

(On non-judicial stamp paper of Rs. 10/-)

**AFFIDAVIT**

I, ..... , H/o/W/o, ..... R/o ..... do hereby solemnly affirm and state as under:-

1. That I have been working in PEC since ..... and at present designated as .....
2. That for the purpose of availing medical facilities under the PEC Medical Scheme for regular employees, the particulars of my dependent family members are as under:

Name & address of last employers of parents/parents-in-laws (in case of female employee), if retired, with the last salary/pension etc.

Name & address of last employers :  
Total monthly income :

3. I, hereby declare that **my father/mother/parents/father-in-law/mother-in-law (in case of female employee)** namely \_\_\_\_\_ is/are wholly/mainly dependent upon me and that he/she/they normally reside with me. I also certify that total monthly income of **my father/mother/parents/father-in-law/mother-in-law (in case of female employee)** income from all sources including pension and pension equivalent to DCRG benefit/family pension, does not exceed Rs. 3500/- plus amount of dearness relief thereon drawn as on the date of consideration (w.e.f. 1.1.2009), as per provisions contained in CS(MA) and CGHS rules issued from time to time.
4. I further certify that my son(s)/daughter(s) whose name(s) is/are given above is/are unmarried, unemployed and wholly dependent on me and their income from all sources including family pension, does not exceed Rs. 3500/- plus amount of dearness relief thereon drawn as on the date of consideration (w.e.f. 1.1.2009), as per provisions contained in CS(MA) and CGHS rules issued from time to time. I understand that this medical facility is extended till they reach the age of 25 years or get married or are gainfully employed whichever is earlier.
5. I further certify that my parents are neither dependent on any of my siblings or anybody else nor are covered under any mediclaim policy of any of my siblings or anybody else's employer.

6. I certify that my wife/husband is unemployed/employed with Practicing Advocate (Self-employed) and shall not claim Medical Benefit from her/his parent employer for herself/himself and members of family.
7. I certify that my dependent family members as stated above are not covered under any scheme, in which reimbursement of their medical expenses is being made or borne by any authority.
8. I understand that the benefit of Medical reimbursement cannot be claimed from two different sources. In this regard, I declare that no medical reimbursement for my dependent family members is being claimed or availed by siblings.
9. I undertake that if there is any change in any of the depositions made above I shall immediately inform about such change, failing which appropriate action may be taken against me.
10. The above statements are absolutely true and I am aware that in the event of my statement found to be false I will be liable to repay the whole amount of medical expenditure claimed alongwith interest at the Company's borrowing rate p.a.in addition to disciplinary action.

DEPONENT

Date:

**VERIFICATION:**

Verified on \_\_\_\_\_ that the above contents of the aforesaid affidavit are true and correct and nothing material has been concealed there from, and that any change in the above context shall be immediately intimated to PEC.

DEPONENT