

NON-DRAWAL DECLARATION TO BE SUBMITTED ALONGWITH BILLS

I _____ S/o/H/o/W/o. _____ O/o. _____
_____ declare that I have availed/not
availed Credit Card facility previously for Rs. _____ and so far, no
Reimbursement/Reimbursement of Medical expenses sanctioned Rs. _____ to me
during existing medical policy, the relevant sanction copy is herewith enclosed.

Signature

(Name of the Employee & Designation)
with ID.No./PPO.No.

Countersigned

Signature of the Controlling Officer
with Stamp & Date