

Self- Declaration Form for Medical Reimbursement for NHM Contractual Employees (Dependent Certificate)

I Sri/ Ms./Smt., working as
Under NHM, Assam as contractual employee at.....district , hereby declare
that my father/mother/wife.....is not working/retired at Govt./Private
Sector/semi govt. organization with medical reimbursement facility and he or she is purely
dependent on me.

Yours faithfully,

Name-

Designation-

Present place of posting-

HRMIS ID-

Contact No.-

Place: _____

Date: _____