



DSBT – FAMILY BENEFIT SCHEME

Health Declaration by Applicant

(For Admission to DSBT- Family Benefit Scheme)

I hereby declare that I am not suffering from any following Mentioned diseases:

1. Malignancy – Primary /Secondary:
2. Serious Heart Problem –under went By-Pass Surgery or Angioplasty for Coronary Artery Disease:
3. Serious Neurological diseases and Brain Diseases:
4. Serious Kidney diseases:
5. Liver Disease like Cirrhosis:
6. Serious Bone Diseases:
7. Degenerative Diseases:
8. Severe Diabetes and /or grade III Hypertension:
9. Immuno-compromised diseases:
10. Any other serious illness

I, do hereby declare that the above information is true and I have not withheld any information whatsoever regarding my health particulars and my **DSBT - Family Benefit Scheme** Membership can be terminated if any information is found to be incorrect and benefits of the **DSBT – Family Benefit Scheme** need not be paid to my nominee/s. **Failure to inform above will lead to non-payment to my Nominee/s or legal heir/s.**

Date:

Place:

(Signature of Applicant)

I hereby declare that I am suffering from one of the above-mentioned disease / diseases _____ since _____ years, and I can provide relevant medical reports on request by the DSBT FBS. I am agreeing to pay the extra contributory non refundable deposit of Rs.5000/- along with the Registration & contributory DSBT FBS Membership fee.

Date:

Place:

(Signature of Applicant)