Date :

**SELF DECLARATION**

This is to certify that I have been suffering from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of illness) and hospitalized or require hospitalization in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of hospital) lasting for one month or more.

(signature of the employee)

Employee Code \_\_\_\_\_\_\_\_\_\_\_

**SELF DECLARATION (FOR MEDICAL TREATMENT OF FAMILY MEMBER)**

This is to certified that my wife/son/daughter/dependent father/mother Shri/Smt. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has to undergo for major surgical operation for the treatment of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and hospitalized or require hospitalization in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of hospital) for one month or more.

(Signature of the Employee)

Employees Code \_\_\_\_\_\_\_\_\_\_