

INDIAN COUNCIL OF MEDICAL RESEARCH

NO.19/11/2006-Admn.I

Dated: 17/11/2017

OFFICE ORDER


Subject:- Declaration of income limit and residence of parents(s) for availing facilities to claim LTC and Medical facilities

As per rule, the subject matter has been reviewed and it has been decided that a self-declaration from all the employees shall be obtained for this purpose in the enclosed format.

2. The declaration is to be submitted by the employees in every calendar year on or before 31st January or as and when there is any change in the status of their dependents, whichever is earlier.

3. All employees shall furnish the declaration in this regard in the attached format regarding dependency of their parents to claim their LTC and Medical facilities every calendar year on or before 31st January. They are also directed to mention the residential address and the income of their parents from all sources in the declaration form to avoid the future complications. **The declaration in respect of medical reimbursement may kindly be submitted to Medical Cell, ICMR, Hqrs. Office and the declaration of dependency of parents to claim LTC may be submitted to Admn.I**

The Information should be sent separately in the attached format i.e. medical reimbursement and LTC claim


(B.P. Singh)
Sr. Administrative Officer
For Director General

DISTRIBUTION

All Section/Division
Notice Board

Copy to:-

- ✓ 1. Chief Division of BIC may kindly put this order of ICMR website
2. Section Officer, Medical Cell

DECLARATION FOR LTC

Subject:- Declaration regarding income limit and the residence of parent(s) for availing facilities to claim LTC for every calendar year

I _____ hereby declare that Dr./Shri/Smt./Ms. _____ is/are my dependent parent(s) they are normally residing with me at my residential address _____ and their income from all sources is not more than Rs.9000/-p.m. plus amount of dearness relief accordingly is/are eligible for availing facilities under LTC.

Signature of Government employee

Name _____

Designation _____

Dated: 17/11/2017

DECLARATION FOR MEDICAL CLAIM

Subject:- Declaration regarding income limit and the residence of parent(s) for availing facility to claim medical reimbursement for every calendar year

I _____ hereby declare that Dr./Shri/Smt./Ms. _____ is/are my dependent parent(s) they are normally residing with me at my residential address _____ and their income from all sources is not more than Rs.9000/-p.m. plus amount of dearness relief accordingly is/are eligible for availing facilities under CGHS.

Signature of Government employeè

Name _____

Designation _____

Dated: 17/11/2017