

NATIONAL HIGHWAY AUTHORITY



MONTHLY MEDICAL RE-IMBURSEMENT PAID BY INDIVIDUAL CONCERNED

Reference: 37th Meeting of NHC held on 30th June 2022 Vide office order No. 37(2)/NHC/Secy/NHA/22/331 Dated 19th July 2022.

Employee Category: (Tick the relevant Box)

Regular	Contract	D/W Regular	Contract Regular	Sacked Regular	NTRC

I, _____ S/D/W/o _____

Designation _____

Married (10,000/-)	Un-Married (5,000/-)
(Tick the relevant Box <input checked="" type="checkbox"/>)	

Spent Rs. _____ Per Month for purchase of medicines, During the

Month/Months of _____ (Total Amount Rs. _____).

Signature: _____

Department/Section: _____

Bank Account No: _____

Dated: _____

Note: Proforma/Claim may be filled in hand written.