

From

Director General Elementary Education, Haryana,
Shiksha Sadan, Sector-5, Panchkula.

To

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All District Elementary Education Officer,
Haryana State.

Memo No. 22 / 33-2013 HR C& V (4)
Dated, Panchkula, the 3-12-13

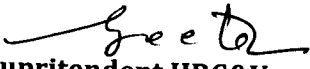
**Sub:- Punjab Medical Attendance Rules, Dependents on State Govt.
Employees, Wives/Sisters**

Please refer on the subject cited above.

Under Punjab Medical Attendance Rules, vide Health Department, Haryana
Instruction No.2/144/07-1 HB-II dated 14.12.2007, the following documents / affidavits are
required with Medical Re-imbusement Bills / Claims :

1. Deponent self affidavit in case of self medical re-imbusement claim
(Annexure-A).
2. For dependent members medical re-imbusement claims except wife Affidavit
& Income Certificate (Annexure-B). The dependent's re-imbusement claim
would be duly verified by the concerned District Elementary Education Officer.

DA/As above


Supritendent HRC&V
For Director General Elementary Education,
Haryana, Panchkula

**AFFIDAVIT
(SELF)**

I _____ S/o _____ R/o _____
Working as _____ in school _____ District _____.

I the above named deponent do hereby solemnly affirm and declared as under:-

1. That the deponent is claiming the present medical reimbursement claim from the department.
2. That neither the deponent has received any claim from any insurance company.
3. That in case, any claim/information is found incorrect. I shall be ready to face criminal proceeding and departmental inquiry.
4. That I shall be solely held responsible for any financial fraud, if committed in this regard in whatsoever manner.

Dated:
Place

Deponent

VERIFICATION

It is verified that the contents of para No. 1 to 4 of the above my affidavit are to be true and correct to my knowledge. Nothing relevant has kept concealed therein.

Dated:
Place

Deponent

(2)

AFFIDAVIT

I _____ S/o _____ R/o _____
Working as _____ in school _____ District _____.

I the above named deponent do hereby solemnly affirm and declared as under:-

1. That my wholly dependent father/mother/ /son/daughter is solely dependent on me and is residing with me.
2. That my wholly and solely dependent father /mother / /son/daughter is having income not more than Rs.3500 per month income which includes income from any source viz agriculture/private sector, commission, interest, private employment and royalty income etc.
3. That neither me nor my wholly & Solely dependent father/mother/ /son/daughter has received any claim from any employer nor from any insurance company in what so ever manner.
4. That in case, any claim/information is found incorrect, I shall be ready to face criminal proceeding and departmental inquiry.
5. That I shall be solely held responsible for any financial fraud, if committed in this regard in whatsoever manner and I shall deposit the amount claimed along with interest in the state exchequer.

Dated:
Place

Deponent

VERIFICATION

It is verified that the contents of para No. 1 to 5 of the above my affidavit are to be true and correct to my knowledge. Nothing relevant has kept concealed therein.

DISTRICT ELEMENTARY EDUCATION OFFICER

It is certified that I have verified the contents of affidavit and income certificate submitted by Sh/Smt. _____ Designation _____ Serving in school in regard to solely & wholly dependent's medical claim of _____ S/o _____ Relation _____. As per verification the case is genuine one and the same is recommended for reimbursement.

District Elementary Education Officer
