



MUMBAI PORT TRUST
MEDICAL DEPARTMENT

Date:

The Chief Medical Officer

Port Trust Hospital,

Wadala (East), Mumbai

Respected Sir,

With reference to my M.A.R. No. _____ I, Shri/Smt. _____, hereby state that the following children are wholly dependent upon me and residing with me. As soon as they are not dependent upon me due to gainful employment / marriage, I undertake to delete their names from my Family Medical Aid Registration Card, failing which I understand that the charges for medical treatment provided for them when they are no more dependent upon me are recoverable from my salary.

1) _____ Date of Birth: _____ Age: _____ years

2) _____ Date of Birth: _____ Age: _____ years

3) _____ Date of Birth: _____ Age: _____ years

4) _____ Date of Birth: _____ Age: _____ years

Thanking you,

Yours faithfully,

Shri/Smt. _____

Designation: _____

Section: _____

Department: _____