

DECLARATION FORM – MEDICAL REIMBURSEMENT

The Joint Secretary (A/Cs)
The Institute of Chartered Accountants of India
NEW DELHI

FOR EMPLOYEES WHO LIVE IN AREA COVERED IN CGHS

Dear Sir,

I have incurred more than a sum of Rs.3,250/- / Rs.4,000/- for treatment of myself and my family members who are dependent on me during the financial year _____.
Please reimburse maximum admissible amount to me.

I declare that my residence at _____
_____ is covered by CGHS. I further declare that this amount will not be claimed by me or my wife/husband from any other source.

Dated _____

Signature of the Employee

Place _____

Name
Designation
CGHS Card No.

FOR EMPLOYEES WHO LIVE IN AREA NOT COVERED IN CGHS

Dear Sir,

I have incurred more than a sum of Rs.6,250/- / Rs.7,500/- for treatment of myself and my family members who are dependent on me during the financial year _____.
Please reimburse maximum admissible amount to me.

I declare that my residence at _____
_____ is not covered by CGHS. I further declare that this amount will not be claimed by me or my wife/husband from any other source.

Dated _____

Signature of the Employee

Place _____

Name
Designation
CGHS Card No.

FOR OFFICE USE ONLY

ENTITLEMENT FOR REIMBURSEMENT

Who are covered/not covered b CGHS

A sum of Rs. _____ may be passed for payment.

E.O.

JT. Director (A/Cs).

Additional Secretary(Accounts)