



# BHARAT COKING COAL LIMITED

(A Subsidiary of Coal India Limited)

## FORMAT

### FAMILY DECLARATION FOR ISSUE OF HEALTH CARD FOR MEDICAL TREATMENT AT COMPANY'S HOSPITAL

(To be filled in by the Employee in Block Letter)

Name of the Employee ..... Designation .....

Personnel Number ..... Department / Section .....

Sl. No.	Name of the Family members (as recorded in Service File)	Relation with the Employee	Marital Status (in case of Son / Daughter)	Study status of Son / Daughter and present course	Date of Birth / Age	Whether fully dependent as per MAT Rules and permanently residing with the employee	Monthly Income (in Rupee)	Affix a family photograph of all eligible family members as per MAT Rules attested by the concerned employee

I do hereby solemnly affirm that the above declaration of my family members as given by me are true and for any discrepancy found later on, I shall be liable for action as per Company's Rules.

(NOTE : In the family photograph, Sl. No. 1 should be marked against the photograph of Wife, No. 2 against Father, No. 3 against Mother and Nos. 4, 5, 6 etc. should be marked against Sons / Daughters as may be applicable. The last number should be marked against the photograph of the employee concerned for identification of the employee and his / her eligible dependents as per MAT Rules.)

SIGNATURE OF THE CONTROLLING OFFICER / HOD OF  
THE DEPT. WITH SEAL.

SIGNATURE OF THE EMPLOYEE  
WITH DATE