

UNDERTAKING

1. I (name) _____ am a regular Employee/Officer of NIT Raipur. I hereby declare that I am entitled for Medical Reimbursement claim from the Institution for self & my dependent family members. I also declare that any kind of excess payment given to me in Medical Reimbursement claim, may be recovered according to the norms of the Institution.

2. I also declare that Shri/Smt./Master _____ aged _____ years for whom the Medical treatment was taken is my _____ (relationship) and is fully depended upon me & his/her name is also entered in my service book. I also declare that I have applied this Medical Reimbursement claim only at NIT Raipur.

3. I also declare that treatment taken from _____ (name of hospital) is authorised by Central Government/State Government/CGHS Rules/ CS (MA) Rule/ Institute empanelled hospital/ any other hospital/clinic _____* (please tick the appropriate one and also attach the supportive documents).

* In case of treatment taken from any other hospital/clinic, please attach a proper justification for the same.

Signature of Employee : _____

Designation : _____

Department : _____

Date : _____