UNDERTAKING

1. I (name)_____ am a regular Employee/Officer of NIT Raipur. I hereby declare that I am entitled for Medical Reimbursement claim from the Institution for self & my dependent family members. I also declare that any kind of excess payment given to me in Medical Reimbursement claim, may be recovered according to the norms of the Institution.

2. I also declare that Shri/Smt./Master_____ aged _____ years for whom the Medical treatment was taken is my _____(relationship) and is fully depended upon me & his/her name is also entered in my service book. I also declare that I have applied this Medical Reimbursement claim only at NIT Raipur.

Signature of Employee : _____

Designation : _____

Department : _____

Date : _____