

# AVAILMENT CERTIFICATE

Medical Reimbursement of Sri / Smt. \_\_\_\_\_

\_\_\_\_\_ is \_\_\_\_\_ Spell of claim.

His / Her dependent He/ She was under gone treatment for

at \_\_\_\_\_

during the period from \_\_\_\_\_ to \_\_\_\_\_

Signature of the Employee.

Signature of the D.D.O.