

Affidavit

1. The medicines have actually been purchased by me during the course of treatment.
2. I am living in the House No. _____
3. **In case of wife/children :-**
That the patient Mr./Mrs. _____ is my W/H/S/D/o _____ and he/she is unmarried/un-employed (in case of sons/daughters).
4. **For parents only :-**
His/her total monthly income does not exceed Rs. 750/- p.m. and my Mother/father is/are residing with me.
5. **In case spouse is working :-**
 - (a) Certified that my wife/husband is not getting any fixed medical allowance from any source.
 - (b) Certified that my wife/husband is employed and is not getting any medical re-imburement from any other source. An affidavit to this effect has been furnished.
 - (c) Certified that I am not adhoc employee and are working on regular basis.
6. **In case of dependant of deceased :-**
 - (a) That I am W/H/S/D/o Mr./Mrs. _____
 - (b) That He/she was expired on dated _____
 - (c) That I am not getting any fixed medical allowance from any source.
 - (d) I am employed and not getting any medical re-imburement from any other source.

Signature of the claimant

Name (In capital letters)

Designation .