

Coloumn – 2  
Appendix as hereby substituted  
APPENDIX - "C"  
(See Part – V, Rule 16 & 18)

To,  
Registrar General,  
Hon'ble High Court of judicature at,  
Allahabad.

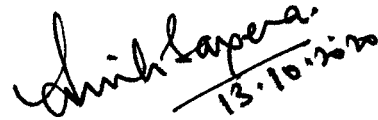
Sub : **Reimbursement of expenditure done on medical treatment**

Sir,

I, **Avnish Saxena, District Judge, Jhansi** took treatment of my wife Mrs. Shikha Saxena at (hospital name) **District Hospital, Jhansi** for DM & Hypothyroidism (disease name) from (date) **03.09.2020** to **08.10.2020**. My health card no. is .....NIL..... . I am submitting the claim of **Rs. 6106/-** with the following documents for reimbursement -

1. Essentiality Certificate duly signed / countersigned by treating doctors / Superintendent of the Hospital.
2. Original Cash memo Bills, Vouchers duly signed and verified by treating doctor.
3. **It is certified that the above named family member is wholly dependent on me, and normally resides with me.**

Kindly do the needful for reimbursement of my claim after adjusting the advance of Rs ....NIL.... sanctioned for my treatment vide letter no...NIL.... dated ...NIL... of ...NIL.....

  
13.10.2020

Dated :

(Signature of the officer)

Name - **AVNISH SAXENA**  
Desgn - **DISTRICT JUDGE**  
Place of - **JHANSI.**  
Posting **District Judge**  
**JHANSI (U.P.)**