

SAMPLE OF AFFIDAVIT

AFFIDAVIT ON Rs. 10/- NON JUDICIAL STAMP PAPER and TO BE ATTESTED BY MAGISTRATE/NOTARY PUBLIC DECLARATION

I Service No _____ Rank _____ Name _____ (Unit) _____, solemnly affirm and declare as follows:-

or

I, _____ wife/Father/Mother/Daughter/Son Service No _____ Rank _____ Name _____ of (unit) _____ solemnly affirm and declare as follows:-

1. That I am/will be drawing pension vide PCDA Pension Payment Order No _____ dated _____
2. That I have the following legal dependent(s) whose photograph(s) is/are affixed below on this Affidavit :-

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Part II Order No/CRD/SD/POR No</u>
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Signed Photo of Dependent giving name,
Relationship and Identification mark

Signed Photo of Dependent giving name,
Relationship and Identification mark

(Photographs(s) to be pasted and signed across by the Applicant)

3. (a) That the combined monthly income (from all sources including income accruing from house/other immovable property/fixed deposit etc) of my dependant father and /or dependent mother is less than Rs 9000/- plus DA.

(b) That is hereby certified that my parents (father/mother or both) do not draw any pension from Central Govt/State Govt/PSUs/any Private Organisation and are physically residing with me.
4. That my child/ children is/are dependent on me and is/are NOT earning more than Rs. 9000/- plus DA per month, & that my daughter(s) is/are NOT married or is divorced and fully dependent on me.
5. I shall inform the ECHS immediately of his/her/their employment of earning more than Rs 9000/- plus DA.
6. That in case of any change in the status of my dependants (due to death, marriage, employment), I will inform Station Headquarters, ECHS Cell at the earliest and will stop use of ECHS facilities. I will refund in full, the cost of any treatment that my dependent may have received after he/she became ineligible. I shall be liable for civil/criminal action should I fail to do so.
7. (a) That I am NOT a member of any other medical scheme funded by Central Govt, PSU or any other Govt undertaking.
(b) That my spouse is NOT a member CGHS or any other Govt Scheme.
8. I understand that in case I have submitted any incorrect information, or if any ECHS Membership Card is misused or used by any unauthorised person, my membership will be cancelled without any notice or further hearing. In addition, I will forfeit my contribution and I will pay the entire cost of expenditure incurred on such unauthorised person(s). I will also be liable for legal action by

the ECHS Organisation. I will also immediately report the loss of my ECHS membership card to the nearest Station Headquarters.

9. That in case of any misuse of Smart Cards(s) or tampering with bills or attempt to defraud, once I become a member, I will forfeit my membership automatically.

10. I undertake that in case of any misbehavior, on my part with Polyclinic Staff, my membership may be suspended/cancelled/ terminated.

11. I understand that the contribution I am making is a one time token amount and is not refundable even if I do not make use of any ECHS facility or opt out of ECHS Scheme.

VERIFICATION

I, the deponent above named, do hereby solemnly declare and verify that the contents of the above affidavit are true to the best of my knowledge and belief, and nothing material has been concealed or suppressed therefrom.

Verified at (place)-----on this (date)-----day of (Month)-----Year-----

Signature of Deponent

ATTESTATION

Certified that the above statement is declared before me at (Place)-----on this -----day of (Month)-----Year-----by DEPONENT Service No -----Rank-----Name-----
-----Who is identified by Name-----S/O (Father's name of Identifier)-----
----- and witnessed by Name-----S/O (Father's name of first witness)& Name----- S/O (Father's name of second witness).

WITNESS

Signature of Witness No.1

Signature of Witness No.2

(Name in Block Capitals)
(Full Postal Address)

(Name in Block Capitals)
(Full Postal Address)

**ATTESTED BY
MAGISTRATE/NOTARY PUBLIC**