



सीएसआईआर - केन्द्रीय चर्म अनुसंधान संस्थान
CSIR - CENTRAL LEATHER RESEARCH INSTITUTE
अडयार, चेन्नई Adyar, Chennai 600 020

बिल सं. Bill No.7(2)/EIII/2017

दिनांक Date: 07.02.2018

CIRCULAR

Sub : Income Certificate of Dependent family members of pensioners.

Based on the recommendation of the Health Services Committee and as approved by the Director, CSIR- CLRI, all pensioners are requested to submit Income Certificate from Competent Authority for all dependent family members who have attained the age of 21 years.

If the spouse is employed in a Central/State Govt./Defence/ Railways, Corporation or bodies financed partly or wholly by the Central Govt. or State Govt., local bodies and private organization, a **joint declaration** should be furnished in the proforma enclosed.

In respect of children above 21years and studying full time, Bonafide Certificate from educational institution may be provided.

The said Certificate may please be submitted on or before 28.02.2018 in the Bills Section.

(DVS SASTRY)

ADMINISTRATIVE OFFICER

Copy to :

1. Head, Dispensary
2. Chairman, Health Services Committee
3. COFA
4. Section Officer - EIV
5. PS to Sr.COA
6. PS o Director
7. President, Pensioners Association
8. All Notice Board
9. Intranet



CENTRAL LEATHER RESEARCH INSTITUTE

(Council of Scientific & Industrial Research)

CHENNAI - 600 020

JOINT DECLARATION FOR CLAIMING LEAVE TRAVEL CONCESSION/ REIMBURSEMENT OF MEDICAL EXPENSES/ CHILDREN'S EDUCATIONAL ALLOWANCE

I _____, Identity No. _____
employed as _____ in the office of the
Central Leather Research Institute, Chennai - 600 020.

AND

My wife / Husband _____ employed as
_____ in the office of the
_____ do hereby jointly declare that we claim
the following as under where my wife / husband is employed with immediate
effect.

1. Leave Travel Concession : from the office of

2. Reimbursement of Medical Expenses : from the office of

3. Children's Educational allowance : from the office of

Signature of Husband

Signature of Wife

Signature & Designation of
Head of Office with office stamp

Signature & Designation of
Head of Office with office stamp

Countersigned

Controller of Administration

Place:

Date: