Date:_____

To,

The Deputy Registrar
Medifare Cell
IIT Roorkee

Sub: **Medical Reimbursement Under Medifare Scheme.**

Ref: MFM. No :_____

Pensioner No :_____

A/c No :_____

Sir,

I may kindly be reimbursed the expenses on my treatment at…… hospital as per the details given below. The relevant vouchers have been countersigned by treating doctor:-

Sl. No	**Self/Spouse**	**Cash Memo. No. & Date**	**Amount (Rs.)**

I declare that the above mentioned bills are true to the best of my knowledge and belief.

Yours Faithfully,

Signature :_____

Name :_____

Encl: No. of vouchers: _____

Address :_____

_____

_____

Mobile No: _____