	The		[See Rule 27 (2) (c-ii)] and Rule 29 (I)					
	- 1	Final Mec	lical reimbursement					
Sir/N	1	l am to	submit herewith	arsement claim,	/refund in connection with medica		ith medical	
eimt	burs	sement cl	aim of Shri/Smti					At
								en below
	ł	Full Name	of the claimant				and the state of the second se	
2)								
c	a.	i.	f serving Govt. Empl Designation employed	and	address		Office	where
		ii.	employed Basic Pay and War					
				0	R			
t	э.	In case of	f pensioner:					
		i.	Pension Payment	Order (P.P.O	): Number		- You have to a subscription of the subscription of	
		ii.	Amount of Basic p	bay before Re	etirement	tere que de faire des que avec que presente	Contraction of the second statements	
			Ward Entitlement					_
3)						* 1		
	a. Relationship of patient with the applicant if applicant is not the patient							
		b.	Name of the patie	ent	1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 19			
		с.	Age of the patient	t				
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