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Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Thimayya Marg
Near Gopinath Circle
Delhi Cantt - 110 010

B/49701-PR/AG/ECHS/2021

07 Sep 2021

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
All Regional Centres ECHS
DIAV

**DOCUMENTS REQUIRED AS PROOF OF INCOME TO CHECK ELIGIBILITY OF
DEPENDANTS FOR ECHS MEMBERSHIP**

1. PI refer to Central Organisation letter No B/49701-PR/AG/ECHS/2020 dated 11 Aug 2020.
2. Following amendment be made to the Self Declaration Form at Appx A of the above quoted letter:-

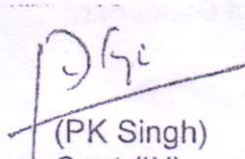
For

It is also certified that Mr/Mrs/Ms _____ is not employed and is having income less than Rs 9000/- per month plus DA.

Read

It is also certified that Mr/Mrs/Ms _____ does not have any income/ has income less than Rs 9000/- per month plus DA.

3. Rest no change.


(PK Singh)
Capt (IN)
Offg Dir (Ops & Coord)
for MD ECHS

Appx'A'

(Refer to Para 3 of CO, ECHS
letter No B/49701-PR/AG/ECHS/2020)

**ECHS SELF ATTESTED CERTIFICATE FOR DEPENDANT
ABOVE 18 YEARS OF AGE**

1. It is certified that Mr/Mrs/Ms _____ whose
photograph is appended is a bonafied dependant of No _____ Rank _____
Name _____
(Retired) with ECHS Card/Registration No _____

2. Particulars of Dependent Mr/Mrs/Ms _____

(a) Date of Birth _____

(b) Aadhar No _____

(c) PAN Number _____ (if held)

(d) Copy of 26AS for the following Assessment year : - (if held)

(i) For latest/last quarter only : _____

(e) Current Address of dependant _____

Latest Self
Attested Photo
PP Size

3. It is also certified that Mr/Mrs/Ms _____ does not have
any income/ has income less than Rs 9000 per month plus DA.

4. It is also certified that Mr/Ms _____ is not married (Not applicable for
parents).

5. Not availing any scheme of the Govt.

Note :-

(a) The self attested Proforma will be produced whenever required in ECHS
polyclinic/empanelled hospital by the beneficiary. The validity of the same will be **ONE Year**
from the date of signature.

(b) In case of any change in dependency, the primary Card holder is responsible to
cancel the membership of dependent immediately on occurrence by blocking the card on the
online portal and intimation to his/her parent/nearest polyclinic. Any false declaration/misuse
of benefits will entail suspension/cancellation of ECHS membership of all members.

Signature of Dependant

(Signature of Ex-Servicemen/Primary Member)

Place :

Place :