

UNIVERSITY OF HYDERAB
Finance & Accounts
MEDICAL SECTION

UNDERTAKING

I, hereby undertake that I have not availed any amount either in part or full from any Insurance Companies / Financial Institutions of Private / Government / Public Sector undertaking in respect of the bill for Rs. _____ submitted in Medical Section, Finance & Accounts. The total amount towards treatment of _____ has been paid by me to the hospital M/s. _____. I will be held responsible for any consequences thereof for any kind of misapprehension / double claiming, in case if it found later.

SIGNATURE

NAME: _____

PENSIONER / EMPLOYEE
PID No. _____ ID No. _____