MONETARY CONTRIBUTION FOR MEDICAL REIMBURSEMENT FORM

EMP CODE NO.	
NAME:	
DESIGNATION AT THE TIME OF SUPERANNUATION	
PAY PATTERN (<u>IDA</u> / <u>CDA</u>)	
DATE OF BIRTH	
DATE OF JOINING EPI	
SUPERANNUATION DATE:	
EMAIL ID (CURRENTLY WORKING)	
PHONE NO. (CURRENTLY WORKING)	
ADDRESS (CURRENT CORRESPONDENCE)	
LIVE CERTIFICATE [If Submitted then "Yes" else "No"]	
SELF DECLARATION [If Submitted then "Yes" else "No"]	
NAME OF SPOUSE	
DATE OF BIRTH OF SPOUSE	

1.	Please state if Y	ır Spouse is serving /retired / Superannuated from Central Govt./ State Govt/PSU	S
	etc.	/es/ NO	

Bank details for the medical bills reimbursement purpose:
 Bank account no.

IFSC code

Date: (Signature)

UNDERTAKING/DECLARATION

l,	S/oR/O
	, do hereby solemnly
affirm	and declare as under:-
1.	That I have retired from Engineering Projects(India) Ltd.(EPIL) as
2.	That I herebydeclare that neither I nor my spouse is availing any medical facilities
	from/through the Central/state Government/public sector Undertaking/ Quasi Govt.
	Body.
	Place:
	Date:
	Sign
	Shri Emp.Code
	Emp.code