

Annexure- II (Cir. 018/2018/BC/HRD-04-SWD/03-01-2018)

Declaration for claiming reimbursement of medical expenses for the year..... by the superannuated/spouse of superannuated employee/spouse of employee dying in harness/VRS employees who have completed 60 years of age.

Name	
Emp.No	
Pension No.	
Date of Birth	
Date of joining the Bank	
Date of superannuation/VRS	
Date of death of Employee	

I,.....
superannuated employee/spouse of superannuated employee/spouse of
employee dying in harness/VRS employee do hereby solemnly declare that I
have truly and honestly incurred a sum of Rs..... During the calendar
year..... as medical expenses for myself and I request that the eligible
amount may be reimbursed to me in terms of the rules of the Bank now in
force and credited to my S B account No.....
at..... Branch.

Place.....

Date

Signature of the Claimant

For use by Sanctioning Authority

**Verified the details. Sanctioned Rs..... being eligible amount of
reimbursement.**

Date

Sanctioning Authority

(With Seal)