

Declaration

I hereby declare that I, Shri/Smt/Kum_____ the
prime beneficiary / the family member
Shri/Smt/Kum_____ being insulin dependent/drug
dependant diabetic have/has purchased Glucometer/_____ nos of Glucometer
Strips for the year _____. I realise the onus of proving eligibility for the
benefit under CHSS rests on me and I am also aware that in case my declaration
is proved false, I am liable for disciplinary action besides other actions as per rules

Signature:

Name:

Emp. No:

Division:

Phone no:

Recommendation of AMO: