

To,

The Dy. Registrar
Medifare Cell, IIT Roorkee
Roorkee, Distt-Haridwar
(Uttarakhand)-247667

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. With immediate effect the Medical Reimbursement bills
amounting to **Rs 5,000/- and above, are required to affix the Revenue Stamp of Rs 1/-.**
Kindly ensure compliance of the same.

**The relevant vouchers/ Bills have been signed by me and countersigned by
treating doctor:-**

| Sl. No | Self/Spouse | Cash Memo. No. & Date | Amount (Rs.) |
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I declare that the above mentioned bills are true to the best of my knowledge and belief.

Yours Faithfully,

Revenue
Stamp

Encl: No. of vouchers: _____
& Related Vouchers:

1. Medifare Card Xerox copy
2. Medifare Booklet First Page Xerox copy
3. Refer slip IITR Hospital Xerox copy, if any

Signature : _____

Name : _____

Address : _____

Mobile No : _____

E-mail address : _____

Date : _____