

DECLARATION FOR 80DDB CLAIM

I hereby declare that _____(name of the patient) aged ____ years who is suffering from _____(disability /treatment name) and undergoing treatment for the same under Dr. _____

☐ I further declare that I have not availed any Insurance benefit or reimbursement towards the expense incurred in treatment.

☐ I further declare that I have availed Insurance benefit of Rs. _____ towards the expense incurred in treatment during the current financial year.

Employee Name:

Employee Code:

Place:

Date: __/__/__

Signature of the Employee