

DECLARATION

I (write your name) aged (mention your age) residing at (mention your residential address) am an ex-student of Goethals Memorial School, Kurseong having passed out from the said school in the year (mention the year in which passed from school and incase of those who left school early mention the year in which the batch passed from school) .

I am fully aware of the contents of the Group Medical Cover (GMC) for the members of GMS Alumni (Registration No 33742 of 1998, Delhi), and their family members. I have read the terms and conditions of the said Group Medical Insurance and am agreeable to comply with the responsibilities specified there under. I have not withheld any information or wrongly stated any information that would materially affect my or my family member's eligibility for the GMC. I further declare that the following are my family members and are eligible for the GMC:

Sl. No	Member Name / Dependent Name	Date of Birth (DD-MM-YY)	Gender (Male / Female)	Relationship With Member
1				Self
2				Spouse
3				Child 1
4				Child 2
5				Child 3
6				Father
7				Mother

I also understand that acceptance/ denial of any request for GMC shall be entirely at the discretion of the Governing Body of GMS Alumni (Regd.) whose decision shall be final.

My complete postal address is as below for all correspondence purpose:

Email: **(M)**.....

I, (write your name) do hereby solemnly declare that what is stated above is true to the best of my knowledge and belief.

Place: _____

Date: _____

(Signature)
(Name of ex-student)