

SAMPLE AFFIDAVIT FOR ISSUE OF TEMPORARY SMART CARD/RECEIPT

**AFFIDAVIT ON Rs. 10/- NON JUDICIAL STAMP PAPER and TO BE ATTESTED BY
MAGISTRATE/NOTARY PUBLIC DECLARATION**

1. I, No _____ Rank _____ Name _____ do hereby affirm that, if on verification of the documents the particulars of my dependents mentioned for dependency on ECHS are found to be false/incorrect/forged then I undertake to refund/make good the money spent on the treatment of such non-entitled persons.

2. I shall also be liable for prosecution for forgery/misinformation and suspension/revoking of my membership of the scheme.

VERIFICATION

I, the deponent above named, do hereby solemnly declare and verify that the contents of the above affidavit are true to the best of my knowledge and belief, and nothing material has been concealed or suppressed there from.

Verified at (Place) _____ on this (date)-----day of (Month) _____ Year

(Signature of Deponent)

**ATTESTED BY
MAGISTRATE/NOTARY PUBLIC**

CHECK LIST

FRESH MEMBERS AFTER RETIREMENT

1. ECHS Application.
2. Xerox copy of original filled ECHS application.
3. Affidavit as per format signed by Notary (One Temp & Permt).
4. Bankers Certificate for stoppage of FMA.
5. MRO, if applicable (Pre 1996 retiree not required).
6. Photocopy of PPO.
7. Photocopy of Discharge Book/Service particulars/Records office letter.
8. DD for Rs 135/- per card payable to Regional Centre ECHS Hyderabad (for e.g if there are three members then a single draft is reqd for Rs 135/- x 3 = Rs 405/-)
9. 2 x photographs each member reqd spare.
10. Blood Group Report.
11. Disability Certificate for handicapped Dependent if any as per format.
12. Be submitted in a file cover.

Note : Address must be within 60 characters only except State, no abbreviated form for District.

ON LOSS OF SMART CARDS

1. Use Upgradation Form
2. Xerox copy of Upgradation Form.
3. Affidavit for loss as per format signed by Notary.
4. DD for Rs 135/- per card payable to Regional Centre ECHS Hyderabad (for e.g if there are three members then a single draft is reqd for Rs 135/- x 3 = Rs 405/-)
5. 2 x photographs each member reqd spare.
6. Photocopy of Old ECHS Smart Cards if available.

CORRECTION IN CARDS / CHANGE OF ADDRESS / POLYCLINIC

1. Upgradation From.
2. Two xerox copies of original filled Upgradation Form.
3. DD for Rs 135/- per card payable to Regional Centre ECHS Hyderabad (for e.g if there are three members then a single draft is reqd for Rs 135/- x 3 = Rs 405/-)
4. 2 x photographs each member reqd spare.
5. Photocopy of ECHS Smart Card.
6. Proof of documents for which correction is required.

INCLUSION OF DEPENDENT

1. ECHS Application Pages 01 to 05.
2. Xerox copy of filled original ECHS application.
3. DD for Rs 135/- per card payable to Regional Centre ECHS Hyderabad (for e.g if there are three members then a single draft is reqd for Rs 135/- x 3 = Rs 405/-)
4. 2 x photographs each member reqd spare.
5. Photocopy of ECHS Smart Card.
6. Affidavit for new dependent.
7. Temp Affidavit.
8. Copy of Part II Order/POR/Dependent Certificate from Records Office.
9. Be submitted in a file cover.

CHRONOLOGICAL ORDER FOR FILING OF DOCUMENTS
(FOR FRESH CASES)

1. DD (Please mention Service No, Rank and Name on the reverse of DD).
2. Temporary Card Cum Receipt of Documents (Page No 5).
3. Original ECHS Application (Pages 01 to 04).
4. Xerox copy of ECHS Application (Pages 01 to 04).
5. Bankers Certificate for stoppage of FMA (Page No 10).
6. MRO if applicable (Pre 1996 retiree not required) (Page No 09).
7. Photocopy of PPO.
8. Photocopy of Discharge Book/Copy of Pt II Order/Certificate from Records showing proof for Dependents (Spouse, Children and Parents).
9. Affidavit as per format signed by Notary (See Page No 8).
10. Disability Certificate as per format in case of any children is disabled.
11. Blood Group Report for ESM and dependents.
12. Documents should be submitted in File cover.
13. Write down service No, Rank, Name & Mob No on File cover and back side of DD.