

DECLARATION

REGARDING PARTICULARS OF PATIENT BEING PARENTS OF CHILDREN OF A CLAIMANT WITH REFERENCE TO THE MEGHALAYA MEDICAL ATTENDANCE RULE (3) (g) (ii) & (iii) AS APPLICABLE.

(IN CASE OF PARENTS – INCLUDING STEP – PARENTS)

I declare that Shri/Smti -----
who is my Father/ Mother ordinarily resides with me at (complete address) -----
-----and is wholly dependent on me , financially.

(IN CASE OR CHILDREN INCLUDING THOSE ADOPTED ACCORDING TO ANY LAW OR CUSTOM).

I declare that Shri / Smti -----
who is my son/daughter was born in the year -----
and that he/ she is married/ unmarried and that he/she has no income of his/her own.

Place -----
Date -----

Signature of Declarant

Full Name :

Designation :

Office employed :

In case of Pensioner only { Pension Payment Order (P.P.O) No. -----
Amount of Basic Pension : Rs. -----