

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 bonafide dependent Son/Daughter of No. _____
_____ Rank _____ Name _____
(Retired) with ECHS Card No. _____

LATEST SELF
ATTESTED
PHOTO

PP SIZE

2. Particulars of Dependent Master/Miss _____
(a) Date of Birth _____
(b) AADHAR No. _____
(c) 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 O i/C 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)

Date:

(Signature of Ex-Servicemen/
Primary Member)

Place:

COUNTERSIGNED WITH STAMP

Place:

Date:

Signature

(O i/C Parent Polyclinic)