

NON – DRAWAL DECLARATION OF THE APPLICANT

I, Mr./ Mrs.....

Receiving Family Pension / Service Pension Vide P.P.O.No.....

and.....

.....(S.B .A/C. No., Bank Name &

Branch, Mandal / Town/City) is hereby declare that, I am not claimed previously the amount of Rs./- (Rupees

.....only) from the department towards the reimbursement of Medical Expenditure incurred for self treatment OR the treatment of my spouse/child/Parent.....

.....(Name & Age) for recovery of

.....during the period from

..... to at

(Hospital Name & Address) and not received any part of the above amount so far.

Further, I declare that, it is a First (I) claim during my entire service and after my Family Pension Period.

Station:

Signature:

Date:

Full Name:

.

Residential Address:

Certified that the amount of Rs...../- (Rupees.....

.....only) furnished by

the applicant in the above declaration has not been drawn from STO.....

(Dist) and disbursed to her as per available records of this office and also

with reference to the records of the Treasury Office.

Station:

Signature of the DDO. With Seal.

Date:

DDO Code at Treasury Officer: _____

Postal Address:

TREASURY OFFICE CODE: