



आयु प्रमाणपत्र के लिये आवेदन

पासपोर्ट साइज
का
फोटो लगायें

सेवा में -
मुख्य चिकित्सा अधिकारी
इपको कलोल इकाई

महोदय,

मेरे पिता/माता श्री/श्रीमती ----- जिनकी फोटो संलग्न हैं, उन्हें इपको में अपने पर आश्रित कराने के लिए आयु प्रमाणपत्र की आवश्यकता है चूंकी उनकी जन्मतिथि के बारे में कोई प्रमाण उपलब्ध नहीं है अतः मेजिकल के आधार पर उनकी आयु का निर्धारण करनेकी कृपा करें। उनसे संबंधित अन्य सूचनाएं निम्न प्रकार हैं।

(1) पिता/माता द्वारा दिया गया शपथपत्र कि उन्होंने किसी स्कूलमें शिक्षा प्राप्त नहीं की है। अतः स्कूल छोडने का प्रमाणपत्र जिसमें जन्मतिथि हो, देने में असमर्थ हैं।

(2) म्युनीसिपालिटी अथवा स्थानीय प्राधिकारी अथवा पंचायत द्वारा दिया गया घोषणापत्र कि उनके जन्म एवं मृत्यु पंजिका में मेरे उपरोक्त पिता-माता के जन्म का कोई पंजीकरण नहीं है।

धन्यवाद।

भयदीय,

हस्ताक्षर -
नाम -
व्य.सं. -
विभाग/अनुभाग -

आयुका प्रमाणपत्र

मैंने/हमने श्री _____, व्यक्तिगत सं. _____ के पिता/माता श्री/श्रीमती ----- की जांच कर ली है, तथा सभी तथ्यों को ध्यानमें रखते हुए इस निष्कर्ष पर पहुंचे है कि उनकी आयु ----- वर्ष के लगभग है।

उप. मुख्य चिकित्साधिकारी

मुख्य चिकित्साधिकारी

DECLARATION / AFFIDAVIT TO BE FURNISHED BY THE FATHER OF THE EMPLOYEE, WHO APPLIES FOR DECLARING HIS FATHER AS DEPENDENT UPON HIM FOR THE PURPOSE OF AVAILING MEDICAL ASSISTANCE

AFFIDAVIT

I, _____ Son of _____ resident _____ do hereby solemnly affirm and declare as follows:

- a) That my son _____ who is employed in IFFCO Kalol Unit as _____ has applied for declaring me / and my wife Smt _____ as dependent upon him for the purpose of availing medical benefits etc. as per IFFCO rules.
- b) That I am not entitled to any Medical benefits from any source whatsoever except the normal medical facilities provided by the State to general public.
- c) That I am employed/self employed /unemployed and have income of Rs. _____ (approx.) p.m. (including income from houses, business, landholding, agriculture, investment in banks, post office, financial institutions, fixed deposits, shares, debentures, pension etc. including income from my wife from the above sources).
- d) That I am dependent / not dependent upon my wife / another son / daughter (specify name) and getting / not getting medical facilities from them.
- e) That I normally reside with my son Shri _____
- f) That my age is _____ years as per proof enclosed.

I have _____ children, whose details are as under :

- 1) _____ (Son/Daughter) Date of birth/ Age _____
- 2) _____ (Son/Daughter) Date of birth/ Age _____
- 3) _____ (Son/Daughter) Date of birth/ Age _____
- 4) _____ (Son/Daughter) Date of birth/ Age _____
- 5) _____ (Son/Daughter) Date of birth/ Age _____

All the above statements are true to my belief and knowledge.

(Deponent)

Identified by me

(Advocate)

DECLARATION / AFFIDEVIT TO BE FURNISHED BY THE MOTHER OF THE EMPLOYEE, WHO APPLIES FOR DECLARING HIS MOTHER AS DEPENDENT UPON HIM FOR THE PURPOSE OF AVAILING MEDICAL ASSISTANCE

AFFIDAVIT

I, _____ Daughter/Wife of _____ resident _____ do hereby solemnly affirm and declare as follows:

- a) That my son _____ who is employed in IFFCO Kalol Unit as _____ has applied for declaring me / and my husband Shri _____ as dependent upon him for the purpose of availing medical benefits etc. as per IFFCO rules.
- b) That I am not entitled to any Medical benefits from any source whatsoever except the normal medical facilities provided by the State to general public.
- c) That I am employed/self employed /unemployed and have income of Rs. _____ (approx.) p.m. (including income from houses, business, landholding, agriculture, investment in banks, post office, financial institutions, fixed deposits, shares, debentures, pension etc. including income from my husband from the above sources).
- d) That I am dependent / not dependent upon my husband / another son / daughter (specify name) and getting / not getting medical facilities from them.
- e) That I normally reside with my son Shri _____
- f) That my age is _____ years as per proof enclosed.

I have _____ children, whose details are as under :

- 1) _____ (Son/Daughter) Date of birth/ Age _____
- 2) _____ (Son/Daughter) Date of birth/ Age _____
- 3) _____ (Son/Daughter) Date of birth/ Age _____
- 4) _____ (Son/Daughter) Date of birth/ Age _____
- 5) _____ (Son/Daughter) Date of birth/ Age _____

All the above statements are true to my belief and knowledge.

(Deponent)

Identified by me

(Advocate)

DECLARATION / AFFIDEVIT TO BE FURNISHED BY THE MOTHER OF THE EMPLOYEE (IN CASE MOTHER IS WIDOW), WHO APPLIES FOR DECLARING HIS MOTHER AS DEPENDENT UPON HIM FOR THE PURPOSE OF AVAILING MEDICAL ASSISTANCE

AFFIDAVIT

I, _____ Daughter/Wife of _____ resident
_____ do hereby solemnly affirm
and declare as follows:

- a) That my son _____ who is employed in IFFCO Kalol Unit as _____ has applied for declaring me as dependent upon him for the purpose of availing medical benefits etc. as per IFFCO rules.
- b) That I am not entitled to any Medical benefits from any source whatsoever except the normal medical facilities provided by the State to general public.
- c) That I am employed/self employed /unemployed and have income of Rs. _____ (approx) p.m. (including income from houses, business, landholding, agriculture, investment in banks, post office, financial institutions, fixed deposits, shares, debentures, pension etc. from the above sources).
- d) That I am dependent / not dependent upon my / another son / daughter (specify name) and getting / not getting medical facilities from them.
- e) That I normally reside with my son Shri _____
- f) That my age is _____ years as per proof enclosed.

I have _____ children, whose details are as under :

- 1) _____ (Son/Daughter) Date of birth/ Age _____
- 2) _____ (Son/Daughter) Date of birth/ Age _____
- 3) _____ (Son/Daughter) Date of birth/ Age _____
- 4) _____ (Son/Daughter) Date of birth/ Age _____
- 5) _____ (Son/Daughter) Date of birth/ Age _____

All the above statements are true to my belief and knowledge.

(Deponent)

Identified by me

(Advocate)

DECLARATION / AFFIDEVIT TO BE FURNISHED BY THE BROTHER OF THE EMPLOYEE, WHO APPLIES FOR DECLARING HIS FATHER/MOTHER AS DEPENDENT UPON HIS BROTHER FOR THE PURPOSE OF AVAILING MEDICAL ASSISTANCE.

AFFIDAVIT

I, _____ son of _____ resident _____ do hereby solemnly affirm and declare as follows:

a) That my brother _____ who is employed in IFFCO Kalol Unit as _____ has applied for declaring my father Shri _____ & mother Smt. _____ as dependent upon him for the purpose of availing medical benefits etc. as per IFFCO rules.

b) That I am employed with M/s. _____ as _____ and my employer's address is as under :

c) That my parents are dependant/not dependant upon me and I am claiming/ not claiming Medical benefits for my parents from my employer.

d) That my parents normally reside with me / my brother / my sister whose name & address is as under :

- 1)
- 2)
- 3)

All the above statements are true to my belief and knowledge.

(Deponent)

Identified by me

(Advocate)

DECLARATION / AFFIDEVIT TO BE FURNISHED BY THE SISTER OF THE EMPLOYEE, WHO APPLIES FOR DECLARING HIS FATHER/MOTHER AS DEPENDENT UPON HER BROTHER FOR THE PURPOSE OF AVAILING MEDICAL ASSISTANCE.

AFFIDAVIT

I, _____ daughter/wife of _____ resident _____ do hereby solemnly affirm and declare as follows:

a) That my brother _____ who is employed in IFFCO Kalol Unit as _____ has applied for declaring my father Shri _____ & mother Smt. _____ as dependent upon him for the purpose of availing medical benefits etc. as per IFFCO rules.

b) That I am employed with M/s. _____ as _____ and my employer's address is as under :

c) That my parents are dependant/not dependent upon me and I am claiming/ not claiming Medical benefits for my parents from my employer.

d) That my parents normally reside with me / my brother / my sister whose name & address is as under :

1)

2)

3)

All the above statements are true to my belief and knowledge.

(Deponent)

Identified by me

(Advocate)