

NATIONAL SEEDS CORPORATION LIMITED
NAME OF THE FARM/OFFICE _____

DECLARATION ABOUT FAMILY MEMBERS FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES
AS ON 1st APRIL, _____
(To be submitted on first week of January every year)

I _____ (Name) _____ (Designation) working at
_____ (office) do hereby declare that:

I. The members of my family and other depending for whom I shall be claiming reimbursement of medical expenses are as under:-

S. No.	Name (S/Sh./Smt.)	Date of Birth/Age	Relationship with employee	Marital Status (Married/Unmarried/Widow)	Since when residing with employee
1					
2					
3					
4					
5					
6					

- My wife/husband is employed in _____ /is not employed, and she/he will/will not claim reimbursement from NSC OR her/his employer.
- My bother(s)/unmarried sister(s) employed in _____ (Govt.Public Sector/Private Sector) will not claim reimbursement of medical expenses in respect of above dependents (Parents/Brothers/Sisters) for whom I shall claim.
- My other bother(s)/sister(s) are not contributing to the upkeep of my dependent(s) (Parents/Brothers/Sisters) because of the following reasons:
- My son/daughter as indicated at Serial No. _____ above is presently living at _____ for pursuing higher studies in _____.
- Certified that the person(s) for whom reimbursement will be claimed by me is/are wholly dependent on me and residing with me. Their Income from all sources put together does not exceed the existing prescribed limit under the Medical Attendance Rules in each case.
- I undertake to inform the Management about deletion/additional in the above list within a period of 30 days of occurrence.

Signature of the employee
Name _____
Aadhar No. _____
Pan No. _____

Date : _____

SIGNATURE & COMMENTS OF THE CONTROLLING OFFICER
To be forwarded to HR Department for Approval & Record