

**SELF DECLARATION OF EMPLOYEE  
(FOR PARENTS' DEPENDENCY)**

Parent's  
Photo

(NOTE : All the items of declaration state below should be filled in invariably by the employee Please use word 'NIL' instead of putting DASH in the blanks, when you have nothing to furnish)

I, Shri/Smt./Kum \_\_\_\_\_, aged \_\_\_\_\_, presently working in \_\_\_\_\_ Department, Mb.P.A. as \_\_\_\_\_ is residing at \_\_\_\_\_, hereby declare that:

- (1) My permanent address is \_\_\_\_\_.
- (2) My father, Shri \_\_\_\_\_ during his adulthood was employed as \_\_\_\_\_ in \_\_\_\_\_ organization **OR** presently working as \_\_\_\_\_ in \_\_\_\_\_ organization.
- (3) My mother was a housewife / employed as \_\_\_\_\_ in \_\_\_\_\_ organization.
- (4) My father / mother expired on \_\_\_\_\_.
- (5) I hereby state that my father / mother is / are dependent on me for medical treatment and residing with me / at native place.
- (6) I further state that names of my father / mother are included in our common Ration Card OR names of my father / mother are included in Ration Card at native place, as we have a house at our native place.
- (7) I state that, I have \_\_\_\_\_ brothers and \_\_\_\_\_ sisters. My brother/s is/are working as \_\_\_\_\_ in \_\_\_\_\_ organization and my sister/s is/are working as \_\_\_\_\_ in \_\_\_\_\_ organization OR homemaker/s.  
They do not get any kind of medical aid / medical allowances / medical facilities for parents.
- (8) He / She / They (My parents) is / are having Income per month / per annum from service Rs. \_\_\_\_\_ / Business Rs. \_\_\_\_\_ / Pension Rs. \_\_\_\_\_ Houses Rs. \_\_\_\_\_ / Land Holding Rs. \_\_\_\_\_ / Interest Rs. \_\_\_\_\_  
The quantum of the Pension mentioned above relates to the original sum of pension before commutation, vide circular No. H/MAR.(171)16571 dated 20.03.1980.
- (9) My parents are / are not wholly dependent on me.

I am making this self declaration for submitting it to Medical Department, Mumbai Port Authority. The information provided above is true and correct to the best of my personal knowledge, information and belief. I fully understand the consequences of giving false information. If the information is found to be false, I shall be liable for prosecution and punishment under Indian Penal Code and / or any other law applicable from time to time or any MbPA regulations / laws as applicable.

Yours faithfully,

Applicant's Name: \_\_\_\_\_ Signature / L.H.T.I. \_\_\_\_\_

Designation: \_\_\_\_\_ Section \_\_\_\_\_ Department:: \_\_\_\_\_

M.A.R. No. \_\_\_\_\_ I. C. No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Date of Appointment: \_\_\_\_\_ Date of Retirement: \_\_\_\_\_ P. F. No. \_\_\_\_\_

No. \_\_\_\_\_

Date: \_\_\_\_\_

Forwarded to the Chief Medical Officer, Mb.P.A for further necessary action, the details of the employee's declaration have been verified on the basis of above self declaration submitted by employee. The employee's request for inclusion of his father's/mother's name may/may not be accepted.

**HEAD OF DEPARTMENT**