

**CERTIFICATE OF DEPENDENCY OF PATIENT ON APPLICANT**

I \_\_\_\_\_ S/o D/o. \_\_\_\_\_ posted in the office of \_\_\_\_\_ as \_\_\_\_\_.

I hereby undertake that my \_\_\_\_\_ namely \_\_\_\_\_ is my dependent.

**Signature of Applicant**  
**Name of Applicant**  
**Designation**

It is certified that the facts mentioned above by the applicant are correct.

**Head of Department/  
Head of Office with seal**