

# DEPENDANT CERTIFICATE

I (SRI/SMT. \_\_\_\_\_) am working as  
SGT/LFLHM/L.P (\_\_\_\_\_)School Assistant(\_\_\_\_\_) in \_\_\_\_\_  
\_\_\_\_\_ of \_\_\_\_\_

Mandal, Guntur District and hereby declared that My **Mother / Father / Father-in-law/  
Mother – in – law** Sri/Smt. \_\_\_\_\_  
for whose Medical Expenses under ZPPF Loan is applied is wholly dependant on me  
for his/her day to day expenses and livelihood.

Place:  
Dated:

//Attested//

Signature of the PF Loan Applicant.

# DEPENDANT CERTIFICATE

I (SRI/SMT. \_\_\_\_\_) am working as  
SGT/LFLHM/L.P (\_\_\_\_\_)School Assistant(\_\_\_\_\_) in \_\_\_\_\_  
\_\_\_\_\_ of \_\_\_\_\_

Mandal, Guntur District and hereby declared that My **Mother / Father / Father-in-law/  
Mother – in – law** Sri/Smt. \_\_\_\_\_  
for whose Medical Expenses under ZPPF Loan is applied is wholly dependant on me  
for his/her day to day expenses and livelihood.

Place:  
Dated:

//Attested//

Signature of the PF Loan Applicant.