



ALL INDIA INSTITUTE OF MEDICAL SCIENCES DEOGHAR
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)
(An Institution of National Importance under Ministry of Health & Family Welfare)
भारतसरकार/ Government of India
'Employee Health Services (EHS) – AIIMS Deoghar'



EHS Employee Declaration Form

To,
The EHS Chairperson,
AIIMS Deoghar.

Date: _____

Sub-Information of dependent Employee's working in same institute reg.

Sir,

This is to inform you that I _____ and my Spouse
Mr./Mrs./Dr. _____ are working at AIIMS Deoghar. So, I
declare that my Spouse is dependent on me.

This is for your kind information & necessary actions.

Thank You.

Employee Name	
Employee ID	
Department/Office	
Designation	
Contact no	
E-mail ID	

Employee Sign

Employee's dependent Name	
Employee ID	
Department/Office	
Designation	
Contact no	
E-mail ID	

Employee's dependent Sign