

MUMBAI PORT TRUST

(NOTE : All the items of declaration state below should be filled in invariably by the employee. Please use word 'NIL' instead of putting DASH in the blanks, when you have nothing to furnish)

To,

Date: _____

The Chief Medical Officer,

Port Trust Hospital,

Antop Village, Wadala, Mumbai – 400 037.

(Through the _____ Mb.P.T)

Sir,

Sub.: Declaration from employee for registration of his/her parents,

names for the purpose of Medical Aid from Mumbai Port Trust

I hereby declare that-

(1) (a) My father Shri:

is of _____ years of age as on _____

(If possible, please furnish the date of birth _____)

(b) My father late Shri _____ expired on

(C) My mother Smt. _____

is of _____ years of age as on _____

(d) My mother late Smt. _____ expired on

(2) He/She/They is / is not are/are not residing with me,

(3) He/She/They is/are have income per month/per annum from service

Rs. _____/Business Rs. _____/Pension

Rs. _____

Houses Rs. _____/Land Holding Rs. _____/Interest

Rs. _____

(4) My father/Mother is /are not at all having Income from any of the above mentioned sources (i.e the sources stated in para, (3) above.)

(5) The quantum of the Pension mentioned above relates to the original sum of pension before commutation, vide your circular No. H/MAR.(171)16571 dated 20.03.1980.

(6) My parents are/are not wholly dependent on me.

Yours faithfully,

Signature / L.H.T.I.

Name:

Designation: _____

Section: _____

Department: _____

M.A.R. No.: _____

No. _____

Date: _____

Forwarded to the Chief Medical Officer, Mb.P.T for further necessary action, the details of the employee's declaration have been verified. The employee's request for inclusion of his father's/mother's name may/may not be accepted.

HEAD OF DEPARTMENT