Declaration

Date :

Sri/Smti ..... Insurance No.....An employee of
M/S ..... Code no..... and son/daughter/wife/husband of .....
vill.....P.O.....
District..... Assam firmly declare that my father/mother/ Sri/Smti.....

i) is completely dependent on me
ii) monthly income is above Rs .....
per month and so not dependent on me.

And he/she is not receiving any other Government/non Government sponsored medicine facility.

This is true to the best of my knowledge and belief.

Yours faithfully,
Name of I.P.....
Insurance No.....
Contact No.....