

**UNDERTAKING FOR THE YEAR 2024-25 FOR OBTAINING MEDICAL FACILITY FROM  
ICAR NINFET**

Name of the Employee/Pensioner/Family Pensioner: \_\_\_\_\_

I hereby undertake that subject to the following conditions as furnished below:-

Sl. No.	Definition	Clarification
*1.	Unmarried son/Step son	Till he starts earning (₹. 9000/- as basic), or attains the age of 25 years, whichever is earlier.
*2.	Daughter	Till she starts earning (₹. 9000/- as basic) or gets married, whichever is earlier, irrespective of age-limit
3.	Son suffering from permanent disability of any kind (Physical or mental):	No age-limit
4.	Widowed daughters and dependent divorced/judicially separated daughters with income below ₹. 9000/- as basic	Irrespective of age-limit
5.	Sister including unmarried /divorced/abandoned or judicially separated from husband/widowed sisters	Irrespective of age-limit.
*6.	Parents/ Step Parents / Parents in Law	Fully dependent and earning below ₹. 9000/- as basic (claim for either parents or in-laws in female employee)
*7.	Dependency on the basis of income	The income limit for dependency of the family members (other than spouse) is ₹ 9000 plus the amount of Dearness Relief admissible on ₹9000 on the date of consideration of the claim
8.	Both husband and wife are employed in a State Government, Defence/Railways or Corporation/Bodies financed partly/wholly by the Central/State Government, local bodies and private organizations	Either of the spouses may choose to avail the medical facilities under central government rules or facilities provided by the organisation in which the spouse is employed. In either case a certificate to be furnished that the facilities are availed from only one source.
9.	Husband & wife both are central government servant	Prefer claim for self and eligible members of their family, (either of the spouse) according to his/her status.

The above terms and conditions/facts read by me and as per the said criteria, the name of beneficiary from my family for the purpose of obtaining medical facility from ICAR NINFET (including self) are-

(Name)	(Relation)	(Age)
1.		
2.		
3.		
4.		
5.		
6.		
7.		

In case of violation of any of the rule mentioned above, I shall render myself liable to appropriate action as per rule being taken against me. I shall also deposit the Medical Card to the issuing authority (AAO, Adm-I) immediately, in case the above mentioned criteria (any one) is not fulfilled in a particular case.

Signature of the  
Employee/Pensioner/Family Pensioner

Date:  
Place:

**\*For Sl. No. 1,2,6,& 7, income certificate from Govt./ Local Administrative Authority should be attached**