



**Himachal Pradesh Power Corporation Limited**  
(A State Government Undertaking)  
**Uttam Bhawan, Dogra Lodge, Shimla-171004**  
Phones: 0177-2813830,2659844

**DEPENDENCY CERTIFICATE FOR THE F.Y. 2016-17**

1. Name of the employee (in block letters): .....
2. Designation : .....
3. SAP ID : .....
4. Level : .....
5. Section : .....
6. Pay in Pay Band + Grade Pay : .....

7. Name of the dependents with relation, age and their occupation:

Sr. No.	Name of Dependent	Relation	Age	Occupation
i)				
ii)				
iii)				
iv)				
v)				
vi)				

8. Monthly income from land holding, if any: .....
9. Permanent Address: .....
10. Residential address of the parents where they are presently residing: .....
11. Monthly income of the parents, if any: .....
12. Residential address of the Govt. Servant at his place of duty: .....
13. If dependent, i.e. husband and wife both are employed then:
  - a. Name of the spouse Shri./Smt. ....
  - b. Designation and department with full postal address: .....
  - c. Name of the spouse who will claim the medical charges in respect of self and dependents: .....

**NOTE:** DDO Certificate is required to be submitted whether or not, employed husband/wife is claiming any medical bill reimbursement or fixed medical allowance for himself/herself and his/her family.

I hereby declare that family members declared as dependents in this certificate are true to the best of my knowledge and nothing has been kept concealed therein.

Signature : .....  
Dated : .....  
Place : .....