

FORM 23 C
(see rule 3)



GOVERNMENT OF KERALA
DEPENDENCY CERTIFICATE

Number:Date:

Name of Person to whom certificate is issued	
Gender	
Address	
Post Office with Pin code	
Name of Father / Mother	
Name of Local Body	
Village	
Taluk	
District	

Certified that the person(s) mentioned below is/are dependent(s) of
and the nature of relationship is as shown:

Name	Address	Relation	Age

Date of issue of certificate	
Designation of the issuing officer	
Name of office	
Purpose issued for	

This certificate is issued based on the details given in the application, local enquiry, facts and records produced.

Signature / Digital Signature of the
Approving Authority

NOTE:

1. This digitally signed document is legally valid as per the Information Technology (IT) Act, 2000.
2. Authenticity of this document can be verified from <http://edistrict.kerala.gov.in/>