भा. प्रौ. सं. मण्डी 175 075 (हिमाचल प्रदेश)

प्रशासनिक फॉमम सं. ADMIN. FORM NO.

IIT Mandi 175 075 (Himachal Pradesh)

**DECLARATION BY PARENTS**

I, Shri / Ms. hereby declare that my income from all sources such as pension/family pension, income from investments, immovable property etc. does not exceed ₹ 9,000/- (plus amount of dearness relief thereon drawn (not due) on the basic pension of ₹ 9,000/-) as on today and I am totally dependent on my son/daughter/son/daughter-in-law Ms./Shri Designation School/Section .

I request that, I be considered as dependent on my son/daughter/daughter-in-law in her/his service records for the purpose of availing LTC & Medical benefits.

PAN: (Photo copy to be enclosed)

UID: If there is no information, please mention Bank A/c No(S): as **‘Not available’**

The above statement is true to the best of my knowledge and belief.

Signature:- Name:-

Date : Address:-

Place:

Signature of two witnesses

(1) Signature: (2) Signature: Name: Name: Address: Address:

Date: Place: Date: Place:

Forwarded to the Registrar for consideration

Signature of Employee (of IIT Mandi) :- Name :-

Designation :-

Department :-