Affix photograph

DECLARATION

1. I, the undersigned Shri/Smt./Kum_____aged_____resident of_____hereby declare that I am in the employment/I am not in the employment ***** of State/Central Government/Autonomous Organisation/ESIS/Bank (indicate name of the organization with address).
2. I, further declare that I have taken/not taken/provided***** with insurance package to cover for the major ailment medical treatment from any Insurance Company (Indicate amount of cover and name of the Insurance Company).
3. I, further declare that I had taken/not taken/availed* any medical benefits under Goa Mediclaim Scheme either for the same ailment or other ailment in the past (Indicate month and year in case of previous claim).

Place: _____

Signature of the patient/

Date: Thumb Impression duly attested

Witnesses:

(1) Name with address:_____ _____

_____ Signature

(2) Name with address:_____ _____

_____ Signature

*** Strike out which ever is not applicable**.