

## Undertaking

(For issuance of Medical Card)

I, .....do hereby undertake that each of the dependent shown in my medical card continue to be dependent on me and there is no change in their status by virtue of age/job /marriage etc.

I hereby further undertake and it is my responsibility that I shall immediately inform the Office to remove the name of any of my dependent (s), if he/she no longer remain so because of age/marriage/income etc.

Full signature:

Name:.....

Designation:.....

Status:           Serving/Retired

Date:

Place

To,

The Director, ICAR-CRIJAF, Barrackpore, Kolkata-700121.