CERTIFICATE ATTACHED ALONG WITH APPLICATION

FOR REIMBURSEMENT OF COST OF DRUGS

I ……………………………………………………… do here by declare that, ……………………………………………………………………….. has been under treatment at the …………………………………………………………………………………………………… from …………………….. to ……………………………………….., and I have received the benefit of one system of treatment and not taken advantage of more than one system simultaneously.

Place:

Date : Name and designation

DECLARATION

I …………………………………………………………………………. Do here by declare that medicines purchased for the cost of which reimbursement is claimed are not primary foods, tonics, dentures etc, for which under Rules 3 (1) and (2) of medical attendance rules, the refund is not permissible.

Place :

Date : Name and designation

Name of office Designation