## **DEPENDANT DECLARATION**

I hereby declare that the contents in this	application are tr	ue to l	oest o	of my k	nowle	dge and
belief that the person for whom medical expense	es were incurred for	or trea	itmei	nt is m	y Fathe	er /Wife
Sri/Smt		and	he	/she	was	wholly
dependent on me.						
						(
Station:						
Date:	Constituency					
				Dis	trict.	