



**APPLICATION FOR REIMBURSEMENT OF EXPENSES OF GENERAL HEALTH
CHECK-UP FOR RETIRED EMPLOYEES AND THEIR SPOUSE**

The Trustee,
Punjab & Sind Bank Employees' Welfare Trust,
HO PF Department, Siddhartha Enclave,
Ashram Chowk, New Delhi – 110014
Dear Sir,

**Reg: Reimbursement of Expenses of General Health Check-up for Retired employees & their spouse – as per HO
PF Department circulatory letter no. 110/2021 dated 31.07.2021**

1.Ex- Employee Name: _____

2.Ex- Employee PF Code: 3.DOB of Ex-Employee:

4. Designation at the time of demitting office: _____

5.DOR of Ex-Employee: 6.DOD of Ex-Employee:
(Date of demitting the office) (Incase Ex-Employee has since expired)

7. Name of Spouse _____

8. Contact No.:

9.Pension paying / Account Holding Branch: _____

10.Pension paying / Account Holding Branch Code:

11.Fourteen digit A/C No:

10.Amount Claimed for a) Self: Rs. _____ b) Spouse Rs. _____
c) Total Amount Rs. _____

I certify that the particulars given above are true and nothing has been concealed thereof. **Copy of Bill clearly mentioning the Test name or copy of reports in case test name not mentioned** (self-attested) and duly verified by Branch in-charge are enclosed.

Date:

Signature of employee

We certify that we have cross checked the above particulars of Ex-employee and his/her spouse. We also confirm that original Bill / receipts mentioning Health Checkup Tests names are being enclosed / kept in Branch record. We recommend that reimbursement applied may be sanctioned.

Date:.....

Pension paying / Account holding Branch Incharge
(Forwarding authority with full seal & signature)