

Declaration of Income

[No. 126-F(MED)WB, dated-24/06/2022]

(To be declared by the employee/pensioner of Govt. of West Bengal or AIS in-service/retired officer rendered service under Govt. of West Bengal at the time of fresh enrolment or biennially for enrolled eligible dependent beneficiaries in the month of May and June)

I, Sri/Smt (Name of employee/pensioner) son/daughter/husband of (Name of father/husband) (Residential address) having GPF No./PPO No..... do hereby solemnly affirm and declare as under:-

1. That I am a citizen of India and working under Govt. of West Bengal.
2. That (I want to enrol / I have already enrolled) my family under West Bengal Health Scheme with effect from.....
3. That I hereby declare that the following members of my family are eligible to become as dependent beneficiary under me;

Sl. No.	Name of family members	Relation	Beneficiary ID	Aadhar No.	Monthly Gross Income (₹)

4. That the above statements are true to the best of my knowledge and belief.
5. I further declare that I will be liable for initiating disciplinary proceedings against me in terms of WBS(CCA) Rules-1971 for suppression of any facts.


 OSD & EO Joint Secretary
 Finance Department
 Govt. of West Bengal

Full Signature with date and
 designation of the Employee/Pensioner