

Annexure-2a: INCOME CERTIFICATE

(To be issued by the employer on his/her letter head)

This is to certify that Mr./Ms. _____ is working in this _____ (name of organisation/company/establishment) as _____ (job designation) since _____ (date of joining), and that she/he is currently being paid a monthly salary of Rs. _____ (in words _____). The information provided above is as per our office records. This certificate is issued as per the request of our employee for the purpose of availing financial aid for cancer treatment of the employee herself/himself or her/his dependant.

Name of the Issuing Authority:

Full address:

Signature and seal:

Contact number:

Annexure-2b: SELF DECLARATION OF INCOME

I, the undersigned, _____, resident of (full address) _____ do hereby declare that the annual income of my family from all sources is Rs. _____ (in words _____). I certify that the information given by me is true.

Patient's full name:

Legal guardian's full name

(in case of minor):

Signature:

Signature:

Date:

Date: