

## APPLICATION FROM RETIRED STAFF FOR REIMBURSEMENT OF HEALTH CHECK UP CHARGES.

The Asst. General Manager  
 Indian Bank, CO: HRM Department  
 254-260, Avvai Shanmugam Salai  
 Royapettah, Chennai 600014.

Submitted thru'  
 ..... Branch.

Dear Sir,

I request you to reimburse the **Health Check-up Charges** paid by me as per the scheme for Health check-up charges to retired staff of our Bank. The required details are given below:

1. Name of the Retiree		2. S.R No	
3. Designation at the time of retirement		4. Date of Birth	
5. Branch/Dept at which last worked		6. Date of Retirement on superannuation	
7. SB A/c No		8. Branch: where a/c is maintained	
9. Address	Present/ Permanent	10. Mobile No:	E Mail ID
11. Year of Claim		Total Amount Claimed	Rs

### Details of Health Check-up / Tests undergone

Date	Bill Number	Name of the Lab	Name of Diagnostic Test	Amount Rs

**Declaration by the applicant:** I hereby declare that I retired from the Bank on superannuation and the particulars given above are correct.

Date: \_\_\_\_\_ Signature of the Retiree

Certified that the applicant is maintaining SB account with our Bank & details furnished have been verified with the Original Bills/ Receipts and found correct.  
 Application details are entered in HRM online portal

Date \_\_\_\_\_ Branch Seal \_\_\_\_\_ Signature of Branch Manager \_\_\_\_\_

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### ACKNOWLEDGEMENT

Received Application for Reimbursement of Health Check-up charges paid from  
 Mr/Mrs/Ms \_\_\_\_\_ S R No: \_\_\_\_\_  
 on \_\_\_\_\_

Branch Seal: \_\_\_\_\_ Signature of ABM / Branch Manager \_\_\_\_\_