

## **SELF DECLARATION**

### **Booklet No**

Self																	
Spouse																	

I, \_\_\_\_\_, S/O,W/O \_\_\_\_\_ ,  
MIN

--	--	--	--	--	--	--	--	--

Resident of

---

---

(Aadhar Card No \_\_\_\_\_) do hereby declare as under:-

1. \* I want to avail the benefit of cashless medicines from CMO, Kolkata for myself and for my spouse \_\_\_\_\_.  
Aadhaar \_\_\_\_\_ and having MIN

--	--	--	--	--	--	--	--	--

2. I further declare that my spouse is living with me at the aforementioned address.
3. I /my spouse also undertake to inform CMO, Kolkata in the event of any unforeseen mishap during the year.
4. \* I am enclosing copy of Medical Certificate with regard to my immobility and do hereby authorize Shri / Ms. \_\_\_\_\_ relation \_\_\_\_\_ for necessary revalidation.
5. I further undertake to abide by the terms and conditions of the Scheme for providing cashless medicines from CMO, Kolkata
6. That the above facts are true to the best of my knowledge and belief
7. Date \_\_\_\_\_

Signature of the applicant / Thumb impression

Name of ex-employee \_\_\_\_\_

Name & Signature of Spouse \_\_\_\_\_