ANNEXURE IV

[See Rule 13(2)]

I hereby declare that this is the first/second/third time that I have claimed refund in respect of hearing aid for me/my*_____ Shri/Smti** _____ who is a member of my family and will not claim after the third time in the future.

* Here write the relationship

** The name of the member of the family

Signature of the Head of Office.

Signature of the Govt. Servant.

Place:
Date: