



भारतीय विदेश व्यापार संस्थान

(मानित विश्वविद्यालय)

बी-21, कुतुब इंस्टीटयुशनल एरिया, नई दिल्ली-110016

INDIAN INSTITUTE OF FOREIGN TRADE (Deemed to be University)

B-21, Qutub Institutional Area, New Delhi – 110016

DECLARATION OF DEPENDANCY CERTIFICATE

1. _____ R/O _____ DO HEREBY SOLEMNLY
DECLARE AND AFFIRM AS UNDER:

- CERTIFIED THAT MY WIFE / HUSBAND IS NOT EMPLOYED; OR
- THAT MY WIFE / HUSBAND IS EMPLOYED IN _____ AT
_____ AND SHE / HE IS NOT AVAILING OF / WILL NOT AVAIL OF
ANY MEDICAL FACILITIES PROVIDED BY HER / HIS EMPLOYER DURING APRIL, 2021 –
MARCH 2022;
- I WISH TO BE GOVERNED BY THE MEDICAL RULES OF MY WIFE / HUSBAND'S
OFFICE AND NOT OF THE INSTITUTE;
- THE INCOME OF MY PARENTS WHO RESIDE WITH ME AND WHO ARE DEPENDENT
ON ME DOES NOT EXCEED RS.9,000/- PER MONTH. I UNDERTAKE THAT I SHALL
INFORM THE INSTITUTE ONCE MY DEPENDENT IS /ARE EARNING MORE THAN RS
9,000/-PER MONTH OR THEY ARE MARRIED OR THEY HAVE ATTAINED THE AGE OF
25 YEARS AT ANYTIME DURING THE FINANCIAL YEAR

THE AGE OF 25 AT ANY TIME TO FINANCIAL YEAR.

- THE DETAILS OF DEPENDENTS ARE GIVEN BELOW:

S. NO.	NAME OF THE DEPENDENT	RELATIONSHIP	D.O.B.	MARITAL STATUS

SIGNATURE _____

NAME _____

PLACE: _____

DESIGNATION _____

DATE: _____

SECTION / DIVISION _____

**SAO(E) FOR SERVICE BOOK RECORDS
DFO (FOR REIMBURSEMENT OF CLAIMS)**