

DECLARATION

(To be furnished if the claim relates to the treatment of father/mother of the employee)

I.....(name) employed in  
the .....(name of unit) hereby declare that my  
Father/Mother who is the patient is not employed anywhere and is not a  
Service Pensioner

Station:

Signature

Date:

Name of employee:

Designation:

Countersigned

Signature of the Unit Officer:

Name:

Designation

(Office seal)