

Column-2  
Appendix as hereby substituted  
**APPENDIX- "C"**  
(SEE PART-V, RULE 16 and 18)

**Name of Head of Office:**

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

Sir,

I.....**X**..... /My family members Name **Pramod Kumar Yadav (Father)**  
took treatment at (hospital name) **MAX SUPER SPECIALITY HOSPITAL,**  
**SAKET, NEW DELHI** for (disease name) **SUBDURAL HEMATOMA** from (date)  
**22.12.2020 to 08.02.2021** My health card n... **X** ...I am submitting the claim with

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..... **X**.....sanctioned for my treatment vide letter no..... **X** .... dated ... **X** .....of... **X** .....

Dated:

Name of Officer/Employee:- PARAS YADAV  
Designation: Addl. Civil Judge (J.D) Chhibramau  
Place of Posting: **Chhibramau, KANNAUJ**