

DECLARATION

(To be given by the applicant / Government employee concerned)

I, Shri/Smt. \_\_\_\_\_ (Name)

\_\_\_\_\_ (Designation) \_\_\_\_\_

\_\_\_\_\_ (Deptt. and office address)

do hereby declare that neither I nor any member of my family have / has claimed or received / will claim or receive any kind of financial assistance towards cost of the medicines / treatment / operation / pacemaker implantation done / to be done at \_\_\_\_\_

\_\_\_\_\_ (Name of hospital) during \_\_\_\_\_

for \_\_\_\_\_ (Name of the

devise with specification(s) / Surgery) to be implanted / implanted / operated on the person of

\_\_\_\_\_ (Name of the patient) from

any alternative source.

Date:

\_\_\_\_\_  
Signature with Designation and Department

Residential Address: