Form No.: CMS 03

## Office of CONTRIBUTORY MEDICAL SCHEME IIEST, Shibpur, Howrah

## DEPENDANT'S INCOME AND RESIDENCE

Employee's Declaration:
I have understood that for availing medical facilities under CGH Scheme, parents, sisters, widowed sisters, widowed/divorced/separated daughters, brothers, step-mother and children shall be deemed to be dependent on the Government servant if they are normally residing with him and their income from all sources including pension and pension equivalent of DCRG benefit/family pension, does not exceed Rs. 3,500 plus amount of dearness relief thereon drawn as on the date of consideration.
I do hereby declare that none of my dependant's income from all sources exceeds the amount mention above on 01.09.2015.
I do here by declare that the moment the 'income' will exceed the stipulated amount, I will immediately communicate the Chairman, CMS, in writing.
I do also declare that my dependant/s is/are normally residing with me.
(Signature of the employee)
Name :

Department:

Date :