

**Declaration by the parent of NISER student covered as a dependent beneficiary of a parent's health scheme**

I, Ms/Mr \_\_\_\_\_

hereby declare that my daughter/son \_\_\_\_\_

who has been admitted to NISER as an Integrated MSc/Integrated PhD/PhD

student, is covered as a dependent beneficiary of my \_\_\_\_\_

\_\_\_\_\_  
healthcare scheme\*. I take full responsibility for all medical treatment she/he might require beyond the capabilities of the NISER Health Centre during his/her tenure as a NISER student.

Place

Name

Date

Signature

\* **Note:** It is requested that the parent kindly attach an evidence of the scheme if possible