



**CIRCULAR**

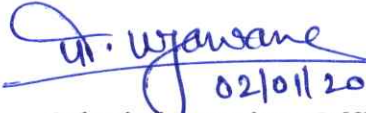
**Subject:** - Regarding submission of latest and valid supporting documents issued by Competent Authorities for the purpose of updating records on dependent members of family with respect to employees of AIIMS Raipur.

It has come to the notice of this section that as per extant rules Officials of cadres pertaining to Establishment (Nursing) have not submitted latest and valid supporting documents with respect to Dependent members' of their family to continue to avail benefits such as EHS, LTC etc. Hence, the same are required to be maintained and updated in our official records.

2. In view of the above, it is hereby directed to all the officials of cadres pertaining to Establishment (Nursing) to provide latest & valid document(s) for the purpose of updating of relevant official records within thirty (30) days of issue of this circular in order to continue to avail benefits such as EHS, LTC etc. as per extant rules.
3. It is reiterated that it shall be mandatory for all concerned employees to inform this section of additions and deletion of the names of Dependent members' of their family within above prescribed timeline.
4. It is further informed that as per the approval of competent authority in AIIMS Raipur in instant file, only the Income Certificate issued by the authorities stated in Annexure-A shall be accepted in respect of Dependent members of family of employees.

This is issued with approval of Executive Director, AIIMS, Raipur.

**Encl:** - Annexure -A.

  
02/01/2025  
**Administrative Officer**  
**AIIMS Raipur**

Copy to (for information):-

1. O/o Executive Director, AIIMS Raipur
2. O/o Medical Superintendent, AIIMS Raipur
3. O/o Deputy Director (Admin) AIIMS Raipur
4. O/o Senior Administrative Officer, AIIMS Raipur.
5. O/o In-Charge Registration/EHS Facility AIIMS Raipur for f.n.a. at their end.
6. O/o Account Officer cum DDO, AIIMS Raipur.

[To confirm the entitlement of the concerned beneficiary from Establishment (Nursing) before processing for reimbursement]

7. All Concerned Employees, AIIMS Raipur through official website.
8. Office Copy.



### Annexure – A.

#### I. Income Certificate along with separate affidavit in prescribed format.

Sl. No.	Income Certificate issued by the following authorities stated as below shall be accepted in respect of dependent members' of family of the employee.
1.	District Magistrate/Additional District Magistrate/ Collector/ Deputy Commissioner/ Additional Deputy Commissioner/ 1 <sup>st</sup> Class Stipendiary Magistrate/ Sub-Divisional Magistrate/ Taluka Magistrate/ Executive Magistrate/ Extra Assistant Commissioner.
2.	Chief Presidency Magistrate/ Additional Chief Presidency Magistrate/ Presidency Magistrate.
3.	Revenue Officer not below the rank of Tehsildar.
4.	Sub-Divisional Officer of the area where the family normally resides.

#### II. Other requisite documents as applicable for adding dependent members of family.

- 1) Spouse – Marriage Certificate issued by competent authority.
- 2) Child/ Children – Birth Certificate/ Adoption Certificate issued by Competent Authority.
- 3) Disabled Member of Family Member – Disability Certificate issued by competent authority as prescribed by DoPT/GoI from Time to time.
- 4) Any other relevant certificate/documents.

*Dr. Upwane*  
02/01/2025

## शपथपत्र

मैं.....पिता ..... जन्म-तिथि.....  
निवासी..... शपथपूर्वक कथन  
करता/करती हूँ कि:-

1. यह कि मैं उपरोक्त पते पर निवास करता/करती हूँ।
2. यह कि मैं अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर छत्तीसगढ़ में नियमित पद पर दिनांक ..... से एवं वर्तमान मे ..... पद पर सेवारत हूँ।
3. यह कि मेरे आश्रित परिवार जनों का विवरण निम्नानुसार है: -

क्र.	नाम	जन्म- तिथि/ आयु	कर्मचारी से संबंध	वार्षिक आय (कुल रुपये मात्र)	आय का साधन
1.					
2.					
3.					
4.					
5.					
6.					

4. यह कि उपरोक्त अनुसार उल्लेखित आश्रित परिवार जन के आय का अन्य कोई साधन नहीं है एवं पूर्ण रूप से मुझ पर ही आश्रित हैं तथा मेरे द्वारा नियुक्ति के समय प्रस्तुत सत्यापन प्रपत्र (Attestation Form) मे घोषित किसी भी अन्य व्यक्ति/व्यक्तियों पर आश्रित नहीं हैं।
5. यह कि उपरोक्त अनुसार उल्लेखित आश्रित परिवार जन उपरोक्त पते पर मेरे साथ निवासरत हैं।
6. यह कि उपरोक्त अनुसार उल्लेखित आश्रित परिवार जन द्वारा मेरे द्वारा पूर्व घोषित परिवार जनो के माध्यम से केंद्र सरकार/राज्य सरकार के अंतर्गत किसी भी विभाग/संस्था से प्रदत्त आश्रित परिवार जन के रूप मे प्रदत्त लाभ नहीं लिया जा रहा है।
7. यह कि उपरोक्त अनुसार उल्लेखित आश्रित परिवार जन द्वारा केंद्र सरकार/राज्य सरकार के अंतर्गत किसी भी विभाग/संस्था से प्रदत्त आश्रित परिवार जन के रूप मे प्रदत्त लाभ नहीं लिया जा रहा है।
8. यह कि उपरोक्त अनुसार उल्लेखित आश्रित परिवार जन आय कर दाता नहीं है।
9. यह कि मैं उपरोक्तानुसार यह शपथ करता/करती हूँ कि मेरे द्वारा उपरोक्त अनुसार दी गई जानकारी सत्य है। यदि उपरोक्त कथन किसी भी प्रकार से असत्य पाये जाते है तो नियमानुसार मेरे विरुद्ध उचित कार्यवाही की जा सकती है ।
10. यह कि उपरोक्त जानकारी में किसी भी प्रकार का परिवर्तन होने से मेरे द्वारा कार्यालय को सूचित किया जावेगा।

दिनांक  
स्थान

हस्ताक्षर  
शपथकर्ता

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## **AFFIDAVIT**

I..... Son/Daughter of..... Date of Birth ..... Resident of ..... do hereby solemnly affirm and declare as below: -

1. That I reside at the above-mentioned address.
2. That I have been working at All India Institute of Medical Sciences (AIIMS), Raipur, Chhattisgarh, on regular basis since..... And presently in the post of .....
3. That the details of my dependent family members are as below:

Sl. No.	Name	Date of Birth/Age	Relationship with the Employee	Annual Income (Total Amount in Rupees)	Source of Income
1					
2					
3					
4					
5					
6					

4. That apart from the above, no other source of income exists for the aforementioned dependents, and they are completely dependent on me, and they are not dependent on any other person of my family as declared by me in Attestation Form submitted at the time of appointment.
5. That the above-mentioned dependent family members reside with me at the above address.
6. That the dependent family members mentioned above are not availing any benefit as dependent member of family as provided by any department/institution/organization/undertaking under the Central Government/State Government through the family members declared by me.
7. That the dependent family members mentioned above are not availing any other benefit under Central Government/State Government.
8. That the aforementioned dependent family members are not income tax payers.
9. That I solemnly affirm that the information provided by me as mentioned above is true. If any of the statements above are found to be false, appropriate action can be taken against me as per the rules.
10. That I will intimate the office in case of any changes in the aforementioned.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature  
**Deponent**

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