

DECLARATION TO BE SUBMITTED  
ALONG WITH THE MEDICAL RE-IMBURSEMENT BILL

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I, Shri/Smt. ....  
working as ..... (DESIGNATION) in the  
..... (Place of Posting) .....

(name of H.O.O.) do hereby declare as follows:-

1. That, I have not drawn any re-imbusement of medical expenses during the year .....
2. That, I had drawn a sum of Rs. .... prior to claim and the total including/  
existing claim is Rs. ....
3. That, I had not drawn any advance in connection with the treatment of the ailing members of  
my family member(s).
4. That, I had drawn a sum of Rs. .... as advance for  
treatment of the ailing members of my family member(s).
5. That, no advance is pending for recovery.
6. That, the amount of claim is fully re-imbursible limited to ceiling of 50% Rs. 25,000/- as specified  
under the Rules.

Further, I declare that the above information is true to the best of my knowledge and belief and that  
in the event of any overdrawal being detected, I have no objection to recover the same as directed by  
the competent authority.

**COUNTER SIGNED BY**

Signature of HOD & DDO (seal)

**Signature of Government  
servant/Employee (Claimant)**

Dated .....