



CIS Technology Park, 1st Floor, Shah rah-e-Jamhuriat,
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Ref No: CIS/Admin/OO/2017

DECLARATION

For CIS Employees Availing Medical Insurance

I Mr./Miss/Mrs..... hereby solemnly
declare that the following dependent details are totally correct and true in every respect:

- that my father, mother, spouse, son(s) and daughter(s) are entirely dependent on me;
- none of dependent mentioned below is availing any type of medical facility/treatment (Indoor/OPD) directly or indirectly from his/her previous/current occupation/job;
- that none of my dependent/family member is entitled to any medical treatment/medical facilities from other family member like spouse, brother, sister etc;
- in the event of any change in the status of any of the below mentioned dependents, which affects the eligibility, I shall inform CIS administration immediately about the same;
- If any statement is found to be incorrect I shall be liable to disciplinary action as per CIS rules;

List of Dependents:-

Sr. No.	Full Name	Whether Employed (Office address)	Relationship	Date of Birth
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Signature:.....
Name :
Designation:
Department:
CIS Node:.....

Checked& Verified by:
(Concerned Officer Incharge)

Manager (Admin & HR),
CIS, Islamabad.