



तम्बाकू बोर्ड / TOBACCO BOARD

(भारत सरकार, वाणिज्य एवं उद्योग मंत्रालय, वाणिज्य विभाग)

(Govt. of India, Ministry of Commerce & Industry, Department of Commerce)

अं.प्र.सं 9001:2015 से प्रमाणित संस्थान /An ISO 9001:2015 Certified organization

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श्रीनिवासराव तोटा, जी. टी. रोड - गुण्टूर

Sreenivasarao thota, G.T.Road- GUNTUR-522 004

Ref No.Tob/Misc/2023/P.Ad

Date: 04/12/2023

CIRCULAR

The Competent Authority has directed the under signed to collect the data of all the employees as per the prescribed form to update the service records of all the employees.

Hence, all the officers and staff are requested to submit the information in the prescribed proforma by **08/12/2023** without fail to the P.Ad Section, Head Office, Guntur.

The Officers and Staff working in Karnataka are requested to provide the data under intimation to Directorate of Auctions, Bengaluru.

This is issued with the approval of Competent Authority.


(Y.V.NAMASSIVAYA)
Personnel Officer

Encl: As above.

To

All the Officers and Staff working in Andhra Pradesh and Karnataka

Copy to: the Asst.Manager (Admn./Tech), DoA, Bengaluru – for information.

TOBACCO BOARD : : GUNTUR

FAMILY DEPENDENCY DECLARATION FORM

Details of Family

[For the purpose of Medical Reimbursement, Children Education Allowance, Leave Travel concession etc)

Name of the employee (BLOCK LETTERS)	:	
Date of Joining in Tobacco Board	:	
Designation	:	
Employee Number	:	
Present place of working	:	
Date of Birth	:	
Marital Status	:	Married / Unmarried
If Married: Date of Marriage	:	

DETAILS OF "FAMILY" MEMBERS

(Definition of dependent family members behind the form as per Govt norms)

Sl No.	Name of the Family Members	Relationship	Date of Birth	Age as on date (01.12.2023)	Occupation	Aadhar Card No	Marital Status (Married / Unmarried / Widowed/ Divorced)	Dependent or not Yes / No
1								
2								
3								
4								
5								
6								
7								
8								

❖ **ALL FIELDS ARE MANDATORY**

- ❖ Provide Aadhar copy of all the dependent family members / if aadhar is not available for new born children please provide birth certificate

Signature of the Employee
(P.T.O.)

::2::

I. When both husband and wife are employed:

a) Is spouse of the employee a Government Servant? YES/NO _____

If Yes, then name of the Organization _____

(If yes, please attach latest Identity Card along with Place of Work of Spouse)

b) If spouse of the employee availing medical facilities from their respective department / local bodies / private organizations? **YES/NO**

II. Name of the Nominee: _____

INSTRUCTIONS

Definition of Dependent Family Member is as follows:

- i. The Government servant's wife or husband, as the case may be, and two surviving unmarried children or step children wholly dependent on the Government servant, irrespective of whether they are residing with the Government servant or not; (Unmarried son till he starts earning or till he attains the age of 25 whichever is earlier, Daughter till she starts earning or gets married whichever is earlier).
- ii. Married daughters who have been divorced, abandoned or separated from their husbands and widowed daughters and are residing with the Government servant and are wholly dependent on the Government servant;
- iii. Parents and/or step mother residing with and wholly dependent on the Government servant;
- iv. Unmarried minor brothers as well as unmarried, divorced, abandoned, separated from their husbands or widowed sisters residing with and wholly dependent on the Government servant, provided their parents are either not alive or are themselves wholly dependent on the Government servant.
- v. A female employee has a choice to include either her parents or her parents-in-laws, option exercised can be changed only once during her service in case of medical reimbursement.

NOTE

- (A) In case spouse is working in Government service, JOINT DECLARATION FORM has to be submitted every Financial year (for Children Education Allowance & Medical Reimbursement) and once in a Calendar year (for LTC)**
- (B) Dependent ANNUAL INCOME CERTIFICATE has to be submitted every financial year**

It is to certify that the above information submitted by me is true and correct. I will be the responsible for the information is in correct.

Place:

Date:

SIGNATURE OF THE EMPLOYEE

(NAME IN BLOCK LETTERS: _____)