SELF ATTESTATION FOR DEPENDENT SONS AND DAUGHTERS
ABOVE 18 YEARS OF AGE FOR AVAILING ECHS BENEFITS

1. Pl. ref ECHS membership form available for download on www.echs.gov.in
wherein dependent details are endorsed in part II of the application.

2. In order to institute a check mechanism for preventing unauthorised
dependents above 18 years of age availing ECHS facility, the following is directed:-

(a) A self attested proforma as per format (Copy att) available for download
in the download section of ECHS website shall be filled and rendered, wef
01 Mar 2017 by all beneficiaries who have dependent children above 18 yrs of
age.

(b) The form will be self attested by primary beneficiary, dependent and the
same shall be countersigned by the OIC of parent polyclinic.

(c) The validity of self attested proforma will be one year from the date of
signature, on expiry of validity a fresh proforma shall be prepared.

(d) For availing treatment at empanelled hospitals, in addition to the ECHS
Card, beneficiary would need to furnish a self attested copy of this document
to the hospital.

3. **All Comd HQs[A]**. Instructions to this effect may pl be communicated to all
Polyclinics in your AOR.

4. **Dir RCs**. Directions to this effect are being passed to BPA so as to make this
proforma a mandatory document for processing the Hospital’s bills. All Dir RCs are
requested to sensitize empanelled hospitals towards this, as also all OIC Polyclinics to ensure that this document is uploaded along with all reimbursement claims of individuals.

5. Forward for strict compliance please.

(Sanjeev Saroch)
Col
Dir (Ops & Coord)
for MD ECHS

**Encls:** As above

**Internal:**
Ops & Coord
Med
P&FC
C&L
Claim
Emp

**Copy to:**

M/s UTI-ITSL
UTI Bhawan,
Plot No.3, Sector 11
CBD Belapur, Navi Mumbai
Maharashtra – 400614

1. You are requested to instruct all verifiers to ensure that this document is verified as an essential document while checking the bills of dependents above 18 yrs of Age.
2. Hard copy submitted by Hospital must be cross checked with the copy uploaded alongwith the online bill.
3. Request pass suitable directions and incorporate provisions in the online portal accordingly.
ECHS SELF ATTESTED PROFORMA FOR DEPENDENT SON/DAUGHTER
ABOVE 18 YEARS OF AGE

1. It is certified that Master/Miss ________________, whose
   Photograph is appended is a bonafide dependent Son/Daughter of
   No __________ Rank ______ Name ________________ (Retired) with
   ECHS Card No _____________________.

2. Particulars of Dependent Master/Miss _____________
   (a) Date of Birth _____________________
   (b) AADHAR No _____________________
   (c) Address __________________________

3. It is also certified that Master/Miss ________________ is not employed and is
   having no income.

4. It is also certified that Master/Miss ________________ is not married.

Note: The self attested proforma alongwith countersignature of OIC parent ECHS
Polyclinic, will be produced whenever required in ECHS Polyclinic/empanelled
hospital by the beneficiary. The validity of the same will be one year from the date of
signature, after which dependents need to prepare a fresh proforma. In case of any
change in dependency, the primary card holder is responsible to cancel the
membership of dependent immediately on occurrence. Any false declaration/misuse of benefits will entail suspension/cancellation of ECHS membership.

__________________________                    ______________________________
(Signature of Dependent)                             (Signature of EX Serviceman/
                                                      Primary Member)

Date:-                                           Date:-

Place:-                                           Place:-

COUNTERSIGNED WITH STAMP

__________________________                    ______________________________
Place:                                               Signature
                                      (OIC Parent Polyclinic)