

**DECLARATION FOR MEDICAL CLAIM**

**Subject:-** Declaration regarding income limit and the residence of parent(s) for availing facility to claim medical reimbursement for every calendar year

I \_\_\_\_\_ hereby declare that Dr./Shri/Smt./Ms. \_\_\_\_\_ is/are my dependent parent(s) they are normally residing with me at my residential address \_\_\_\_\_ and their income from all sources is not more than Rs.9000/-p.m. plus amount of dearness relief accordingly is/are eligible for availing facilities under CGHS.

Signature of Government employeè

Name \_\_\_\_\_

Designation \_\_\_\_\_

Dated: 17/11/2017