



**FOR MEDICLAIM**

**DECLARATION**

I, \_\_\_\_\_ the \_\_\_\_\_ undersigned  
\_\_\_\_\_, Indian National,  
Single/Married/Widow/Widower/Divorcee, \_\_\_\_\_ major \_\_\_\_\_ in  
age/ \_\_\_\_\_ years, resident \_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_ i  
n Taluka \_\_\_\_\_, District \_\_\_\_\_,  
State of Goa, do hereby solemnly affirm and state/declare as under:

1. I say that I am permanent resident of above mentioned address.
2. I say that our annual family income from all the sources does not exceed to Rs. \_\_\_\_\_
3. I say that my name is recorded on our family ration card bearing No. \_\_\_\_\_ and I am having my Voting Card/Election Identity Card bearing No. \_\_\_\_\_ and Aadhar Card bearing No. \_\_\_\_\_ from \_\_\_\_\_ Taluka at above said address.
4. I say that I am executing the said declaration in order to produce the same in the office of the Mamlatdar of \_\_\_\_\_ Taluka, \_\_\_\_\_ Goa to obtain Income Certificate which is required to be produce before Competent Authorities for the purpose of availing Mediclaim facility for the undersigned/my \_\_\_\_\_ as he/she is suffering from \_\_\_\_\_.
- 5.
- 6.
7. I say that the contents of above paras of my declaration are true to the best of my knowledge and belief and that I have not misrepresented any facts.

Place:

Date:

Identified by:

DEPONENT