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**Indian Council of Forestry Research and Education**  
(An Autonomous Body of the Ministry of Environment and Forests, Govt. of India)  
**P.O. New Forest, Dehradun – 248 006 (Uttarakhand)**

No.11-5/PHS/2013-ICFRE

Dated the 28<sup>th</sup> November, 2014

To,

The DDG (Admin.), ICFRE  
All Directors of Institutes under ICFRE

**Subject: - Procedure for settlement of medical claims under ICFREPHScheme.**

Sir,

The ICFRE Pensioners' Health Scheme (ICFREPHS) has been implemented with the approval of the Govt. of India, Ministry of Environment & Forests in ICFRE w.e.f. April, 2013. The ICFREPHS provides medical services to the Pensioners of ICFRE and their eligible dependent family members at the level of Govt. of Hospitals/dispensaries and recognized approved hospitals by the Ministry of Health and Family Welfare in its Health Scheme. It has been observed that codal formalities for reimbursement of medical claims are not being followed as per provisions in ICFREPHS. As such, the procedure to be followed by all concerned in order to facilitate timely reimbursement of medical claims/expenses are explained below :-

**(A) Salient features of the Scheme**

- I. ICFREPHS shall apply to all Pensioners of ICFRE who opt for the Scheme by depositing contribution of amount in accordance with the corresponding Grade Pay drawn at the time of retirement etc.
- II. The Board of Governors of the ICFRE in its 50th Meeting held on 31.10.2014 approved the amendment in clause 3.3 of Chapter- 2 of ICFREPHS – 2012 that the amount of one time contribution or contribution by exercising option to avail medical facilities under ICFREPHS shall be deposited in ICFREPHS Account to finance the Scheme vide notification No.58-21/50th/2014-ICFRE dated 24th November 2014.
- III. For finance the Scheme, an amount of Rs.1.00 crore annually shall be provided from out of Revenue Head of ICFRE to ICFREPHS Account.
- IV. Existing pensioners as well as future retirees shall have to exercise one-time option to avail medical facilities under ICFREPHS or to claim fixed medical allowance of Rs 300/- p.m. The beneficiaries of ICFREPHS are not entitled for fixed medical allowance of Rs.300/- p.m.
- V. For the beneficiaries residing in Dehradun, the OPD facility is available at New Forest Hospital, Dehradun. Similarly for the beneficiaries residing at Jabalpur, the OPD facility is available at TFRI Dispensary, Jabalpur. The beneficiary as per requirement should go to Authorised Medical Attendant at New Forest Hospital/TFRI Dispensary, Jabalpur/Govt. Hospital for Consultation/OPD treatment. The OPD facility for beneficiaries residing outside Dehradun has been extended at Govt. Hospitals of the respective



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City where the beneficiary resides. Beneficiary cannot go to any Private recognized/referral hospitals directly.

- VI. Specialist/Super Specialist treatment in referral recognized super Speciality hospitals shall be admissible on the referral by the CMO Incharge of authorized hospitals concerned. No such advice/prescription is required for taking treatment from Central Govt./ State Govt. hospitals and hospitals under other Govt. bodies of the respective city recognized under CS (MA) Rules.
- VII. The medicines to the members of ICFREPHS residing at Dehradun shall be procured by the New Forest Hospital from its approved Chemist(s) and supplied to the beneficiaries. Charges for purchasing medicines from open market while getting OPD Treatment are not reimbursable in any case. However, expenditure on investigations and tests done in Govt./referral recognized hospital may be reimbursed if such tests, investigation have been done on the advise the Doctors of New Forest Hospital.
- VIII. In case of refer of beneficiary by the CMO/MO, New Forest Hospital to the empanelled recognised hospital at Dehradun, the purchase of prescribed medicine from the market and its reimbursement shall be admissible as follows :-
  - (i) in the case of OPD treatment medicine for a limited period of 4 days.
  - (ii) In the case of indoor patient, medicines for post hospitalization upto 7 days after discharge from the hospital.
  - (iii) For requirement of medicine beyond above period, medicines will have to be procured from the New Forest Hospital provided the patient should have the valid prescription of the Specialist in this regards.
- IX. No reimbursement is admissible for treatment taken from private unrecognized hospitals. However, in case of emergency, beneficiary can go to any of the nearest hospital without formally referred by the AMA/Authorised hospital. The reimbursement of medical claim will be admissible within the ceiling of rates prescribed by the Ministry of Health & Family welfare in its health Scheme or actual cost, whichever is less.
- X. Travelling Allowance for journeys undertaken for medical treatment (both ways) is admissible to beneficiary permitted for treatment in another city, if such treatment is not available in the same city on the advice of the medical authority concerned.
- XI. Even though facility is available in the city of residence of beneficiary, he/she can still choose to get treatment in Govt. recognized Institution in another city. He/She will require to obtain permission from the respective Competent Authority of the ICFRE (Hqrs./)Institute concerned. But no TA/DA will be admissible to the beneficiary.
- XII. The admissibility of the claim should be based on the beneficiary entitlement as per rules.
- XIII. The reimbursement of the medical claim restricted to the actual cost or applicable Central Govt. approved rates/package rates under CGHS, whichever is less. The expenditure on treatment exceeding the limit prescribed in CGHS is to be borne by the beneficiary from his/her own resources.
- XIV. The Director of the Institute/Deputy Director General (Administration), ICFRE will have the power to settle the medical claim upto Rs.50,000/- at a time and for bills exceeding Rs. 50,000/- and upto Rs.2 lakh, the Director

Secretary

Indian Council of Forestry Research & Education  
P.O. Forest Policy, Dehradun-243006

General and beyond Rs.2 lakh. BOG of the ICFRE will have the power to settle the medical claim in respect of the beneficiaries. This ceiling will not be applicable in case of package rates for cancer, by-pass surgery, kidney transplant etc. which will be settled as per the ceiling of the rates prescribed by the Ministry of Health & Family Welfare in its health scheme.

- XV. "Package Rate" shall mean and include lumpsum cost of in-patient treatment/day care/diagnostic procedure for which a ICFREPHS beneficiary has been permitted by the competent authority or for treatment under emergency from the time of admission to the time of discharge, including (but not limited to) – (i) Registration charges, (ii) Admission charges, (iii) Accommodation charges including patient's diet, (iv) Operation charges, (v) Injection charges, (vi) Dressing charges, (vii) Doctor/consultant visit charges, (viii) ICU/CCU charges, (ix) Monitoring charges, (x) Transfusion charges, (xi) Anesthesia charges, (xii) Operation theatre charges, (xiii) Procedural charges/surgeon's fee, (xiv) Cost of surgical disposables and all sundries used during hospitalization, (xv) Cost of medicines, (xvi) Related routine and essential investigations, (xvii) Physiotherapy charges etc., (xviii) Nursing care and charges for its service.

Package rate does not include cost of implants/stents/grafts. The reimbursement for implants is as per CGHS ceiling rates for implants/stents/grafts or as per actual in case there is no CGHS prescribed ceiling rate.

- XVI. In case of any deviation, prior permission/approval of the DDG (Admin.), ICFRE/Director of the Institute concerned is needed.

#### **B. Application for settlement of medical claims :-**

A beneficiary of ICFREPHS should make an application (Annexure-I) for claiming reimbursement of medical expenditure and settlement of any advance to the respective competent Authority. The claim should be preferred within 3 months from the date of completion of treatment/discharge from the hospital, as the case may be, the application should be made alongwith following documents :-

- (i) Check list form as per Annexure-II
- (ii) Essentiality Certificate 'A' or 'B' (as applicable) duly verified by the treating Physician/Specialist with his stamp (Annexure III & IV).
- (iii) Original prescription slip and diagnostic report, if applicable.
- (iv) All original bills duly verified by the treating Physician/Specialist with his stamp.
- (v) Photo copy of ICFREPHS Card.
- (vi) Original Discharge Summary of the hospital, if applicable.
- (vii) A detailed list of all medicines, laboratory tests, investigations, number of Doctors visits etc. with dates.
- (viii) Self explanatory letter from the pensioners beneficiary, explaining the emergency circumstances, if applicable.
- (ix) Photocopy of claim papers and an affidavit on stamp paper worth Rs.10/- duly verified by the Notary in case original papers have been lost or where it is not possible to submit original prescription slip etc. for their requirement for treatment in future. (Annexure V).
- (x) Affidavit duly verified by the Notary on stamp paper worth Rs.10/- by claimant, no objection from any other legal heirs on stamp papers and copy of death certificate, in case of death of the Card holder (Annexure VI & VII)



- (xi) Declaration by pensioner beneficiary regarding having of mediclaim policy and claim of reimbursement of medical claim bill(s) in question from Mediclaim Agency concerned, if applicable.

**C. Mode of Payment of medical claim:-**

The payment of medical claim can be made by the DDO concerned as follows :-

- (i) From normal budget of the ICFRE (Hqr.)/Institutes under ICFRE and claim reimbursement of admissible amount of medical claim from Under Secretary, Pension Cell, ICFRE, Dehradun.
- (ii) By taking an advance of the anticipated annual expenditure on medical treatment facilities to Pensioner beneficiaries of ICFREPHS from PHS Cell, ICFRE. The requisition in this regard shall be made to the Under Secretary, Pension Cell, ICFRE, Dehradun. Following procedure are to be followed by the office of the DDO :-
- (a) Opening of Separate ICFREPHS Bank Account in Nationalized Bank and furnish its details to Under Secretary, Pension Cell, ICFRE in which the fund is required to be transferred.
- (b) Maintenance of following documents in respect of above Bank Account
- (i) Cash Book
- (ii) Ledger
- (iii) Cheque Collection Register
- (iv) Register for short period FDRs, if any
- (v) Separate file for paid Voucher for each financial year.
- (vi) General correspondency of grants/advance received and payments.
- (vii) Separate Annual Receipt and payment Statement in prescribed proforma
- (viii) Bank reconciliation statement in original as on 31st March of every financial year
- (ix) Details of FDRs as on 31st March every year (date, amount, due date of Maturity, interest rate, name of bank etc.) duly attested, if applicable.

**D. Procedure for dealing with medical claim cases**

- (i) On submission of application of medical claim by the beneficiary, the office of Drawing & Disbursing Officer of the Directorate of Administration, ICFRE and respective Institute shall verify and check the claim based on prescription slip and diagnostic report and ensure that all relevant documents are enclosed as prescribed above. In case of any doubt, verification can be done from treating Doctor of Hospital concerned.
- (ii) If there is any deficiency/gaps found in Medical Claim documents/papers, the beneficiary concerned may be informed about the short comings and submission of requisite information/documents removal of the deficiencies by him.
- (iii) The office of the DDO shall scrutinize the claim as per the extant provision in the Scheme as well as approved rates of CGHS or actual cost, whichever is less. ~~the~~
- (iv) The amount found admissible may be passed and process for sanction of the Competent Authority for the amount as may be found admissible according to the entitlement of the pensioner beneficiary.

- (v) The sanction order issued by the Competent Authority of the Institute/ICFRE (HQ) should clearly state that the admissible amount has been sanctioned under "package rate" or approved rates prescribed by the Ministry of Health and Family Welfare in its Health Scheme or as per actual rates which should not be more than CGHS approved rates, as applicable in each case.
- (vi) In the case of medical claim bills requiring sanction of the Director General, ICFRE or Board of Governors, ICFRE, the proposal may be sent by the Director of the Institute or DDG (Admin.), ICFRE alongwith the copies of relevant orders/guidelines of Govt. of India containing the approved prescribed rates in its Health Scheme in respect of admissible amount for reference purposes.
- (vii) In sanctioned order the provision that the payment of sanctioned amount would be subject to the audit and recovery of over payment, if any, from the beneficiary and subject to any clarification issued by the Govt. of India in this regard.
- (viii) On sanction of the medical claim by the Competent Authority, the DDO shall make the payment of the admissible amount to the claimant through RTGs to his Bank Account or through cheque as per convenience of the beneficiary/pensioner.
- (ix) After completion of codal formalities/ removal of deficiencies, if any, in consultation with the beneficiary, the reimbursement of medical claim may be ensured within 30 days to avoid any financial hardship to pensioner beneficiary.
- (x) After payment of medical claim, the original documents alongwith payment voucher, admissible amount & details of disallowed amount clearly indicating the specific reasons/grounds for deduction alongwith copy of note containing sanction of the Competent Authority and sanction order shall be forwarded to the Under Secretary, Pension Cell, ICFRE, Dehradun for arranging reimbursement of amount of the DDO concerned.
- (xi) After checking of bill(s), the PHS Cell, ICFRE shall make the reimbursement of admissible amount of medical claim to the DDO concerned.

The time limit mentioned in above clause D (ix) may please be adhered to.

It is requested to kindly issue necessary instructions to the Officer/officials concerned to follow the above procedure religiously for timely disposal of the Medical reimbursement claims of the pensioners beneficiaries.

This has the approval of Director General, ICFRE.

Encls:- As above

Copy to :-

1. The ADG (IT&FS), ICFRE. Please arrange to place the above guidelines on the website of ICFRE.
2. The Sr. P.S. to the DG, ICFRE
3. The DDG ICFRE
4. Notice Board

Yours faithfully

(Sudhanshu Gupta)

Secretary, ICFRE

**Secretary**

**Indian Council of Forestry Research & Education**  
P.O.-New Forest, Dehradun-248006

Secretary

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**INDIAN COUNCIL OF FORESTRY RESEARCH AND EDUCATION PENSIONERS  
HEALTH SCHEME - 2012**

**FORM FOR REIMBURSEMENT OF MEDICAL CLAIMS OF (ICFREPHS)  
BENEFICIARIES.**

\*\*\*

Computer No.

(To be filled by the claimant)

1. ICFREPHS Token No:

2. Validity of ICFREPHS Token Card : from.....to..... & entitlement : Pvt. / Semi  
Pvt. / General.

3. Full name of the card holder (Block Letters) :

4. Full address :

5. Telephone No . ( O) .....( R) .....

6. E-mail address if, any:

7. Name of the Bank .....Branch.....SB A/C.

9. Name of the patient & relationship with the card holder :

10. Basic Pension

11. Name of the Hospital with Address:

(a) OPD treatment and investigations.

(b) Indoor Treatment.

12. Date of admission.....Date of discharge.....(In case of  
Indoor Treatment only)

10. Total amount Claimed

(a) OPD Treatment.

(b) Indoor Treatment.

13. Details of Permission:

14. Details of Medical advance if, any:

DECLARATION

I hereby declare that the statements made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is wholly dependant on me. I am a ICFREPHSbeneficiary and the ICFREPHScard was valid at the time of treatment. I agree for the reimbursement as is admissible under the rules.

Date:

Signature of ICFREPHS card holder

Note: Misuse of ICFREPHS facilities is a criminal offence. Suitable action including cancellation of ICFREPHS card shall be taken in case of willful suppression of facts or submission of false statements. Suitable disciplinary action shall be taken in case of serving employees.

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**Indian Council of Forestry Research and Education Pensioners Health Scheme  
(ICFREPHS)  
MODIFIED CHECKLIST FOR REIMBURSEMENT OF MEDICAL CLAIMS**

1. ICFREPHS Token No. :
2. Validity of ICFREPHS Card : from.....to.....  
& Entitlement Pvt./Semi Pvt./General
3. Full name of Card Holder (Block Letters) :
4. Name of Primary Card Holder (PCH) :  
and relationship with the PCH
5. The following documents are submitted  
(Please tick ( ) the relevant column)
  - (a) Application (Annexure I) : Yes/No
  - (b) Photocopy of ICFREPHS Card : Yes/No
  - (c) No. of Originals Bills : .....
  - (d) Copy of discharge summary : Yes/No
  - (e) Copy of referral by Specialist/CMO : Yes/No
  - (f) Whether the hospital has given Break up for lab investigations : Yes/No
  - (g) Original papers have been lost /original Prescription slip etc. are not attached for requirement for treatment in future the following documents are submitted -
    - I. Photocopies of claim papers : Yes/No
    - II. Affidavit on Stamp Paper : Yes/No
  - (h) In case of death of card holder the following documents are submitted
    - I. Affidavit on Stamp paper by Claimant : Yes/No
    - II. No objection from other legal heir on Stamp papers : Yes/No
    - III. Copy of death certificate : Yes/No
  - (i) Declaration of having Mediclaim Policy, if applicable : Yes/No

Dated .....

Signature of ICFREPHS Card Holder

Name of the Bank.....Branch.....SB A/c No.....  
IFS code.....Branch MICR code.....Tel.No. of Bank  
Branch.....



CERTIFICATE granted to Mr./Mrs./Miss ..... Son/wife/daughter  
of ..... employed in the Forest Research Institute, New Forest, Dehradun.

**CERTIFICATE - A**

(To be completed in the case of patients who are not admitted to hospital for treatment)

I, Dr. .... Hereby certify:

- (a) That I charged and received Rs. .... For ..... consultation on ..... at my consulting room/at the residence of the patient.
- (b) That I charged and received Rs. .... for administering Intra-venous/Intra-muscular/Sub-cutaneous injections on ..... at my consulting room/at the residence of the patient. (Dates to be given).
- (c) That the injections administered were/were not immunizing or prophylactic purposes.
- (d) That the patient had been under treatment at New Forest hospital / my consulting room and that the under mentioned medicines prescribed by me in this connection were essential for the recovery/preventions for serious deterioration in the condition of the patient. The medicines are into stocked in the New Forest hospital for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.

	Name of medicines	Price	Name of medicines	Price
1.	.....	.....	7.	.....
2.	.....	.....	8.	.....
3.	.....	.....	9.	.....
4.	.....	.....	10.	.....
5.	.....	.....	11.	.....
6.	.....	.....	12.	.....

- (e) That the patient is/was suffering from ..... and is/was under my treatment from ..... to .....
- (f) That the patient was/was not given pre-natal or post-natal treatment.
- (g) That the X-ray, laboratory tests, etc. for which an expenditure of Rs. .... Was incurred were necessary and were undertaken on my advice at ..... (name of hospital or laboratory).
- (h) That I referred the patient to Dr. .... for specialist consultation and that the necessary approval of ..... (name of the Chief Administrative Medical Officer of the State) as required under the rules was obtained.
- (i) That the patient did not require/required hospitalization.

Signature & Designation of the Medical Dated  
Officer and the Hospital/dispensary to which attached.

S.B.:- Certificates and applicable should be struck off. Certificate(s) is compulsory and must be filled in by the Medical Office in all cases.

प्रमाण-पत्र (ख)  
CERTIFICATE 'B'(उन रोगियों के मामले में भरा जाना, जिन्हें इलाज के लिए अस्पताल में भर्ती किया गया हो।)  
(To be completed in the case of patients who are admitted to hospital for treatment)

.....में नियुक्त श्रीमती/श्री/कुमारी.....  
 पत्नी/पुत्र/पुत्री/पुत्रा.....को दिया गया प्रमाण-पत्र  
 Certificate granted to Mrs./Mr./Miss.....  
 wife/son/daughter of Mr.....  
 employed in the.....

## भाग 'क'/PART 'A'

(अस्पताल में रोगी के प्रभारी चिकित्सा अधिकारी द्वारा हस्ताक्षर किए जाएं)  
(To be signed by the Medical Officer-in-Charge of the case at the hospital)

मैं, डॉ०.....इसके द्वारा प्रमाणित करता हूँ :-

I, Dr.....hereby certify :-

(क) कि रोगी को मेरे.....के परामर्श से अस्पताल में भर्ती किया गया था।  
(चिकित्सा अधिकारी का नाम)(a) that the patient was admitted to hospital on my advice of.....  
(Name of Medical Officer)(ख) कि रोगी इलाज के लिए.....में प्रवेश करके इस संबंध में मेरे द्वारा नुस्खे में दी गई निम्नलिखित औषधियां रोगी की दवायत में गुजर जाने के लिए/गंभीर रूप से खराब होने से रोकने के लिए अनिवार्य थी, ये औषधियां.....अस्पताल में प्राइवेट रोगियों को देने के लिए स्टॉक नहीं की जाती और उसमें पेटेंट (एकायत) योग शामिल नहीं है जिनके लिए समान चिकित्सा मान के सस्ते रस्य उपलब्ध है। न ही वे मान जो मूलतः सार्वजनिक स्वास्थ्य के लिए प्राइवेट रोगियों के लिए उपलब्ध हैं।  
(अस्पताल का नाम)(b) That the patient has been under treatment at.....and that the undermentioned medicines prescribed by me in this connection were essential for the recovery/proxylation of serious deterioration in the condition of the patient. The medicines are not stocked in the.....for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily food, toilet or disinfectants.  
(Name of the Hospital)

औषधियों का नाम Name of Medicines	कीमत Price	औषधियों का नाम Name of Medicines	कीमत Price
		7.	
		8.	
		9.	
		10.	
		11.	
		12.	

(ग) कि दिए गए इजेक्शन रोगप्रसूति या रोग-निरोध के लिए थे/नहीं थे।

(g) That the injections administered were/were not for immunising or prophylactic purposes.

(घ) कि रोगी.....से पीड़ित है/था और.....से.....तक मेरे इलाज में है/था।

(h) That the patient is/was suffering from.....and is/was under my treatment from.....to.....

(इ) कि जिन एक्सरे, प्रयोगशाला जांच आदि के लिए ..... रूप से खर्च किया था वे आवश्यक थे और वे मेरी सलाह से ..... में किए गए थे।

(अस्पताल या प्रयोगशाला का नाम)

(ए) That the X-Ray, Laboratory test, etc., for which an expenditure of Rs. .... was incurred were necessary and were undertaken on my advice at .....  
(Name of the Hospital or Laboratory)

(क) कि मैंने रोगी को विशेष परामर्श के लिए डा. .... के पास भेजा था और ..... का नियमों के अनुसार यथापेक्षित अपेक्षित अनुमोदन प्राप्त कर दिया गया था।  
(राज्य के मुख्य प्रशासनिक चिकित्सा अधिकारी का नाम)

(ख) That I referred the patient to Dr. .... for specialist consultation and that the necessary approval of the ..... as required under the rules was obtained.  
(Name of the Chief Administrative Medical Officer of the State)

.....  
अस्पताल में रोगी के प्रभारी चिकित्सा अधिकारी के हस्ताक्षर  
और पदनाम  
Signature and Designation of the Medical Officer-in-Charge  
of the case at the hospital

### भाग 'ख'/PART 'B'

मैं प्रमाणित करता हूँ कि रोगी इलाज के लिए ..... अस्पताल में रहा है और कि विशेष परिचारिकाओं की जिन सेवाओं के लिए ..... रूप से खर्च किया गया था, केलिए संलग्न बिल तथा रसीदें, वे रोगी की हालत को ठीक करने/संभार रूप से खराब होने से रोकने के लिए अनिवार्य थीं।

I certify that the patient has been under treatment at the ..... hospital and that the services of the special nurses, for which an expenditure of Rs. .... was incurred vide bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

.....  
अस्पताल में रोगी के प्रभारी चिकित्सा अधिकारी के हस्ताक्षर  
Signature of the Medical Officer-in-Charge of the case  
at the hospital

### प्रतिहस्ताक्षरित/COUNTERSIGNED

.....  
चिकित्सा अधीक्षक  
Medical Superintendent

.....  
अस्पताल  
Hospital

मैं प्रमाणित करता हूँ कि रोगी इलाज के लिए ..... अस्पताल में रहा है और कि उचित सुविधाएं दी गईं वे रोगी के इलाज के लिए अनिवार्य न्यूनतम सुविधाएं थीं।

I certify that the patient has been under treatment at the ..... hospital and that the facilities provided were the minimum which were essential for the patient's treatment.

स्थान  
Place

.....  
चिकित्सा अधीक्षक  
Medical Superintendent

तारीख  
Date

.....  
अस्पताल  
Hospital

विशेष ध्यान दें—जो प्रमाण-पत्र लागू न हों वे काट दिए जाने चाहिए, प्रमाण-पत्र 'ब' अनिवार्य है और वह सभी मामलों में चिकित्सा अधिकारी द्वारा भरा जाना चाहिए।

N. B.—Certificates not applicable should be struck off. Certificate 'B' is compulsory and must be filled in by the Medical Officer in all cases.

**Draft for Affidavit for Duplicate Claim Papers/bills on Stamp Paper**

I.....son/wife/daughter of .....  
and resident of..... hereby declare that the original papers  
of medical reimbursement claim have been lost/misplaced/not traceable/original  
prescription slips etc. are not submitted for requirement of treatment in future. I hereby  
give an undertaking that I have not received any payment against original bills/claim  
papers from any source and that if the original papers are traced I shall not stake claim  
against original bills in future and that in the event I receive any cheque against original  
bills in future I shall return the same to competent authority.

Deponent  
Verified by Notary Public

Annexure - VI

**Draft for Affidavit on Stamp Paper for claiming medical reimbursement**

I, ..... wife/son/daughter of Late ..... and resident of ..... hereby submit the medical claim papers pertaining to treatment of my father/mother/..... Late Shri/Smt ..... who has expired on..... (copy of Death Certificate is enclosed).

Late Shri/Smt ..... has left behind the following other legal heirs none of whom have any objection if the entire amount reimbursable is paid to me.

.....  
.....

No Objection Certificate signed by other legal heirs on Stamp paper is enclosed.

Deponent

Deponent  
Attested by Notary Public

Annexure - VII

**Draft for No Objection Certificate on Stamp Paper**

We ..... s/o d/o Late Shri .....  
..... s/o d/o Late Shri .....

being the legal heirs of Late Shri ..... have no objection if the entire amount reimbursable pertaining to the treatment of our father is paid to our brother Shri. ....

( ..... )  
Address

W/o ( ..... )  
Address

Verified by Notary Public