

UNDERTAKING

It is certified that as per MOH&FW (CGHS-P Section)'s O.M. No. S-1112/2/2016-CGHS-P dated 8th November, 2016, the details of family members, wholly dependent on me for Medical Aid & LTC is as under:-

Sl. No.	Name	Age	Relationship

I solemnly affirm and declare that all the information given by me in the Undertaking are true and correct to the best of my knowledge and nothing has been concealed therein. If any discrepancy or false information is found in the Undertaking then I shall be liable for all consequential action including disciplinary proceedings.

Place:-

Dated:-

Signature _____

Name _____

Designation _____

Instt./Centre _____