

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

RIM/MC/2015-2016/341891/4

Claim Date: 29-FEB-2016

(NOIDA Fin. Reibursement-Claims)

Personal Information

Empld	341891		
Name	Ms Neha		
Centre	Noida	Group	E-Gov
Staff Type	Consolidatd - Contract on Consolidatd Pay	Grade	N.A.
Scale	0	Basic	15,050
Joining Date	12-Jan-2015	Left Date	
Status	Active	Designation	Project Associate
Contract Start Date	12/01/2015	Contract End Date	31/12/2016

Claim Details

Sr.No.	Patient Name	Bill Date	Bill No	Bill Type	Issuer	Claimed Amount	Sanc.Amount
1]	Ms Neha [Self]	06-FEB-2016	3681	LabTests/ Xrays Etc	Micro Path Labs	2,850.00	0
Total [Rs]						2,850.00	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