



Himachal Pradesh Power Corporation Limited

(A State Government Undertaking)

Himfed Building, New Shimla-171009

DEPENDENCY CERTIFICATE FOR THE F.Y.

1. Name of the employee (in block letters) :
2. Designation :
3. SAP ID :
4. Level :
5. Section :
6. Pay in Pay Band + Grade Pay :

7. Name of the dependents with relation, age and their occupation:

Sr. No.	Name of Dependent	Relation	Age	Occupation
i)				
ii)				
iii)				
iv)				
v)				
vi)				

8. Monthly Income from land holding, if any
9. Permanent Address:
.....
.....
10. Residential address of the parents where they are presently residing:
.....
.....
11. Monthly Income of parents, if any:
12. Residential address of the Govt. Servant at his place of duty:
.....
.....
13. If dependent, i.e. husband and wife both are employed then:
 - a). Name of the spouse Shri./ Smt.....
 - b). Designation and department with full postal address:
.....
.....
 - c). Name of the spouse who will claim the medical charges in respect of self and dependents:
.....

NOTE: DDO Certificate is required to be submitted whether or not, employed husband/ wife is claiming any medical bill reimbursement or fixed medical allowance for himself/ herself and his/ her family.

I hereby declare that family members declared as dependents in this certificate are true to the best of my knowledge and nothing has been kept concealed therein.

Signature:

Dated :

Place :