



National Institute of Open Schooling
A-24-25, Institutional Area, Sector 62, NOIDA (UP)
(An Autonomous Institution under MHRD, Govt. of India)

PROFORMA FOR CLAIMING MEDICAL REIMBURSEMENT

Certified that I have incurred an expenditure not below Rs. _____
during the period from _____ to _____ on treatment of
ailments/illness of self/wife/husband and dependent members of my family who are included
in my declaration for medical benefit scheme of the National Institute of Open Schooling.

I also certify that:

None of my family members is working in the National Institute of Open Schooling.

1. None of my family members for whose treatment, reimbursement is being claimed under CGHS Scheme.
2. My wife/husband is an employee of the Government or any organization. Address is
.....
.....
.....

I) and he/she is not claiming medical reimbursement from his/her organization.

II) and is also not in receipt of any medical allowance or such from his organization.

The above said amount may be reimbursed to me.

January to March

Signature _____

April to June

Name of the employee _____

July to September

Designation _____

October to December

Branch _____