

ECHS SELF ATTESTED PROFORMA FOR DEPENDENT SON/DAUGHTER
ABOVE 18 YEARS OF AGE

1. It is certified that Master / Miss _____
whose Photograph is appended is a bonafied dependent Son / Daughter of
No. _____ Rank _____ Name _____
(Retired) with ECHS Card / Receipt No. _____.

LATEST
SELF
ATTESTED
PHOTO

PP SIZE

2. Particulars of Dependent Master / Miss _____

(a) Date of Birth _____

(b) Aadhar No. _____

(c) PAN No. _____

(d) Address _____

3. It is also certified that Master / Miss _____ is **not employed** and is having no income.

4. It is also certified that Master / Miss _____ is **not married**.

Note: The self attested proforma alongwith countersignature of OIC parent ECHS Polyclinic, will be produced whenever required in ECHS polyclinic / empanelled hospital by the beneficiary. The validity of the same will be **ONE YEAR** from the date of signature, after which dependents need to prepare a fresh proforma. In case of any change in dependency, the primary card holder is responsible to cancel the membership of dependent immediately on occurrence. **Any false declaration / misuse of benefits will entail suspension / cancellation of ECHS membership.**

(Signature of Dependent)

(Signature of Ex-serviceman /
Primary Member)

Date: _____

Place: _____