

# AVAILMENT CERTIFICATE

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

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Is \_\_\_\_\_ Spell of claim. His/Her dependent He/She was under  
gone treatment for \_\_\_\_\_

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at \_\_\_\_\_

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

Signature of the Employee.

Signature of the D.D.O.

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