



**भारतीय प्रौद्योगिकी संस्थान भुवनेश्वर**  
**INDIAN INSTITUTE OF TECHNOLOGY BHUBANESWAR**

**आईआईटी बीबीएस से एल टी सी/मेडिकल/ सी ई ए लाभ प्राप्त करने के लिए परिवार के सदस्यों की घोषणा**  
**Declaration of Family Members for availing LTC/Medical/CEA benefits from IIT BBS**

1. I ----- hereby declare that the following members of my family are wholly dependent on me:

| क्रमांक<br>SL   | नाम (साफ अक्षरों में)<br>Name ( in Block Letter) | जन्म तिथि<br>DOB | संबंध<br>Relation   | वैवाहिक स्थिति<br>Marital Status | पेशा और सभी स्रोतों से प्राप्त औसत मासिक आय<br>Occupation and Avg. monthly income source from all sources | संस्थान द्वारा उपलब्ध कराई जाने वाली सुविधाएं। कृपया लागू विकल्प चुनें/काट दें।<br>Facilities to be availed from the Institute. Please select (v) /strike through, as applicable |
|---|--|------------------|---------------------|----------------------------------|---|--|
| 1.  |  |                  | स्वयं/ Self         |                                  | NA  | LTC __ , Medical __  |
| 2.  |  |                  | पत्नी/पति<br>Spouse |                                  |   | LTC __ , Medical __  |
| <b>3 बच्चे/ Children</b>  |  |                  |                     |                                  |   |  |
| a.  |  |                  |                     |                                  |   | LTC __ , Medical __ , CEA__  |
| b.  |  |                  |                     |                                  |   | LTC __ , Medical __ , CEA__  |
| <b>4. माता-पिता/ Parents</b>  |  |                  |                     |                                  |   |  |
| a.  |  |                  |                     |                                  |   | LTC __ , Medical __  |
| b.  |  |                  |                     |                                  |   | LTC __ , Medical __  |
| <b>5. सास - ससुर/ Parents in Law (in lieu of parents for Medical Facilities only)</b> |  |                  |                     |                                  |   |  |
| a.  |  |                  |                     |                                  |   | Medical __   |
| b.  |  |                  |                     |                                  |   | Medical __   |
| <b>6. भाइयों और बहनों / Brothers &amp; Sisters</b>                                    |  |                  |                     |                                  |   |  |
| a.  |  |                  |                     |                                  |   | LTC __ , Medical __  |
| b.  |  |                  |                     |                                  |   | LTC __ , Medical __  |

2. I further declare that the income from all source of each family member mentioned above (other than spouse) does not exceed Rs. 9000/- plus amount of DA /DR thereon per month.

3. Having gone through the Definitions of Family mentioned overleaf, I do hereby submit that the family members declared by me as above are true to the best of my knowledge; and if any false/misrepresentation is found by the Institute, I shall be liable to disciplinary actions.

4. In the event of any change in status of any of the above mentioned family member(s), which affects their eligibility, I shall inform the concerned Establishment Section, IIT Bhubaneswar, immediately about the same.

**5. Definition of family:**

| Relation        | Special Remarks for availing LTC Benefit   | Special Remarks for availing Medical Benefit   |
|-----------------|--|--|
| Spouse:         | If employed, joint declaration as per format to be submitted in lieu of this Declaration Form.   |  |
| Son & Daughter: | a) Two surviving unmarried children whether they are residing with the employee or not.<br>b) Married daughters who have been divorced, abandoned or separated from their husbands and widowed daughters residing with the employee. | a) Unmarried Son till he starts earning or attains age of 25 years, whichever is earlier.<br>b) Son suffering from Permanent Disability irrespective of age limit.<br>c) Daughter till she starts earning or gets married whichever is earlier.<br>d) Widowed daughters and divorced/ separated daughters Irrespective of age limit. |
| Brother:        | Unmarried minor brothers.  | a) Minor brother(s)- Up to the age of becoming a major.<br>b) Permanent disabled brother - Irrespective of age limit.  |
| Sister:         | Unmarried, divorced, abandoned, separated from their husbands or widowed sisters residing with and wholly dependent on the employee, provided their parents are either not alive or are themselves wholly dependent on the employee. | Sisters including unmarried/ divorced/ abandoned or separated from husband/ widowed sisters – irrespective of age limit.   |
| Parents:        | Irrespective of whether they are residing with the employee or not.  | Either Parents or Parents in Law but not both. Option exercised can be changed only once during entire service period.   |
| Parents in Law: | Not eligible   |  |

**6. Definition of Dependency:**

A member of the family is treated as dependent only if his/her income from all sources is less than 9000/- with admissible DA/DR per month on the date of consideration of claim. The condition of dependency both in the case of husband or wife of the employee has been dispensed with.

**7. Eligibility for availing CEA:**

- Two eldest surviving children with no min age. Admissible 03 classes before class 01<sup>st</sup> to 12<sup>th</sup> class and initial 02 yrs of Diploma/ certificate course in Polytechnic/ITI/Engineering College after 10th (if not granted in 11th & 12th).
- Upper age limit for Divyang children- 22 yrs and others -20 yrs or 12th class which ever earlier.
- In case both the spouses are Govt. servants, only one of them can avail reimbursement.

|  |  |
|--|--|
| तारीख/ Date _____<br>स्थान/Place _____ | कर्मचारी के हस्ताक्षर/Signature of the Employee<br>नाम/ Name _____<br>पदनाम/Designation _____<br>विभाग/Department _____<br>वै.सं./E.Code _____ |
|--|--|

**Enclosure:** Copy of valid identity proof documents such as Voter Id, Aadhar, Passport, Matriculation certificate, etc., issued by the Govt. clearly establishing the family relationship with employee and Income Proof, if any, are to be submitted.

**Note:** In case of any interpretation / clarification w.r.t. above definition & eligibility relevant rules of GoI may be referred.

**For Establishment-I/ Establishment –II Section use**

**Verified by**

**Accepted by**

Signature  
Name \_\_\_\_\_  
Designation \_\_\_\_\_  
Date \_\_\_\_\_

Signature  
Name \_\_\_\_\_  
AR/DR (Estt) \_\_\_\_\_  
Date \_\_\_\_\_