

**Appendix 'A'**

(Refer to Para 3 of CO, ECHS  
letter No B/49711-NewSmart  
Card/AG/ECHS dt Apr 2019)

**ECHS SELF ATTESTED CERTIFICATE FOR  
DEPENDANT ABOVE 18 YEARS OF AGE  
(AT THE TIME OF COLLECTION OF CARD)**

1. It is certified that Mr/Mrs/Ms \_\_\_\_\_  
whose photograph is appended is a bonafied dependant  
of No \_\_\_\_\_ Rank \_\_\_\_\_  
Name \_\_\_\_\_  
(Retired) with ECHS Card/Registration No \_\_\_\_\_

Latest Self  
Attested  
Photo  
PP Size

2. Particulars of Dependent Mr/Mrs/Ms \_\_\_\_\_

(a) Date of Birth \_\_\_\_\_

(b) Aadhar No \_\_\_\_\_

(c) PAN Number \_\_\_\_\_ (if held)

(d) Copy of 26AS for the following Assessment Year :- (if held)

(i) Last Assessment Years : \_\_\_\_\_

(e) Current Address of dependant \_\_\_\_\_

3. It is also certified that Mr/Mrs/Ms \_\_\_\_\_ is **not employed**  
and is having no income/ income is less than Rs 9000 PM plus DA.

4. It is also certified that Mr/Ms \_\_\_\_\_ is **not married** (Not applicable  
for parents).

**Note:-**

(a) The self attested proforma will be produced whenever required in ECHS polyclinic/empanelled hospital by the beneficiary. The validity of the same will be **ONE Year** from the date of signature.

(b) In case of any change in dependency, the primary Card holder is responsible to cancel the membership of dependent immediately on occurrence by blocking the card on the online portal and intimation to his/her parent/nearest polyclinic. **Any false declaration/misuse of benefits will entail suspension/cancellation of ECHS membership of all members.**

\_\_\_\_\_  
(Signature of Dependant)

\_\_\_\_\_  
(Signature of Ex-Servicemen/  
Primary Member)

Place :

Place :

Dated :

Dated :