

INCOME TAX APPELLATE TRIBUNAL BAR ASSOCIATION, NEW DELHI

10TH FLOOR ITAT PREMISES, LOK NAYAK BHAWAN, KHAN MARKET, NEW DELHI-110003

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UNDERTAKING

[To be filled by the Patient/Guardian]

I, _____ S/o, W/o _____ Aged _____ Years, R/o _____, hereinafter referred as 'Deponent' do hereby affirm the veracity of information provided and undertake to abide by all the following terms and conditions of ITAT BAR ASSOCIATION, 10th Floor, Loknayak Bhawan, Khan Market, New Delhi 110003 (Supplier of medical equipment namely 'Oxygen Concentrator') (in short 'Concerned Authority') :-

1. It is herein stated that the deponent is the close relative/family friend of the patient.
2. The medical equipment 'Oxygen concentrator' is provided/supplied by the concerned authority to the deponent on his/her request for the patient considering his/her health conditions.
3. The Oxygen concentrator is recommended prescribed by the doctor, as appraised by the Deponent.
4. Oxygen concentrator is issued to the deponent for his personal medical use for a period of maximum (5) days and after expiry of the aforesaid period, the deponent will be bound to return the same to the concerned authority.
5. In the event, the Oxygen concentrator's purpose is served before (5) days then the deponent has to inform the same to the concerned authority and will have to return it immediately.
6. In the event the Oxygen concentrator is required for further use i.e. over and above (5) days, then the same will be issued only after following the exact procedure as mentioned in point 2.
7. In addition, prior intimation of two (2) days shall be given to the concerned authority which if approved will make one use Oxygen concentrator for a period beyond 5 days.
8. The information provided, documents uploaded, and the supporting documents submitted by the deponent along with the affidavit are true and does not contain any false information or documents.
9. The deponent has agreed that he/she will not mishandle or tamper the Oxygen concentrator. Further the deponent shall exercise due diligence and take necessary precautions while handling it. In the event of failure to do so, the deponent shall be liable to pay damages to the concerned authority.
10. The Oxygen concentrator will be returned to the concerned authority in the same working condition in which the same was issued.
11. No other medical facility or aid will be provided to the deponent except the Oxygen concentrator. The deponent will have to buy your own mask and tubing to connect to oxygen concentrator outlet.

12. The deponent will pick the Oxygen concentrator from the address of the concerned authority and thereafter return the same at the aforesaid address of the Concerned Authority.

13. If any problem or inconvenience is caused to the deponent by the use of Oxygen concentrator, the concerned authority will not be responsible in any way, manner or form for the same. The deponent is strictly advised to consult a doctor before using Oxygen concentrator.

14. The deponent will not sell, rent out or transfer the Oxygen concentrator to any person.

15. In the event of any sale, transfer or renting of the Oxygen concentrator and in case of failure to fulfil the terms and conditions by the deponent such as if the Oxygen concentrator is not returned within (5) days or is retained after fulfilment of purpose prior to 5 days, then an appropriate legal action will be taken against the deponent followed by damages.

16. The deponent acknowledges that the concerned authority is doing this service on humanitarian grounds on gratuitous basis and the concerned authority is not responsible in any manner to the deponent.

17. The concerned authority reserves the right that its volunteer can at any time visit the premises for inspecting that Oxygen concentrator is being used for the purpose for which it has been obtained by the deponent.

18. Lastly, the deponent is duly informed that this Oxygen concentrator will no longer work in case patient's SPO2 level is less than seventy-five (75).

DEPONENT

VERIFICATION

Verified that the contents of the above said undertaking are true and current to the best of my knowledge and belief and nothing has been concealed therein.

VERIFIED AT :

DATED :

PATIENTS NAME :

MOBILE NUMBER :

DEPONENT RELATION

WITH PATIENT:

DEPONENT'S NAME & SIGNATURE