

AFFIDAVIT FOR MEDICAL REIMBURSEMENT

I, _____, son of/wife of _____, resident of House _____, do hereby solemnly affirm and declare as under:

1. That I state that I am dependent of _____ who _____.
2. That I further state that my _____ was admitted in _____ on _____ as _____ was suffering from _____ and _____ was in a _____ condition. During my treatment, _____ have spent approximately ₹ _____ towards hospital expenditure.
3. That I further state that I am entitled for medical reimbursement from the _____.
4. That I further state that I am drawing my _____ vide _____.

Deponent

VERIFICATION

Verified that the contents of my above said affidavit are true and correct to the best of my knowledge and belief, and nothing has been concealed therein.

Verified at _____ on _____.

Deponent