DELHI POLLUTION CONTROL COMMITTEE
DEPARTMENT OF ENVIRONMENT, (GOVT. OF NCT OF DELHI)
5TH FLOOR, ISBT BUILDING, KASHMERE GATE, DELHI-6
visit us at : http://dpcc.delhigovt.nic.in

F.NO.DPCC/1(172)/98-Admn.Vol-II/9509 Dated: 26/10/23

CIRCULAR

Sub: Details of Family/Dependent Family members to be furnished by Employees/Retired Employees for the purpose of availing Medical Facilities.

DPCC is in the process to frame & implement a medical scheme "DPCC Employees Medical Facilities (DEMF)" for providing medical facility to its employees/Retired employees. In this connection, details of Family/Dependent Family members to be furnished by the Employees/Retired Employees of DPCC for the purpose of Medical Facility as per applicable rules.

Accordingly, for this purpose, all employees/retired employees shall furnish the updated status of Family/Dependent Family members in the attached format **(Annex.- A)**, so that same could be updated accordingly.

As per extant instructions, the current Income Ceiling Limit for dependency of the family members (other than spouse) is Rs 9000/- per month plus the amount of Dearness Relief admissible thereon on the date of consideration. For this, the income from all sources shall be taken into to determine the dependency.

Jain
(Mangal Sain)
Administrative Officer

Encl: As above.

All Employees/ Retired employees of DPCC

Copy to:

1. PS to Chairman, DPCC for information of Chairman, Pl.
2. PS to MS, DPCC for information of MS, pl.
3. Incharge (IT Cell) :- for uploading the same in Employee Corner (DPCC website).
4. Guard File

Annexure- A

DECLARATION OF FAMILY/DEPENDENT FAMILY MEMBERS
(FOR MEDICAL FACILITY)

1. Name of Employee :
2. Designation :
3. Basic Pay (with G.P. & Level) :
4. Branch/Cell/Office :
5. Whether Spouse is employed ? :
   If yes, Name & Address of the organisation :

1 Passport size colour photograph of employee to be pasted in the box & 2 same photographs to be attached alongwith form

I declare/certify that the following are the Family/Dependent Family Members as on date:-

S.No.	Name of the Family/Dependent Family Member (s)	Date of Birth	Relationship with the Employee	Marital Status	Remarks

Particulars of Dependent Family Members (*other than spouse & children*) to be provided	
PAN card : (If applicable enclose self-attested copy **OR** declare if PAN not applicable /available)	
Pension details (employee pension/ Family Pension/ NPS/ Any other pension) : (Enclose self-attested copy **OR** declare that no Pension is drawn)	
Salary Income/ Business Income/ Stipend : (Furnish details **OR** declare that there is no Stipend/Salary or Business Income)	
Declaration about bank account(s) with interest earned : Furnish details **OR** declare that there is no bank account.)	
Dividend Income : (Furnish details **OR** declare that there is no Dividend Income)	
Return from investments, Fixed Deposit, Security, etc. : (Furnish details **OR** declare that there is no investment **OR** Nil return from investment)	
Agricultural Income : (Furnish details **OR** declare that there is no Agricultural Income.)	
Other regular income details : (Furnish details **OR** declare that there is no Other regular income)	

(i) I declare that currently the income of above indicated dependent family member (other than spouse) from all sources is not more than amount of Rs.9000/- + DA as applicable.

(ii) That any subsequent change in the dependency status will be reported to the department from time to time.

(iii) That the above information furnished by me is true & correct and that no information has been concealed or misrepresented. If any information is found wrong/ incorrect/false at any stage, I understand that I will liable for strict disciplinary action as per CCS (Conduct) Rules.

Signature
Name :
Designation:
Dated: