please refer to Rules 3 (7) (d)

I declare that Shri/Smti. _____ who
is my (relationship) _____ is
suffering from permanent disability, was born on
_____ and has no
income of his/her own and is wholly dependent on me financially.

4. In case of CHRONIC DISEASES, please refer to Rule 3(7) (e)/Annexure-I

I declare that Shri/Smti. _____ who
is my (relationship) _____ is
suffering from _____ and has no income of his/her own and
is wholly dependent on me financially.

Place:

Date:

Signature of Declarant

Full Name:

Designation:

Office employed:

In case of pensioner: Pension Payment Order (P.)P.O) No _____

Amount of Basic Pension Rs. _____

Signature of Head of Office
(Certifying as per record available in the
Government employee's Service Sheet)

N.B.:Column/paragraph not applicable should be struck off.