DECLARATION BY THE HOSPITAL

This is to certify that Smt._____

w/o_____ has delivered a baby (boy/girl) in _____ Hospital.

He/She needs an emergency treatment. I/My spouse is a member of EHS with an Employee id _____

Signature of the Parent

This is to certify that the above information is true to best of my knowledge and submitting to Aarogyasri Health Care Trust for issue of Health card is the baby of under EHS.

Signature of the Doctor with hospital stamp