

**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 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:-

COUNTERSIGNED WITH STAMP

Place:

Signature

Date:

(OIC Parent Polyclinic)