



FOR MEDICLAIM

DECLARATION

I, _____ the _____ undersigned
_____, Indian National,
Single/Married/Widow/Widower/Divorcee, _____ major _____ in
age/ _____ years, resident _____ of _____
_____ i
n Taluka _____, District North Goa, State of Goa, do
hereby solemnly affirm and state/declare as under:

1. I say that I am permanent resident of above mentioned address.
2. I say that our annual family income from all the sources does not exceed to Rs. _____
3. I say that my name is recorded on our family ration card bearing No. _____ and I am having my Voting Card/Election Identity Card bearing No. _____ and Aadhar Card bearing No. _____ from _____ Taluka at above said address.
4. I say that I am executing the said declaration in order to produce the same in the office of the Mamlatdar of _____ Taluka, _____ Goa to obtain Income Certificate which is required to be produce before Competent Authorities for the purpose of availing Mediclaim facility for the undersigned/my _____ as he/she is suffering from _____.
- 5.
- 6.
7. I say that the contents of above paras of my declaration are true to the best of my knowledge and belief and that I have not misrepresented any facts.

Place:

Date:

Identified by:

DEPONENT