

DECLARATION

Date –

I, Sri/Smt. _____
Retired/ _____ of _____
_____ under _____ district, do hereby state
that I have done my _____ treatment at _____
_____ from _____
_____ to _____ .

I, do hereby declared that I have not claim *or* not drawn the aforesaid
Medical Re-imbusement bill from any other Govt. source.

Signature of the claimant

ESSENTIALITY CERTIFICATE

Certified that _____ employee
of the _____ District _____
_____ has been under my treatment for _____ with
effect from _____ to _____ at _____
_____ and that the under mentioned medicine /test prescribed by me are essential for recovery /
preventio0n of serious deterioration in the condition of the patient. The medicines are not
include proprietary preparations for which cheaper substance of equal therapeutic value are
available nor preparations which are primarily food, toilets of disinfectants

<i>Sl. No.</i>	<i>Name of Medicines</i>	<i>Voucher No. & Date</i>	<i>Quantity</i>	<i>Amount</i>

Total:

Signature of the Authority

OFFICE

Memo No.

Date:

TO WHOME IT MAY CONCERN

It pleases me to certify that Sri/ Smt./ Md./Late _____
_____ was suffering from _____
problems and done her treatment at _____ Hospital, _____
_____ from _____ to _____ as referred by the _____ Medical
College & Hospital, _____ .

It is also certified that the Medical Re-imburement claim preferred by Sri/ Smt./
Md./Late _____ in connection with medical
treatment as stated above, is found to be genuine.

(_____)
D.D.O. / Inspector of Schools,
