

**CERTIFICATE RELATING TO THE EMPLOYEE WORKING IN THE  
INSTITUTION LOCATED IN ITDA/TRIBAL AREAS**

This is to certify that Dr/Sri/Smt.....is working  
as ..... (Designation) at..... (Place of  
working) with effect from..... This Institution is located under the  
control of the Project Officer, I.T.D.A.,  
.....

Station  
Date:

Signature of the Head of the Institution.

**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.

**DECLARATION BY THE EMPLOYEE APPLYING UNDER MEDICAL  
GROUNDS**

I, Dr/Sri/Smt.....(Name).....  
.....(Designation) at .....(Place of Working), do  
here by certify that I and My spouse/ Father/Mother/Son/Daughter are suffering  
from.....  
.....

If any Information is found false on later date I am liable for disciplinary or any other  
Suitable action.

Signature of the Employee.

Station  
Date:

Signature of the Head of the Institution.