

## AFFIDAVIT

Notarized Affidavit for CPAP/Bi-level CPAP/Bi-level Ventilatory system/Oxygen Concentrator Machine.

I Sh./Smt./Kum. \_\_\_\_\_ S/D/W/H/O \_\_\_\_\_

a serving/pensioner CGHS beneficiary, CGHS Ben ID No. \_\_\_\_\_

R/o \_\_\_\_\_ attached with CGHS dispensary \_\_\_\_\_  
do solemnly affirm and declare that.

The CPAP/Bi-level CPAP/Bi-level Ventilatory system/Oxygen Concentrator machine has been advised by Dr. \_\_\_\_\_ Hospital \_\_\_\_\_ on dated: \_\_\_\_\_ in respect of \_\_\_\_\_.

I undertake to return CPAP/Bi-level CPAP/Bi-level Ventilatory system/Oxygen Concentrator machine in good working condition to MSD, CGHS Gole Market, New Delhi, through concerned CGHS Wellness after its utility is over.

The responsibility for maintenance and upkeep of the machine will lie with me. I shall not claim Expenditure incurred, if any on upkeep and maintenance of the machine.

I will submit the claim at CGHS ceiling/approved rates and the remaining amount, if any, will be borne by me.

I have enclosed a complete sleep lab report/ABG report and proforma duly filled up by treating specialist.

I shall not use the aforesaid machine for any other purpose except treatment of \_\_\_\_\_.

I, the undersigned, do hereby declare that, I have not purchased any CPAP/BIPAP/Oxygen Concentrator machine, in the past five years at Govt. expenses.

1. Name :
2. CGHS I.D. No:
3. CGHS Wellness Centre, which attached:
4. Validity of CGHS Card:
5. Address of Applicant/Mobile:

Dated:

Signature of the Applicant.