



राष्ट्रीय पुस्तक न्यास, भारत
NATIONAL BOOK TRUST, INDIA
नेहरू भवन, 5 इंस्टीट्यूशनल एरिया, फेज-2
वसंत कुंज, नई दिल्ली-110070

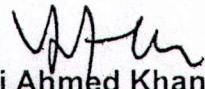
F-4-34/05/Estt

Dated 31st August, 2017

CIRCULAR

Attention is invited to the G.I.M.H. O.M. No.14025/33/75-MC, dated 15th April, 1975 & 14025/15/94-MS, dated 12th August 1994 of Ministry of Health and Family Welfare, Government of India regarding scrutiny and verification of medical reimbursement bills in respect of CS (MA) and CGHS beneficiaries.

In compliance with the said OM dated 15th April, 1975 and 12th August 1994, it has been decided by the Competent Authority that while preferring medical claims for re-imbursement, the employee should submit an undertaking in proforma-I (indoor and outdoor both) or II (indoor only) as the case may be along with other relevant documents.


(Ali Ahmed Khan)
Joint Director (A & F)

Specimen copy of Proforma I & II

All employees/officers, National Book Trust, India
(ii) P.S. to the Chairman
(iii) P.A. to the Director
(iv) Guard file/office copy
(v) Notice Board

UNDERTAKING

I.....(name , designation and contact no.) solemnly
Affirm that my husband/wife Shri/Smt.....(name, designation and
Contact no.) has been working in the office/ministry.....
(name, address and landline no.)He/She has not preferred any medical claim from his/her
department in respect of self or family or both.

I further undertake that he/she has not been paid medical allowance from his/her office.

The above information is given to the best of my knowledge and belief. I am aware
that in case the information is found false at any stage, I can be prosecuted under CCS (
CCA) Rules 1965 as amended from time to time

Date:

Signature

Name.....

Designation.....

Residential address.....

.....
Contact No.....

Proforma-II

(Certificate applicable for Indoor Patient only.)

UNDERTAKING

*I.....(name , designation and contact no.) solemnly

Affirm that my husband/wife Shri/Smt.....(name, designation and

Contact no.) has been working in the office/ministry.....(name, address and landline no.)./ I am a pensioner.

I further certify that I or my spouse is not covered with Medi-claim insurance scheme/ has not preferred any claim from such health insurance organization against the present medical bill.

The above information is given to the best of my knowledge and belief. I am aware that in case the information is found false at any stage, I can be prosecuted under CCS (CCA) Rules 1965/ Indian Penal Code.

Date

Signature

Name
Designation

address.....

Residential
Contact No.....

- Please mark tick () whichever is applicable.