

DECLARATION

EKLAVYA STAFF HOSPITALISATION ASSISTANCE SCHEME

INFORMATION - SELF & DEPENDENTS

Name of Staff Member Complete Home Address

Centre

Blood Group

e-mail ID

Mobile: Landline No (with STD code):

Name and phone contact of the person to be approached in an emergency:

No	Name (Self & Dependent)	Relation	M/F	Date of Birth	Pre-existing Diseases, If Any	Remarks, if any
		SELF				

Signature of Centre Incharge
Date :

Signature of the staff member
Date :

- Note:**
- ‘Dependent’ means one whose monthly income is less than Rs. 15,000/- . This can be in any form – salary, pension, business, farming or any other enterprise. - If information about income of the ‘dependent’ is found to be incorrect (ie declaring the family member dependent who has an income of more than Rs 15,000/-), Eklavya staff member who has filed such declaration will be debarred from this policy for a period of three years.
 - Wherever possible, do provide certificate of income of the dependent.
 - Do refer to rules and regulations related to this policy while filling this form.
 - Please do attach, photo ids of all the dependents mentioned above (Photographs will do for children below five years).