

DEPENDANT CERTIFICATE

I (SRI / SMT. _____) am working as

_____ in _____

_____ of _____

Mandal, _____ District and hereby declared that My **Mother /**

Father / Father-in-law / Mother – in – law / SON / DAUGHTER / SPOUSE

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:

Signature of the PF Loan Applicant.

Dated:

//Counter Signed//