

# **Self-Declaration Form for Medical Reimbursement for NHM Contractual Employees, Assam**

I do hereby certify that, I have not submitted any claims for Rs...../- as medical reimbursement for the ailment ..... of myself/Sri/Mrs./Smt. ....(S/o, D/o, W/o, H/o, Parents of)....., from any other sources like Atal Amrit Abhiyan (AAA), Pradhan Mantri Jan Arogya Yojna (PMJAY) and other sources of medical reimbursement of Govt/Private sector/Semi Govt. organization.

I acknowledge that the above mentioned information that I have given is correct to my knowledge.

Yours faithfully,

**Name-**

**Designation-**

**Present place of posting-**

**HRMIS ID-**

**Contact No.-**

**Place:** \_\_\_\_\_

**Date:** \_\_\_\_\_