MEDICLAIM POLICY - REIMBURSEMENT

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From			То
Émployee Code:			The Director
Name: Designation:		f	Deptt. of HRD (P) The Institute of Chartered Accountants of India
Deptt. / Section:			New Delhi - 110 002
Similar Annual Control of the Contro	dycam-prov		1104 Doutt - 210 005
Dear Sir,			
l have taken / rene	wad Madialair	n malias d	do.
w.e.f.	ORI	" hours !	. Martin and the contract of
	•		ediclaim Policy taken for the said period for
Rs.	a cob) or a	o 50162 141	constant roney taken for the said period for
•		2.8	
i request to reimbu	rse ine premiur	n paid as f	er rule.
		."	
	•		Yours faithfully,
. 2			and a white a company of the same
			(SIGNATURE)
			Name :
· •			Name :Employee Code:
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Entitled sum assured	Entitled	*	Entered in Page No of Register for
	premium	•	reimbursement of Mediclaim policy.
9 · · · · ·			
. 2.			Eligible premium amount of Rs.
3.			may be reimbursed and 50% of that Amount
4.			in 12 equal monthly instalments may be deducted
Total	,		from his / her salary
Less 10% discount		eritti orusin risari pati teripat periode di seriesa di seriesa di seriesa di seriesa di seriesa di seriesa di	
	ø		
Amount :			
Add 10.2% S.T.	-1 0		
Total reimbursement	*		
to be made			
S.O.	e	4 60	man a several contraction of the
and a second	ASSI	1. Secv.	Director (HRD, P)

JI. Secy. (Accounts)