

**FORMAT FOR CLAIMING MEDICAL EXPENSES ON DECLARATION BASIS**

<p><b>FROM</b></p> <p>Sri/ Ms.....</p> <p>E/M No..... (at the time of retirement)</p> <p>Address:.....</p> <p>.....</p> <p>.....</p>	<p><b>TO</b></p> <p>The Senior Manager/Manager, Corporation Bank, Personnel Admn.Division, Staff Welfare Section, H.O.MANGALORE.</p> <p><b>Through: Corporation Bank</b></p> <p>.....</p>
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Dear Sir,

I hereby submit the declaration as well as the statement of accounts for claiming reimbursement of Medical Expenses for the Financial Year.....under the **scheme "Reimbursement of hospitalisation/Medical Expenses to employees retired on superannuation"**, for your kind sanction.

**DECLARATION**

I,.....retired employee of Corporation Bank retired on Superannuation on.....(date of retirement). I hereby solemnly declare and confirm that I have truly and honestly incurred a sum of Rs..... [Rupees.....] as Medical Expenses for myself and my spouse for the period from ..... to .....

Particulars of the Medical Expenses are furnished below and I request that the said sum may be reimbursed to me in terms of the Scheme "Reimbursement of Hospitalisation/Medical Expenses to employees retired on Superannuation under Staff Welfare measures of the Bank.

<b>STATEMENT</b>		
1.	Cost of medicines/drugs for self /my spouse :	Rs.....
2.	Cost of Injections :	Rs.....
3.	Cost of diagnostic materials like X -ray, Lab Tests etc. :	Rs. ....
4.	Consultation Fees to Physician/Surgeon :	Rs. ....
	<b>TOTAL:</b>	<b>Rs.....</b> [Rupees.....]
<p>Place: _____ Signature of the retired Employee</p> <p>Date : _____</p> <p>E/M No. at the time of Superannuation. :.....</p> <p>Date of retirement : _____</p> <p>SB A/c No. to which claim is to be credited : _____</p>		

**FORWARDED TO PERSONNEL ADMINISTRATION DIVISION, STAFF WELFARE SECTION, HO., MANGALORE**

The applicant is a retired employee of our Bank, retired on superannuation and known to me.

Place:

Date :

**BRANCH MANAGER** [with office seal]