

SELF DECLARATION FOR AVAILING THE FACILITY OF MEDICAL CREDIT CARD/REIMBURSEMENT

I _____ S/O.(or)D/o. _____ aged _____
_____ working /drawing pension as _____ in the O/o
_____ bearing Employee/Retired Employee/Pensioner/Family Pensioner
ID _____ R/o. _____ do hereby declare that my
Parents/In-Laws, Spouse and Children 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. (Or)

No medical facilities are being extended by the concerned Department (Copy of the certificate issued by the concerned authority is enclosed herewith in case of Spouse is an Employee/Pensioner in other than APGENCO.)

I. DEPENDENT PARENTS :

1. Father

- a. Name :
- b. Date of Birth :
- c. Age :
- d. Occupation :

2. Mother

- a. Name :
- b. Date of Birth :
- c. Age :
- d. Occupation :

(OR)

II. IN-LAWS in respect of Women Employee, If dependent i.e., IN-LAWS who are not having Son (s).

1. Father-in-law :

- a. Name :
- b. Date of Birth :
- c. Age :
- d. Occupation :

2. Mother-in-law :

- a. Name :
- b. Date of Birth :
- c. Age :
- d. Occupation :

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III. SPOUSE (Non-earning/unemployed):

- a. Name :
- b. Date of Birth :
- c. Age :

IV. CHILDREN

1. SONs (Up to the age of 25 years or getting employment)

- a. Name :
- b. Date of Birth :
- c. Age :
- d. Occupation :
- e. Marital Status :

2. DAUGHTERs (Up to the marriage or getting employment)

- a. Name :
- b. Date of Birth :
- c. Age :
- d. Occupation :
- e. Marital Status :

3. Mentally Retarded or Physical Challenged Children (Certificate issued by Govt. Medical Board is to be attached.)

- a. Name :
- b. Date of Birth :
- c. Age :
- d. Mentally Retarded / Physically Challenged. :

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V. In case of both husband and wife are Employees/Pensioners

SPOUSE DETAILS

- a. Name :
- b. Date of Birth :
- c. Age :
- d. Occupation :
- e. Department :

Declared that:

- 1) The total number of dependents is within the prescribed limit of (1+5) persons.
- 2) My spouse/Dependents are un-employed/not working anywhere i.e., in Government or Private Service/non-earning persons in any source i.e., Business/Rental income etc.
- 3) Further, I assure that the changes if any in the above will be submitted from time to time.
- 4) The above information furnished by me is true and correct and I shall be liable for Departmental disciplinary action deemed fit, if it is found false and incorrect in future.

Date:

SIGNATURE OF THE EMPLOYEE

Station:

// COUNTER SIGNED BY//

SIGNATURE OF THE CONTROLLING OFFICER

WITH SEAL

*Strike whichever is not applicable.