OFFER OF APPOINTMENT TO THE SELECTED CANDIDATES FOR THE POST OF SENIOR RESIDENTS IN ABVIMS & DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

Based on the Screening Test (Written Examination) held on 21.09.2025 followed by assessment from 06.10.2025 to 08.10.2025, on the recommendation of the Selection Committee, the appointing authority has selected Senior Residents on a regular basis for various department of this Hospital.

1 The Performa of Offer of Appointment (Memorandum) is at Annexure –A.

2 The list of selected candidates to whom the offer of appointment is made along with and list of waitlisted candidates is at Annexure – "B"

3 The last date of joining is 05.11.2025.

4 The letter of acceptance of offer is at Annexure –C.

5 The selected candidates can download the offer of appointment from the Hospital web-site *(www[dot]rmlh[dot]nic[dot]in)*, as per names mentioned at Annexure B, and bring it at the time of joining / reporting. All original documents to be brought by the selected candidate at the time of joining / reporting, is mentioned in the offer of appointment (Annexure A).

6 Candidate should bring six (06) passport size photographs (02 duly attested by a Gazetted Officer in the white background).

7 Candidate should submit character certificates duly attested by two different Gazetted Officers (Annexure –D) at the time reporting for joining.

8 Reporting time for joining is at 09.30 a.m. in the Office of the Administrative Officer, H.A.II Section, at Room No. 223, 2nd Floor, old Doctor's Hostel Building, Dr. RML Hospital, New Delhi on all working days.

9 Candidates should bring Attestation forms (Annexure – E) duly filled at the time of joining along with Identity Certificate which should be duly attested by appropriate authority.

ANNEXURE-A

भारत सरकार / GOVERNMENT OF INDIA
डॉ राम मनोहर लोहिया अस्पताल,
अटल बिहारी वाजपयी आयुर्विज्ञान संस्थान, नई दिल्ली
DR. RAM MANOHAR LOHIA HOSPITAL,
ATAL BIHARI VAJPAYEE INSTITUTE OF MEDICAL SCIENCES, NEW DELHI - 110001

HA-II-11022/1/2023-HA-II Section-Dr. RMLH / 1615 **Dated:** 21 / 10 **/2025**

MEMORANDUM

On the recommendation of the Selection Committee, A.B.V.I.M.S. & Dr. Ram Manohar Lohia Hospital, New Delhi the undersigned hereby offer **Dr. _____ (Name of Doctor – as per list)** the post of **Senior Resident (_____) on temporary basis**. The candidate will be placed in the **Pay Scale Rs. 67,700-208,700/- with basic pay Rs. 67,700/- at entry level of Pay Matrix Level 11**. The initial pay will be fixed as per Revised Pay Rules 2016 as per Ministry of Finance Notification dated 25.07.2016 (para 8) and OM No. 1-5/2016-IC dated 29.07.2016 in this regard. The allowances as applicable will be paid.

2. **Terms and conditions of appointment:**

a) The appointment is subject to his/her being declared medically fit by the competent authority and subject to verification of his/her character and antecedents.

b) The appointment is also subject to submission of marriage declaration and taking the oath of allegiance/faithfulness to the Constitution of India.

c) The appointment will be further subject to the production of Original Degree/Diploma certificates of educational and other technical qualifications, proof of date of birth, DMC /DDC registration certificate and caste / community / disability certificate, wherever applicable.

d) Accommodation whatever available will be provided on payment of prescribed rent. Boarding and lodging in the hospital premises is compulsory, subject to availability.

e) Appointment will be governed by the Central Civil Services (Temporary Service) Rules 1965 and other relevant rules and orders in force from time to time.

f) No TA/DA etc. will be allowed/paid for joining the post or for appearing before the competent authority for Medical Examination.

g) No Private practice whatsoever will be allowed.

h) He/she will be on probation for a period of one year. During this period his/her services are liable to be terminated at any time without assigning any reason(s), and after the completion of the probationary period and extension of the terms of appointment, by a month's notice given by the either side. The appointing authority reserves the right of termination the services of the appointee on or before the expiry of the stipulated period of notice by making payment to him/her a sum equivalent to the pay and allowances for the period of notice of the unexpired portion thereof and vice-versa.

i) The tenure of Senior Resident is for three (03) years including any service rendered as Senior Resident earlier on ad-hoc/regular basis in any other institution. The appointment will be initially for a period of one year, which can be extended for a total period of three years on annual basis, subject to the satisfactory work and conduct report from the concerned HOD.

j) Other service conditions will be applicable as per service condition prescribed from time to time by Government of India.
k) Inter hospital/ Inter Institutional transfer shall not be permitted.
l) He/she will not be allowed to apply for any post outside till completion of one year service.
m) He/she will have to bring two passport size photos duly attested by a Gazetted officer.
n) All relevant original documents regarding age, caste/community/disability, academic qualifications and DMC/DDC registration certificate will have to be produced at the time of joining.
o) He/she has to submit the service-cum-experience certificate for the previous service/s rendered as Senior Resident on regular/ad-hoc at any other organization.
p) He/she is liable to be posted to the casualty/emergency department/any other department for the period as decided by the competent Authority.

3. If the post is acceptable to him/her on the above terms and conditions, he/she should communicate his/her acceptance and report to the undersigned immediately but not later than **02.11.2025**. If no reply is received or he/she fails to report for joining by the prescribed date, the offer of appointment will automatically be treated as cancelled without any further correspondence on the presumption that he/she is not interested in the above appointment and the same may be offered to wait-list candidate.

OFFICER I/C ACADEMIC
FOR MEDICAL SUPERINTENDENT
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

To

As per List (Annexure-B)

ANNEXURE 'B'

FINAL RESULT FOR THE POST OF SENIOR RESIDENT (NON-ACADEMIC) ON REGULAR BASIS

DENTAL SELECTED CANDIDATES				
S. No.	**Name of Candidate**	**Roll No.**	**DOB**	**Category**
1	SAHIL DHINGRA	25038	170997	UR
2	SAKSHI LOHIA	25039	060694	UR
3	ALAGESWARAN VIGNESH S	25081	301094	OBC
DENTAL WAITLISTED CANDIDATES				
1	SHWETA TURKIA	25072	120596	OBC
2	POOJA JAIN	25001	130996	UR
3	AMITESH BHARGAVA	25026	051285	UR
ANAESTHESIA SELECTED CANDIDATES				
S. No.	**Name of Candidate**	**Roll No.**	**DOB**	**Category**
1	ANKITA	25172	020894	UR
2	ARIJIT BISWAS	25175	140994	UR
3	AMANPREET KAUR	25161	270994	UR
4	MUKESH KUMAR	25152	170192	UR
5	DIVYA JYOTI	25162	291092	UR
6	TISHYA MAD*N	25149	110393	UR
7	AKANKSHA NANDA	25145	110395	UR
8	DEEPIKA PANDIT	25141	040491	UR

9	DIVYA TANWAR	25148	201096	UR
10	ANJALI SHUKLA	25146	171095	UR
11	VAISHALI	25150	241095	SC
12	AIMAN MONAF	25151	030195	UR
13	NITIN BAGRI	25170	140793	SC
14	NUPOOR	25153	280394	OBC
15	DEVESH KUMAR	25174	110193	OBC
16	PRATIMA	25165	270495	OBC
17	NADA HABIB UR REHMAN	25154	070692	OBC
18	SUMAN SINGHA	25167	100293	UR
19	SUPRIYA	25171	060493	OBC
20	HOMA FATIMA	25168	040390	UR

SURGERY SELECTED CANDIDATES

S. No.	Name of Candidate	Roll No.	DOB	Category
1	NIDHI SAHAY	25284	271095	UR
2	BENAZEER HENA MOHAMMAD	25276	081097	UR
3	ARINDAM MANDAL	25278	281095	SC
4	RIMA MONDAL	25275	280397	SC
5	SRISHTI GUPTA	25274	070793	UR
6	KUMAR AISHWARYA	25280	080193	UR
7	PRASHANT BALANI	25273	290891	UR
8	NIKHIL ANAND	25287	280494	SC

ORTHOPEDICS SELECTED CANDIDATES				
S. No.	**Name of Candidate**	**Roll No.**	**DOB**	**Category**
1	RAHUL GUPTA	25179	051194	OBC
2	SHUBHAM KUMAR	25176	010696	OBC
ORTHOPEDICS WAITLISTED CANDIDATES				
1	AKHILESH KUMAR SHARMA	25180	310796	OBC
2	RAHUL KUMAR	25186	071294	OBC
ENT SELECTED CANDIDATES				
S. No.	**Name of Candidate**	**Roll No.**	**DOB**	**Category**
1	PRIYANKA SHARMA	25095	060395	UR
ENT WAITLISTED CANDIDATES				
1	SHIVANI SINGH	25090	210794	UR
NEONATOLOGY SELECTED CANDIDATES				
S. No.	**Name of Candidate**	**Roll No.**	**DOB**	**Category**
1	MANSI LAL	25240	301094	UR
2	RUCHI SINGH	25235	190992	UR
4	POOJA DABAS	25239	240894	UR
OBSTETRICS & GYNAECOLOGY SELECTED CANDIDATES				
S. No.	**Name of Candidate**	**Roll No.**	**DOB**	**Category**
1	SANA AHMED	25120	241193	UR
2	NIRUPAMA GUPTA	25135	060197	UR
3	SANCHAITA MITRA	25132	261295	UR
4	NIKITA	25116	071196	UR

	SHARMA			
5	SANGEETA KUM*RI	25127	090897	UR
6	UPASANA GAUTAM	25129	010195	SC
7	ABHILASHA SAHIL	25106	140996	UR
8	ILA	25131	010797	SC
9	ANKITA DAS	25128	230795	SC
10	FAKHIRAH ZARNAIN	25133	010196	ST
OBSTETRICS & GYNAECOLOGY WAITLISTED CANDIDATES				
1	AMRITA KESARWANI	25110	131095	UR
2	AMRITA PATEL	25121	020392	UR
3	TANYA MALHOTRA	25134	210797	UR
4	ROOHAT PARVEEN	25117	200393	UR
5	TANUSHREE AGRAWAL	25109	111293	UR
RADIOLOGY SELECTED CANDIDATES				
S. No.	**Name of Candidate**	**Roll No.**	**DOB**	**Category**
1	ROHAN CHAUBE	25267	240695	UR
2	KRITI KUNDU	25257	011095	UR
3	LAXITA BISHT	25264	240392	UR
4	KULDEEP KUMAR SINGH	25266	221291	SC
PSYCHIATRY SELECTED CANDIDATES				
S. No.	**Name of Candidate**	**Roll No.**	**DOB**	**Category**
1	GUNJAN	25244	130198	UR

	CHADHA			
2	GANDHRAV DUA	25245	020997	UR
PSYCHIATRY WAITLISTED CANDIDATES				
3	BAVNEET	25248	201194	UR
4	SHREYASHI KONER	25252	190796	UR
OPHTHALMOLOGY SELECTED CANDIDATES				
S. No.	**Name of Candidate**	**Roll No.**	**DOB**	**Category**
1	ABHYUDAY SAXENA	25209	300797	UR
2	TWINKLE GUPTA	25204	041196	UR
3	BHAVNEET KAUR	25197	040397	SC
4	PRINCE ABU AAMIR	25200	060996	UR
OPHTHALMOLOGY WAITLISTED CANDIDATES				
1	ANU	25198	051296	UR
2	SAMAPIKA PRIYADARSINI TRI	25193	250895	UR
3	FAYKA MOHI UD DIN WANI	25191	070494	UR
4	KRITIKA	25211	190396	SC
BIOCHEMISTRY SELECTED CANDIDATES				
S. No.	**Name of Candidate**	**Roll No.**	**DOB**	**Category**
1	PRASANT KUMAR	25298	010790	OBC
MEDICINE SELECTED CANDIDATES				
S. No.	**Name of Candidate**	**Roll No.**	**DOB**	**Category**
1	AVNI GOYAL	25289	210796	UR

2	VISHWANATH TYAGI	25292	151195	UR

PMR SELECTED CANDIDATES

S. No.	Name of Candidate	Roll No.	DOB	Category
1	GAURAV GOEL	25136	090995	UR
3	KIRAN KUMARI	25140	201092	OBC

DERMATOLOGY SELECTED CANDIDATES

S. No.	Name of Candidate	Roll No.	DOB	Category
1	PRIYANKA GOUTAM	25297	251097	SC

DERMATOLOGY WAITLISTED CANDIDATES

2	VIJAY RAM	25295	251296	SC

PEDIATRICS SELECTED CANDIDATES

S. No.	Name of Candidate	Roll No.	DOB	Category
1	TRIPTI MISHRA	25220	110296	UR
2	SHILPI CHAUHAN	25229	010195	OBC
3	LIKHITHA P	25223	130397	UR
4	SAMRAT CHIRAG SINGH	25219	120295	OBC
5	PRAVEEN KUMAR BARALA	25230	281195	SC
6	ARCHANA S	25222	220595	OBC
7	SHIKHA SACHAN	25215	211095	OBC

PEDIATRICS WAITLISTED CANDIDATES

1	LAKSHAY DAYAL	25221	171197	SC

ANNEXURE - C

Affix recent passport size photograph

To

The Director & Medical Superintendent
A.B.V.I.M.S. & Dr. RML Hospital,
New Delhi – 110001

Sub: Acceptance of Offer of Appointment on a regular basis.

Sir,

With reference to the offer of appointment / memorandum No. **No.HA-II-11022/1/2023-HA-II Section-Dr. RMLH/_____ dated _____** for the post of **Senior Resident (_____)** on a regular basis, I hereby submit my acceptance to the aforesaid post on the terms and conditions mentioned in the said offer / memorandum

Dated:_____

Yours faithfully,

(DR.)

R/o _____

_____

_____

Adhar No. _____

Mobile No. _____

Email ID. _____

ANNEXURE - D

CHARACTER CERTIFICATE

Certify that Dr. _____ son/daughter of Shri _____ is known to me very well for the last two years and to the best of knowledge and belief, he/she bears a reputable character, and has no antecedent which render him/ her unsuitable for Government employment.

Dr. _____ is not related to me.

Signature_____

Designation_____

Stamp_____

CHARACTER CERTIFICATE

Certify that Dr. _____ son/daughter of Shri _____ is known to me very well for the last two years and to the best of knowledge and belief, he/she bears a reputable character, and has no antecedent which render him/ her unsuitable for Government employment.

Dr. _____ is not related to me.

Signature_____

Designation_____

Stamp_____

Annex' E'

ATTESTATION FORM

WARNING : THE FURNISHING OF FALSE INFORMATION OR SUPPRESSION OF ANY FACTUAL INFORMATION IN THE ATTESTATION FORM WOULD BE A DISQUALIFICATION, AND IS LIKELY TO RENDER THE CANDIDATE UNFIT FOR EMPLOYMENT UNDER THE GOVT.

Affix signed passport size (5 cm x 7 cm copy of recent photograph)

2. If detained, arrested, prosecuted, bound down, fined, convicted, debarred, acquitted, etc. Subsequent to the completion and submission of this form,, the details of communicated immediately to the authorities to whom the attestation form has been sent earlier, falling which it will be deemed to be a suppression of factual information.

3. If the fact that false information has been furnished in the Attestation Form ,comes to notice at any time during the service of a person, his services would be liable to be terminated.

1.	Name in full (in block capitals letters) with aliases, if any (Place indicate if you have added or dropped in any stage any part of your name of surname.	
2.	Present address in full (i.e. Village, Thana and Distt. Or House No., Lane / Street Road and Town)	
3.	(a) Home address in full (i.e. Vill., Thana and Distt. Or House No., Lane / Street / Road and Town have of Distt. Hqr.	
	(b) If originally a resident of Pakistan / Bangladesh (erstwhile East Pakistan), the address in that country and the date of migration to Indian Union.	

4. Particulars of places (with period of residence) where you have resided for more than one year at a time during the preceding five years. In case of stay abroad (including Pakistan), particulars of all places where you have resided for more than one year after attaining the age of 21 years should be given.

From	To	Residential address in full (i.e. Village, Thana & District or House No. & Street / Road and Town	Name of the District Hqtr., of the place mentioned in the preceding column

5.	Name (in full & aliases, if any)	Nationality (by Birth & or by domicile)	Place of birth	Occupation (if employed give designation & official address.)	Present postal address (if dead, give last Address)	Permanent Home Address
i) Father (Name in Full) ii) Mother iii) Wife/Husband iv) Brother(s) v) Sister(s)						

5. (a) Information to be furnished with regard to sons and / or daughters in case they are studying / living in a foreign country.

Name Nationality which (By Birth and / Or by Domicile)	Place of Birth	Country in which studying / studying / living with Full Address	Date from which Studying / Living in the country mentioned in the previous column

6. Nationality :

7. (a) Date of Birth :
   (b) Present Age :

(c) Age at matriculation :

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8. (a) Place of Birth, Distt., and State in which situated :
   (b) Distt. And State to which You belonged :
   (c) Distt. And State to which you Father originally belong :

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9. (a) Your religion :
   (b) Are you a member of a SC/ST ? Answer Yes or No :

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10. Educational qualification showing place of education with years in schools and colleges since 15th years of age.

Name of School/College with Full Address	Date of Entering	Date of leaving	Examination passed

11. (a) Are you holding or have any time held an appointment under the Central Govt. or State Govt. or a quasi-Govt. body or an Autonomous body or a public undertaking, or a private firm or institution? If so, give full particulars with dates of employment up to date				
Period		Designation, emoluments & Nature of employment	Full name / address of	Reasons for leaving previous service
From	To			

(b) If the previous employment was under the Govt. of India / State Govt./an undertaking owned or Controlled by the Govt. of India or a State Govt. an Autonomous Body / University / Local Body, if you had left service on giving one month's notice under Rule 5 of the Central Service (temporary service) Rules 1965 or any similar corresponding rules or where any disciplinary proceeding framed against you, or had you been called upon to explain you conduct in any matter at the time you give notice of termination of service or at a subsequent date (s) before your service.

12. (a) Have you ever been arrested ? Yes/No
(b) Have you ever been prosecuted? Yes/No
(c) Have you ever been kept under detention? Yes/No
(d) Have you ever been bound down? Yes/No
(e) Have you ever been fined by a Court of Law? Yes/No
(f) Have you ever been convicted by a Court of law for any offence ? Yes/No

(g) Gave you ever been debarred from any Examination or restricted by any University or any other educational authority / institution ? Yes/No

(h) Have you ever been debarred / disqualified by any Public Service Commission / Staff Selection Commission for any of its examination / selection? Yes/No

(i) Is any case pending against you in any Court of Law at the time of filling up this Attestation Form ? Yes/No

(j) Is any case pending against you in any University or any other educational authority/institution at the Yes/No

time of filling up this Attestation Form ?

(k) Whether discharged / expelled / withdrawn From any training / institution under the Government or otherwise ? Yes/No

(ii) If the answer to any of the above mentioned question is "Yes" (give full particulars of the case / arrest / detention / fine / conviction / punishment, etc. and /or the nature of the case pending in the Court / University / Educational Authority, etc. at the time of filling up this Attestation Form.

NOTE: i) Please also see the "Warning" at the top of this Attestation Form.
ii) Specific answers to each of the questions should be given by striking out "Yes" or "No" as the case may be.

13. Name of two responsible persons of your locality or two references to whom you are known.

1. 2.

I certify that the foregoing information is correct and complete to the best of my knowledge and belief. I am not aware of any circumstances which might impair my fitness for employment under Government.

Signature of the Candidate

Place:

Date :

IDENTITY CERTIFICATE

(Certificate to be signed by any of the following)

i. Gazetted Officer of Central Government or State Govt.
ii. Members of Parliament or State Legislative belonging to the constituency where the candidate or his parent / guardians ordinarily resident.
iii. Sub-Divisional Magistrate /Officers.
iv. Tehsildars or Naib Deputy Tehsildars authorized to exercise magisterial power .
v. Principal / Headmaster of the recognized School/College/Institution where the candidate studied last.
vi. Post Masters
vii. Block Development Officer
viii. Panchayat Inspectors.

Certified that I have known Shri / Smt./Kum._____ _____ Son / Daughter of Shri_____ _____for the last _____Years_____ months and that to the best of my knowledge and belief the particulars furnished by him / her are correct.

Signature
Designation or Status & Address

Place:
Date :

TO BE FILLED BY OFFICE

i) Name, Designation and Full Address of the appointment authority

ii) Post for which the candidate is being considered.

I Mr./Mrs/Miss/Dr._____ declares as under that:

1. I am unmarried/ Widower/ Widow.
2. I am married and have more than one wife living.
3. Application for grant of permission is enclosed.
4. I am married and have only one wife living.
5. I am married and my husband has no other living wife to the best of my knowledge.
6. I am married and during that time of my spouse I have grant of exemption is enclosed.
7. I have contracted a marriage with a person who has already one wife or more living application for grant of exemption is enclosed.
8. I solemnly affirm that the above declaration is true and I understand that in the event of the declaration being found to be incorrect after my appointment, I shall be liable to dismiss from the service.

Dated, the_____ Signature_____

NOTE: Please delete clause not applicable. Applicable in the case of clause 1.2.3.4 only, vide ministry of Home Affairs OM No. 25/35/80/Estb.) dated 09.01.1960.

(OATH)

I Dr._____ do swear that I will be faithful and bear the allegiance to the Constitution of India as be established and I will carry out my duties with loyalty, honesty and impartiality.

So help me God.

Signature

Designation: Senior Resident ( )

tested

Officer In Charge (Academic)

DECLARATION AND UNDERTAKING

I, Dr. _____ hereby solemnly affirm and declare that I have done the following period of service as Senior Resident in a Government Institution prior to joining the Dr. Ram Manohar Lohia Hospital.

Name of Institution	Designation	Duration of Tenure (From....to ....)	Total Period
1.			
2.			
3.			

Total Period of Service rendered as SR before joining RML Hospital.

, hereby declare that the above information is correct and I am liable for disciplinary action, f this in formation is found incorrect anytime at a later stage.

also understand that this above period of service as Senior Resident will be counted towards e total duration of Senior Residency of 3 year tenure.

(Dr. _____)

Designation _____

Deptt. _____

Date of Joining in RML Hospital: _____

Service to which the officer belongs _____ Appointment for the year _____

Present Post Held Senior Resident _____

Name of District Division town In which property Is situated	Name and detail of property housing other lands buildings	Present Value	If not in own name state in whose name held & his/her relationship to Govt. Servant	Prop	REMARK

In case where it is not possible to value accurately the approximate value in relation o present condition may be mentioned.

cluding short term lease also.

Signature, Name & Designation

Date: _____

HOME TOWN DECLARATION

[OM No. 43/15/57-Estts. (A) dated 24-6-1958]

I, _____ hereby declare that my home town is at the place as shown below for the purpose of availing my self of the Travel Concession as notified in the Govt. of India, Ministry of Home Affairs, New Delhi O.M. No. 43/1/55/Estts - (A) Part-II dated 11-1-1956 conveyed vide Secretary (Finance) to the Delhi Administration endorsement No. F 13(3) / 54 / Finance dated 22-12-1956.

Name of State	Name of the District	Name of the Village	Name of the Railway station	Remarks
1.	2.	3.	4.	5

Signature of the Govt. Servant

mination by _____

ignation _____

e of receipt of nomination _____

Signature of Head of Office

Date _____

Designation _____

FORM 3
[See rule 54 (12)]
Details of Family

1. Name of the Government servant
2. Designation
3. Date of birth
4. Details of the members of family as on----------:

S. No	Names of the members of family	Date of birth	Relationship with the officer	Marital status	Remarks	Dated signature of Head of Office
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

I hereby undertake to keep the above particulars up-to-date by notifying to the Head of the Office any addition or alteration.

Signature of Government servant

Place :

Date :

Note 1. – The original Form submitted by the Government. servant is to be retained. All additions/alterations are to be recorded in this Form under the signature of Head of Office in Col 7. No new Form will substitute the original Form. However, the retiring Government. servant should submit the details of family afresh along with Form 5.

Note 2. – The details of spouse, all children and parents (whether eligible for family pension or not) and disabled siblings (brothers and sisters) may be given.

Note 3. – The Head of Office shall indicate the date of receipt of communication regarding addition or alteration in the family in the 'Remarks' column. The fact regarding disability or change of marital status of a family member should also be indicated in the 'Remarks' column.

Note 4. - Wife and husband shall include judicially separated wife and husband.

1. I, Dr. ..... department of .....

hereby declare that family detail as mentioned in FORM 3 under rule 54 (12) is correct in my knowledge and same are dependent/not dependent (except Sl. No. .....) on me.

2. It is also declared that monthly income of my dependent family members are below/more than **Rs. 9,000/- (Rs. Nine thousand only).**

3. All dependent family members are residing/not residing with me.

Signature of Government Servant

Dated :

Place :

LTC

Name of the Government Servant.....

Designation.....

Date of Birth.....

Date of appointment.....

Details of the members of family.....

Sr No.	Name of the members of family*	Date of birth	Relationship with the officer	Initials of Head of Office	Remarks
1	2	3	4	5	6

I hereby undertake to keep the above particulars up-to-date by notifying to the Head of office any addition or alteration.

Place.....

Dated the.....

Signature of government servant

*Family for this Purpose means and includes (As per LTC Rules)

1. Husband/Wife and two surviving unmarried children of stepchildren wholly dependent on the Govt. servant.
2. Dependent Parents/Step Mother
3. Dependent Children (irrespective of age)
4. Dependent widowed/Divorced /Separated daughter
5. Unmarried Minor brothers/sisters wholly dependent on the Govt. servant

Accepted By

Signature of Head of Office

Date.....

FOR THE PURPOSE OF C.G.H.S. BENEFITS

Name of the Government Servant.....

Designation.....

Date of Birth.....

Date of appointment.....

Details of the members of family.....

Sr No.	Name of the members of family*	Date of birth	Relationship with the officer	Initials of Head of Office	Remarks
1	2	3	4	5	6

I hereby undertake to keep the above particulars up-to-date by notifying to the Head of office any addition or alteration.

Place.....

Dated the.....

Signature of government servant

- Family for this purpose means and includes (As Per CGHS Rules)
  1. Husband/Wife
  2. Dependent Parents
  3. Parents-in low or parents (for female Govt. servants) at her option
  4. Dependent Children (irrespective of age)
  5. Sons suffering from permanent disability
  6. Widowed/Divorced/Separated daughters
  7. Unmarried/widowed sisters
  8. Dependent brothers
  9. Step- Mother