

## **Declaration of Income**

(To be declared by the employee/pensioner of Govt. of West Bengal or AIS in-service/retired officer rendered service under Govt. of West Bengal at the time of fresh enrolment or eligible dependent beneficiaries biennially in the month of May and June)

I, Sri/Smt ..... (Name of employee/pensioner) son/daughter/husband/wife of ..... (Name of father/husband) ..... (Residential address) having GPF No./PPO No..... Do hereby solemnly affirm and declare as under:-

1. That I am a citizen of India and work under Govt. of West Bengal.
2. That (I want to enrolment / I have already done enrolment) my family under West Bengal Health Scheme from.....(effect date) with enrolment ID.....
3. That I hereby declare that the following members of my family are eligible to become as dependent beneficiary under me;

Sl. No.	Name of family members	Relation(as per existing certificate)	Beneficiary ID	Aadhar No.	Monthly Gross Income (Rs.)

4. That the above statements are true to the best of my knowledge and belief.
5. I further declare that I will be liable for initiating disciplinary proceedings against me in terms of WBS (CCA) Rules-1971 for suppression of facts.

Full Signature with date and  
Designation of the Employee/Pensioner