



**APPLICATION FOR REIMBURSEMENT OF HEALTH CHECK UP CHARGES  
FOR RETIRED STAFF MEMBERS**

To

The Assistant General Manager  
Indian Bank, HO/HRM Department  
66 Rajaji Salai, Chennai 600 001

Dear Sir,

I request you to reimburse the expenses incurred towards the health check up / laboratory Investigations / tests undergone by me and my spouse under the Health Check up Scheme for Retired Staff Members. The details are furnished below.

Name of the Applicant		SRNO		
Designation (At the time of Retirement)		Date of Birth		
Branch (at which last worked)		Date of Retirement on Superannuation		
SB A/c No:		Branch where a/c is maintained		
Present Address		Permanent Address		
Mobile No.	Landline No.	Calendar Year of Claim	Total amount claimed ₹.	
Details of Health Check-up / Tests undergone				
Date	Bill number	Name of the Lab	Name of Diagnostic Test	Amount ₹

**Declaration of the Applicant**

I hereby declare that I retired from the Bank on superannuation and the particulars furnished above are true.

Date :

Signature of the Applicant

**Branch Manager's Recommendation**

Certified that the applicant is maintaining SB account with our Branch. We forward the application with relevant bills/receipts to HO/HRMD for reimbursement of the eligible amount.

Date :

Signature of Branch Manager &amp; Seal