

MAHANAGAR TELEPHONE NIGAM LTD.

REGARDING MEDICAL REIMBURSEMENT IN CASH

I HAVE INCURRED RS. _____ ONLY (RUPEES _____

_____) FOR MYSELF AND

MEMBERS OF MY FAMILY FOR THE PERIOD _____ TO _____.

THIS IS CERTIFIED THAT:-

I HAVE ALREADY DEPOSITED THE CARD OF CENTRAL GOVERNMENT MEDICAL SCHEME TO THE APPROPRIATE OFFICIAL. I AND MEMBERS OF MY FAMILY HAVE NOT AVAILED ANY MEDICAL SUPPORT FROM ANY OTHER SOURCE.

SIGNATURE OF EMPLOYEE

NAME

STAFF NO.

UNIT WHERE WORKING

SIGNATURE OF UNIT OFFICER

STAMP

NOTE: THE ABOVE AMOUNT WILL BE EQUAL TO 1/8TH OF THE (BASIC PAY+DEARNESS ALLOWANCE) AND THE STATEMENT IS TO BE SENT IN EACH QUARTER.