SELF DECLARATION

 I
 _______S/o,d/o,w/o Sh.______

 as
 _________at Shaheed Bhagat Singh State

 Technical Campus, Ferozepur hereby solemnly affirm and declare as under:

1. That I/My Son/daughter/wife/husband/mother/father(Name of dependent family member) _____ was admitted at _____

for medical treatment from ______to _____to

- That I have not claim any medical reimbursement of bills enclosed herewith for the hospital admission & treatment, from any agency except the bills submitted to the Shaheed Bhagat Singh State Technical Campus, Ferozepur.
- 3. That if the above said medical bills is found false or incorrect. I shall be responsible for the same.
- 4. That accept the reimbursement on the treatment as fixed by the Govt. of Punjab and I shall not enter into any litigation regarding the above said claim.
- 5. (Name of dependent family member) ______ is residing with me and totally dependent upon me. Monthly income of (Name of dependent family member) ______

from all the sources is Less than Rs.1000/- per month OR

He/She is working in Punjab Govt. department at _____

DEPONENT

I, further declare that the above said statement of mine is true and correct to the best of my knowledge and belief, nothing has been concealed therein.

DEPONENT