

To be notarized on non-judicial stamp paper. E-stamp paper also accepted

AFFIDAVIT

I, Shri _____ S/O Shri _____
Aged about _____ years, residing at _____
_____ do

hereby solemnly affirm and state on oath as follows:

1. I state that I am a permanent resident of Bengaluru residing at the above address.
2. I state that I am working as _____ in the Department at Bengaluru / I am Central Government pensioner holding CGHS Card No. _____.
3. I state that I have sought permission for the reimbursement of the cost CIPAP / BIPAP / OXYGEN CONCENTRATOR / FINGER PULSE OXYMETER machine / equipment for domiciliary use for me / my

4. I further state that I undertake to return the CIPAP/BIPAP/OXYGEN CONCENTRATOR/FINGER PULSE OXYMETER machine/equipment to the Department/CGHS, Bengaluru, after its utility is over. It is my responsibility for maintenance and upkeep of machine/equipment and the expenditure to be incurred towards this would be borne by me.

I am swearing this affidavit to produce the same before the concerned authorities to do the needful.

What is stated above is true and correct to the best of my knowledge and belief.

Place: Bengaluru

Dated:

DEPONENT