

Tele : 3138 (Mil)  
25810019 (Civ)

ECHS Polyclinic, Kirkee  
Pune -411 020

1002/ECHS/Gen

03 Feb 2020

Director  
AWES  
C/o HQ SC Comd, Pune

**MEDICAL TREATMENT WARDS OF ECHS BENEFICIARY**

1. A large No of wards of Ex-servicemen are studing at Pune. They visit ECHS Polyclinic for their health care needs. Most of the time, it is seen reqd documents to avail ECHS facilities are not held by them.
2. The list of documents dependent Son/Daughter must carry for availing ECHS facility are as under :-
  - a) ECHS card (32kb/64kb) or Temp Slips/Receipts generated post online application.
  - b) ECHS self attested performa for dependent Son/Daughter above 18 years of age – valid for one year from date of issue - sample encl as per Appx'A'.
  - c) Copy of Aadhar card.
  - d) NOC/ Transfer form (From the parent polyclinic to ECHS polyclinic Kirkee) - Sample encl as per Appx 'B'.
  - e) Patient treatment book (old record / concurrent record).
4. The tele No of ECHS PC in Pune are as under :

ECHS PC Pune	:	020 – 2633422
ECHS PC Kirkee	:	020 – 25810019
ECHS Lohegaon	:	020 - 26680424
5. The above information may be made part of joining instructions for students.

Col AK Shukla (Retd)  
OIC  
ECHS Polyclinic, Kirkee

Copy to:-

SIMS Khadki, Pune  
AIT, Dighi, Pune  
Army Law College, Talegaon, Pune

AWWA Girls Hostel, Khadki, Pune

AWWA Boys Hostel, C/o HQ DMSA Pune  
Stn HQ, Kirkee

} for info please.

**Address of New Polyclinic :**

\_\_\_\_\_  
\_\_\_\_\_

Polyclinic file Ref : \_\_\_\_\_ dated \_\_\_\_\_

**INTIMATION : CHANGE OF PARENT POLYCLINIC**

(Separate form to be raised for each card/ copy to be sent to concern Regional Centre).

To,  
OIC ECHS Polyclinic

\_\_\_\_\_

(Address of Old Parent Polyclinic)

1. ECHS Card No : \_\_\_\_\_
2. Name of ECHS beneficiary : \_\_\_\_\_
3. Relationship with ECHS Member \_\_\_\_\_
4. Service No : \_\_\_\_\_ 5. Rank : \_\_\_\_\_
6. Name: \_\_\_\_\_
7. Old Parent Polyclinic : \_\_\_\_\_
8. New Polyclinic : \_\_\_\_\_
9. Dated of Change of Parent Polyclinic : \_\_\_\_\_
10. Duration From : \_\_\_\_\_ To : \_\_\_\_\_

**DECLARATION BY CARD HOLDER**

It is certified that, **no eqpt/ eqpt** has been issued to me and my family. I am fully responsible for any deficiencies at any stage if eqpt found held with me. Details of eqpt is

\_\_\_\_\_

“Above given statement by me is true.”

Dated :

(Signature of Card Holder)

**REMARKS OF OIC POLYCLINIC**

“I personally verified details given by the individual with his smart card is true.”

Dated :

(Signature of the OIC of Old Polyclinic)

Appendix 'A'

(Refer to Para 3 of CO, ECHS  
letter No B/49711-NewSmart  
Card/AG/ECHS dt Apr 2019)

ECHS SELF ATTESTED CERTIFICATE FOR  
DEPENDANT ABOVE 18 YEARS OF AGE  
(AT THE TIME OF COLLECTION OF CARD)

1. It is certified that Mr/Mrs/Ms \_\_\_\_\_  
whose photograph is appended is a bonafied dependant  
of No \_\_\_\_\_ Rank \_\_\_\_\_  
Name \_\_\_\_\_  
(Retired) with ECHS Card/Registration No \_\_\_\_\_

Latest Self  
Attested  
Photo  
PP Size

2. Particulars of Dependent Mr/Mrs/Ms \_\_\_\_\_

(a) Date of Birth \_\_\_\_\_

(b) Aadhar No \_\_\_\_\_

(c) PAN Number \_\_\_\_\_ (if held)

(d) Copy of 26AS for the following Assessment Year :- (if held)

(i) Last Assessment Years : \_\_\_\_\_

(e) Current Address of dependant \_\_\_\_\_

3. It is also certified that Mr/Mrs/Ms \_\_\_\_\_ is not employed  
and is having no income/ income is less than Rs 9000 PM plus DA.

4. It is also certified that Mr/Ms \_\_\_\_\_ is not married (Not applicable  
for parents).

Note:-

(a) The self attested proforma will be produced whenever required in ECHS  
polyclinic/ompanelled hospital by the beneficiary. The validity of the same will be  
ONE Year from the date of signature.

(b) In case of any change in dependency, the primary Card holder is  
responsible to cancel the membership of dependent immediately on occurrence by  
blocking the card on the online portal and intimation to his/her parent/nearest  
polyclinic. Any false declaration/misuse of benefits will entail  
suspension/cancellation of ECHS membership of all members.

\_\_\_\_\_  
(Signature of Dependant)

\_\_\_\_\_  
(Signature of Ex-Servicemen/  
Primary Member)

Place \_\_\_\_\_

Place \_\_\_\_\_