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Central Organisation ECHS  
Adjutant General's Branch  
Integrated Headquarters of  
MoD (Army), Thimayya Marg,  
Near Gopinath Circle,  
Delhi Cantt- 110 010

B/49711-NewSmartCard/AG/ECHS

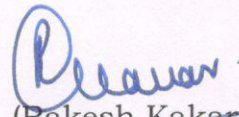
29 Apr 2019

IHQ of MoD (Air Force)  
IHQ of MoD (Navy)  
HQ South Comd (A/ECHS)  
HQ East Comd (A/ECHS)  
HQ West Comd (A/ECHS)  
HQ Central Comd (A/ECHS)  
Northern Comd (A/ECHS)  
South West Comd (A/ECHS)  
HQ ANC  
Regional Centres ECHS

**DOCUMENTS REQUIRED AS PROOF OF INCOME TO CHECK  
ELIGIBILITY OF DEPENDANTS FOR ECHS MEMBERSHIP**

1. Refer to Central Organisation ECHS letter No B/49701-PR/AG/ECHS/2017 dated 27 Sep 2017 and B/49701-PR/AG/ECHS/2017 dt 16 Nov 2017(Not to all).
2. A policy on eligibility criteria for ECHS membership was promulgated vide letters under reference. The following documents are required to be produced by the ESM for all dependants above 18 years of age (except spouse) at the time of collection of their Cards:-
  - (a) Self attested copy of PAN Card.
  - (b) Self attested copy of Form 26AS for the last two financial years.
3. In case the documents given at Para 2(a) & (b) can not be produced by the ESM, then he will have to furnish a self attested certificate for dependant above 18 Years of age. Specimen proforma is attached as **Appx 'A'**.
4. In case of income of dependents above 18 years of age (except spouse) is more than **Rs 9000/-** from all sources (**excluding DA**) per month, then the ECHS Cards for such dependants will not be handed over to the beneficiary/ESM. Such Cards will be destroyed by a board of officers every month and record be maintained at the Station HQ's. Details of such destruction be forwarded to Regional Centre concerned, Central Organization, ECHS and M/S SourceDotCom Private Limited. Cases will be initiated in such cases for cancellation of cards permanently.

5. It is further reiterated that the Cards of all dependants will be blocked automatically by the system on completion of one year. The ESM will have to submit an online self declaration certificate by using his login credentials. A specimen ECHS self attested certificate for dependant above 18 years of age is attached as **Appx 'B'**. The fields marked as '**A**' will be auto populated and in the balance fields the beneficiary will have to upload the required certificate/enter details. This renewal facility will be available one month in advance from completion of one year from the date of issue of Card/last renewal.



(Rakesh Kakar)

Col (Retd)

Jt Dir (Stats & Automation)  
for MD ECHS

**Encls:** (As above)

**Copy to:-**

SourceDotCom  
Private Ltd

} The details of Cards destroyed by Regional Centres & fwd by board of officers should be blocked & removed from the system. However, data of such Cards should be maintained separately & fwd to Central Organization, ECHS on six monthly basis.

**Internal**

Medical Section

C & L Section

P & FC Section

S&A Section : You are requested to upload the ECHS website and copy given to SourceDotcom.

**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/empanelled 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 :

Dated :

Dated :



**Appendix 'B'**

(Refer to Para 5 of CO, ECHS letter No B/49711-NewSmart Card/AG/ECHS dt Apr 2019)

**ECHS SELF ATTESTED CERTIFICATE FOR  
DEPENDENT ABOVE 18 YEARS OF AGE  
(TO BE SUBMITTED ONLINE EVERY YEAR FOR UNBLOCKING OF CARDS)**

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

Photo  
Auto  
Populated

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

(f) Date of Birth \_\_\_\_\_ 'A' \_\_\_\_\_

(g) Aadhar No \_\_\_\_\_ 'A' \_\_\_\_\_

(h) PAN Number \_\_\_\_\_ 'A' \_\_\_\_\_

(i) Copy of 26AS for the following Assessment Year :-

(i) Last Assessment Year : \_\_\_\_\_ ☺ (To be uploaded, if held)

(ii) Total Annual income as per Form 26AS: \_\_\_\_\_

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

3. It is also certified that Mr/Mrs/Ms \_\_\_\_\_ 'A' \_\_\_\_\_ is **not employed** and is having no income.

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

**Note:-**

(a) This self declaration is valid for **ONE Year** from the date of submission.

(b) The cards of all dependents above 18 years of age will be blocked every year and needs to be activated through online submission of this proforma.

(c) 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.**

I, \_\_\_\_\_ Name of Ex-servicemen (Autopopulated) \_\_\_\_\_, do hereby solemnly declare and verify that the contents of the above declaration are true to the best of my knowledge and belief, and nothing material has been concealed or suppressed therefrom. This electronic self declaration has been given with reference to IT Act 2000 and is admissible under The Indian Evidence Act 1872.

I Agree



Date: \_\_\_\_\_ A \_\_\_\_\_