

**DEPENDENCE CERTIFICATE**

This is to Certify that Sri/Smt..... Who is the  
Father/Mother/Son/Daughter of Dr/Sri/Smt..... (Name  
of the Employee)..... working as  
(Designation) at DH/AH/CHC  
..... (Place of  
working)..... is suffering from Cancer/Open Heart  
Operation/Neurosurgical Operation. The above dependent person who is suffering from  
.....  
.....  
(Disease) is wholly dependent upon the Government Servant.

Station  
Date:

Signature of the Head of the Institution.