

**Application for Reimbursement of Medical expenses under Staff Welfare
Scheme for Retired employees**

Name of the retired employee :
SR NO/ SSR NO :
Branch/Office at which last worked :
Designation at the time of retirement :
Date of Birth :
Date of joining service :
Date of retirement :
Whether retirement on Superannuation : Yes/No
Present address :

Name of Branch/ SB A/C No. of the :
employee to which the credit is to be
made (Please provide 9 digit A/C No.)
Amount of claim :
Year of claim :
Whether medical bills/ declaration :

Branch/Office : Signature of Retired employee
Date :

Branch/ Office:

Date : Branch Manager/Head of Dept.

From

Place:

Date:

Declaration

I hereby declare that I have incurred/paid the following expenditure towards Medicines/Consultation/Laboratory charges etc for me and my family members. I request you to kindly reimburse the following amounts.

The expenses towards Consultation, Medicines etc are given below:

Consultation `

Medicines `

Laboratory Charges `

Total `

(Rupees only)

Yours faithfully,

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