

AROGYA BHADRATHA

ANDHRA PRADESH DEPARTMENT

DEPENDENT DECLARATION CERTIFICATE

I _____ (full name and designation of the Employee) vide ABS Card No. _____ hereby declare that my father/mother Sri/Smt. _____ age _____ is not an employee of Government/Private & Public sector under taking/not a service pensioner/family pensioner and has no property or income of his/her own and that he is wholly dependent upon me.

Employee Signature, Designation & Gl.No.
(Name in Capital letters)

Unit:
Date:

Attestation by
Unit Officer with Seal

PHOTO of the
dependent
father/mother with
Signature of the
employee of the Photo

Note for attested Unit Officer,

1. For District: SP/Addl SP
2. For Battalions: Commandant/Addl. Commandant
3. Other Units: Unit Head (Higher Officer i.e., IPS Officer or equal Rank)