

**DECLARATION OF DEPENDENCY OF FAMILY MEMBERS FOR THE
PURPOSE OF MEDICAL REIMBURSEMENT UNDER
GOVERNMENT OF MIZORAM.
(To be resubmitted for every claim)**

I hereby state that Mr/Mrs _____
aged _____ who is my _____ (relationship) is wholly dependent upon
me and was already declared as my family member in the Details of family under Section
4 (1) of CS (MA) Rules 1944. I also certify that his/her income per month does not
exceed ₹ 9000 + DR and he/ she is not a retired government servant.

The above declaration is made to the best of my belief and I shall be
held responsible for any false declaration.

(_____)

Government Servant.

I consider that the declaration made above is acceptable.

(_____)

Controlling Officer.