

DECLARATION

I, _____ declare that:

- i) The reimbursement claimed is in respect of myself and my spouse only.
- ii) I was not re-employed on full time : Yes / No
basis during the period of claim preferred.
- iii) I am neither availing nor entitled : Yes / No
to any other medical facilities from
any other source either in consequence
of my past employment or employment
of the spouse and / or of the wards
or for any other account.
- iv) The amount claimed has been actually spent by me on medical services and
medicines. No part of the amount has been incurred on treatment of a Venereal
disease, psychiatric treatment or intentional self injury, Intemperance or the use of
intoxicating drugs or liquor / or any injury, disease or illness directly or indirectly
attributable to one or more of these causes.
- v) The amount claimed does not include the following :
 - (a) Charges incurred on diagnostic or X-ray, or laboratory examinations or other
diagnostic tests not consistent with and incidental to the diagnosis
and treatment of ailment, sickness or injury and not prescribed by
the Medical Attendant.
 - (b) Treatment of congenital defects/ diseases if these are incurable.
 - (c) Expenditure on treatment pertaining to menopause.
 - (d) Expenditure on special nursing.
 - (e) Expenditure towards cosmetic surgery.

Date :

SIGNATURE

**NOTE : EACH PRESCRIPTION OR BILL FOR TREATMENT SHOULD
CLEARLY SPECIFY THE DISEASE FOR WHICH TREATMENT HAS
BEEN PRESCRIBED TO FACILITATE TIMELY PAYMENT.**