

**ANDHRA PRADESH POWER GENERATION CORPORATION LIMITED
VIDYUT SOUDHA : HYDERABAD**

Memo .No. JS (P)/DS(E)/AS(M)/Consultant Doctor/PO.J/ 16/2017 , Dtd:19.06.2017

Sub:- Estt-APGENCO – MEDICAL –Issue of Credit Card through E-mail-Declaration of dependents-Reg.

Ref:- Cir.Memo.No.JS(P)/DS(E)/AS(M)/PO(M)/16/2017, Dt. 27.02.2017

In the circular Memo. dated. 27.02.2017, all the employees/Pensioners/Family Pensioners of APGENCO were requested to furnish the information with regard to details of his/her family members along with a declaration of dependents duly enclosing the No Income Certificate issued by RDO/Tasildar/MRO along with details of siblings if any as to issue Credit Card through online upon receipt of the request.

02) During the Management Committee Meeting for Thermal Stations held on 20.05.2017 at Head Quarters, certain officers expressed their inability to produce “No Income Certificate” as MRO/RDO are issuing Income Certificate but not No Income Certificate.

03) Therefore the subject matter has been reviewed and it has been decided that a Self- Declaration from the employees shall be obtained in respect of his/her dependents instead of No Income Certificate.

04) All the employees/Pensioners/Family Pensioners of APGENCO are requested to furnish the information in the prescribed Proforma as indicated at para-2 of the Memo cited along with the Self-Declaration to the respective officers as stated in the said Memo on or before 30.09.2017 so as to examine the issue of Credit Card through e-mail with effect from 01.11.2017.

05) The controlling officers shall ensure compliance of these instructions and update the Service Registers accordingly

06) The Self Declaration format is herewith enclosed for filling up and submitting the same to the respective officers.

Encl: As above.

**V.USHA,
JOINT SECRETARY (PER.)**

To
All CEs/ SEs
In -Charge of Generation Stations:
Copy to the:
Pay Officer/VS/Hyderabad
Pay drawing officers/Generating Stations/Head Quarters
PA to J.S.(Per)/VS/Hyd
S.F/Spare.

//FORWARDED::BY ORDER//


PERSONNEL OFFICER

SELF DECLARATION

I _____ S/o.(or) D/o. _____ age _____

Designation _____ Employee ID _____

R/o _____ do hereby declare that my Parents / in –Laws as detailed below are solely dependent on me as they are not having any source of income for their lively hood /as their income is not sufficient to meet the medical expenses.

I. DEPENDENT PARENTS :

i) Father's Name :
Date of Birth :
Age :

ii) Mother's Name :
Date of Birth :
Age :

(OR)

II. IN-LAWS in respect of Women Employee:

i) Father- in-law :
Date of Birth :
Age :

ii) Mother-in-law :
Date of Birth :
Age :

III SPOUSE:

In case of both husband and wife are employees, Self-Declaration that only one of them will claim credit cards or medical reimbursement.

i) Name of Husband/Wife who will claim reimbursement/credit card when both are employed.

Name : _____ Husband/Wife :

Date of Birth : _____

Age : _____

IV CHILDREN:

1) Up to the age of 25 years, or marriage or employment.

- i) Name :
- ii) D.O.B :
- iii) Age :
- iv) Employment :
- v) Marital Status :

2) Mentally retarded or physical challenged children certificate issued by Govt. Medical Board to be attached.

- i) Name :
- ii) D.O.B :
- iii) Age :
- iv) Physically/
Mentally challenged:

- (i) The above information declared by me is true and correct and I shall be liable for departmental disciplinary action, if the said information is found to be false and in correct in future.
- (ii) Further I assure that the changes if any in the above will be informed from time to time.

Date:

Signature of the Employee