



## **SELF DECLARATION FORM**

### **Emergency Telephonic Intimation (ETI)**

### **Chief Minister's Arogya Arunachal Yojna (CMAAY) & Ayushman Bharat - National Health Protection Mission (AB-NHPM)**

I \_\_\_\_\_, Father/Mother/Son/Daughter/Spouse of Shri/Smt/Late \_\_\_\_\_, age \_\_\_\_ (years), resident of \_\_\_\_\_ in the district of \_\_\_\_\_, Arunachal Pradesh, do hereby declare that I am a bonafide APST/Non-APST resident having a valid land holding certificate of Changlang/Lohit/Namsai district/Govt. and/or employee/dependents of Arunachal Pradesh with Aadhaar No. / Ration Card No. / Permanent Resident Card No. \_\_\_\_\_.

\_\_\_\_\_  
**Signature of the Beneficiary/Dependent**

I hereby declare that the patient is eligible to take treatment under the Chief Minister's Arogya Arunachal Yojna (CMAAY)/ Ayushman Bharat - National Health Protection Mission (AB-NHPM) against the pre-defined packages. The information stated above will be submitted with the requisite documents within 48 hours of hospitalization. The information so submitted is true to the best of my knowledge and belief and nothing is concealed herein. In case of any delay/non submission of the requisite documents within the prescribed time limit, I will be liable to bear all the expenses for the treatment rendered to me and/or my family member availing under the subjected scheme.

**Name of the Patient: -**

**Name of the Dependent: -**

**Relation with Patient (In case patient is not available): -**

**Name & Address of the Hospital: -**

**Place: -**

**Date: -**