

CLAIM OF THE MEDICAL INSURANCE SUBSIDY

In terms of KU orders No.315/C1/KU/2017-2018/C53, dated 29-12-2017

1. Employee ID No..... 2. Name of the Employee.....
3. Designation :..... 4. Place of Work :

I hereby declare that I have joined the Medical Insurance Scheme / Medical Policy with (bank / Organization / Insurance Agency) and enclosed the copy of the receipt of the policy for claiming the university subsidy, Policy No..... dated period fromto.....

My spouse is not an employee of the University and he / she is working as in the (Department / Office) and he / she not getting the Medical Insurance Subsidy.

If the subsidy claimed is found to be correct in future, I shall refund the amount.

Station :

Date :

Signature of the Employee

ORDERS OF THE SANCTIONING AUTHORITY OF KAKATIYA UNIVERSITY

After going through the particulars mentioned above and satisfying myself about the genuineness of the claim with reference to the University Orders. I hereby order that an amount of **Rs.2,000/- (Rupees two thousand only)** be reimbursed to Sri / Smt. towards the Medical Insurance subsidy for the year

Principal / Drawing Officer
(with seal)