

**Centre for Development of Advanced Computing**  
**Reimbursement of Medical [OPD] Claim**

**RIM/MC/2019-2020/342435/8**

Claim Date: 07-NOV-2019  
(BLR Finance Reimbursement)

**Personal Information**

Empld	342435	Name	Ms Pasupuleti Jhansi
Centre	Bangalore	Group	R D
Staff Type	Consolidatd - Contract on Consolidatd Pay	Scale	0
Designation	Project Engineer		
Basic/PiPb/ConsPay	27,226	Joining Date	01-Sep-2016
Status	Active	Left Date	
Email	jhansip@cdac.in	Phone	66116400
Contract Start Date	01/09/2019	Contract End Date	29/02/2020

**Claim Details**

Sr.No.	Patient Name	Bill Date	Bill No	Bill Type	Issuer	Claimed Amount	Sanc.Amount
1]	Ms Pasupuleti Jhansi [Self]	07-NOV-2019	120100	Medical Insurance Premium	APOLLO MUNICH HEALTH INSURANCE COMPANY LTD	7,970.90	0
<b>Total [Rs]</b>						7,970.90	0

**UNDERTAKING / DECLARATION**

I hereby declare that,

01. All information given above is true and correct to the best of my knowledge and belief.
02. All the expenditure for which this medical reimbursement is claimed has been actually incurred by me.
03. I have not claimed any of the above amounts from any authority.
04. All dependent family members for whom this medical reimbursement is claimed are actually dependent on me as per central government rules for the entire period for which reimbursement is claimed.
05. I undertake to refund the amount in one single installment paid by C-DAC under this claim if anything declared above is proven false / wrong. It is therefore requested to reimburse me the above amount.

**Signature Of Employee**

**For Office Purpose Only**

Claim passed for

CFO/Finance Executive

Checked by

Passed by