

NON – DRAWAL CERTIFICATE OF THE APPLICANT

(PENSIONERS)

...

I, Mr./Mrs. _____
(Surname & Name)

Retired _____
(Designation, School Name, Village, Mandal and District)

Receiving the Family/Service Pension vide P.P.O.No. _____ and

(SB A/c. No. Bank Name, Branch Name and Mandal/Town/City, IFCI Code)

Is hereby declare that, I am not claimed previously the amount of Rs. _____
(Rupees _____ Only)

From the department towards the reimbursement of medical expenditure incurred for
_____ treatment (or) the treatment of my Spouse/Child/Parent _____
_____ for recovery
(Name and age)
of _____
(Disease)

During the period from _____ to _____
at _____ and not received any
(Hospital Name & Address)

Part of the above amount so far.

Further, I declare that, it is a First/Second/Third () Claim during my entire service and after retirement period.

Station :

Signature:

Date:

Full Name:

Residential Address:

Contact Phone No:

Certified that the amount of Rs. _____ (Rupees _____
_____ Only) furnished by the applicant in the above
declaration has not been drawn from STO/DTO/PAO _____ (Dist)
_____ and disbursed to him/her as per available records of this office
and also with reference to the records of the Treasury Office.

Station:

Signature of the DDO with seal.

Date:

DDO Code at Treasury Office:

Treasury Office Code:

Post Address of the Office/School:-