

## DECLARATION BY THE EMPLOYER

This is to certify that Sri/Smt/Mr/Ms. \_\_\_\_\_

S/o/W/o/D/o \_\_\_\_\_ is working as \_\_\_\_\_ since \_\_\_\_\_ years in the office of \_\_\_\_\_ of Department \_\_\_\_\_ with a pay grade of \_\_\_\_\_

The following are the dependent beneficiaries of the concerned employees

S.No	Name of the Beneficiary	Date of Birth	Gender	Relationship with Employee	Maital status(Married/Unmarried/Widow/Widower/Divorce)	Aadhar number

### Declaration of the Employee

I declare that the above information is true to best of my knowledge and submitting to Aarogyasri Health Care Trust for issue of Health cards under beneficiary. I am liable for disciplinary action for declaring ineligible family member if any as Dependents.

**Employee Signature**

I certified that the above information is verified with office records and found correct

**DDO/HOD/Controlling officer Signature with seal**