

**DECLARATION REGARDING REIMBURSEMENT OF MEDICAL
EXPENSES INCURRED DURING THE PERIOD
FROM _____ TO _____**

(Para 6.3 of IRCON Medical Rules, 2002 – Annexure II)

I, _____, Employee Code No. _____
hereby declare that during the period referred to above, I have incurred
Rs. _____ (Rupees _____)
towards medical expenses for self and my family. I hereby undertake to abide by
the provisions of INCOME TAX law in this regard.

Signature _____

Name _____

Designation _____

Date:

Controlling Officer

Accounts Department