



**ANNUAL MEDICAL AID FOR RETIREES**

**From**

**To**

**Name :**

-----

**SR.No. :**

**Indian Bank**

**Designation :**

**Department :**

----- **Branch/Dept**

**SB A/C NO. & Branch :**

*Dear Sir,*

*SUB: Request for reimbursement of Medical Expenses incurred by me during the year .....*

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*I hereby declare that I have incurred the following expenses for self and family and request you to reimburse the same as per rules.*

*Consultation Fees :*

*Cost of Medicines :*

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*Yours faithfully,*

*Place:*

*Date:*