



Dredging Corporation of India Limited

A "Mini-Ratna" Category-I PSU

Visakhapatnam, India

DCIL RETIRED EMPLOYEES MEDICAL TRUST

(Format to be duly filled up by retired employee for claiming OP medical expenses and to be submitted in January for that relevant financial year.)

To
THE CHAIRMAN,
DCIL RETIRED EMPLOYEES MEDICAL TRUST,
DCIL, VISAKHAPATNAM.

Date: ----/----/----

Dear Sir,

Sub: Self Declaration for reimbursement of cost of out-patient treatment for the Financial year of _____ Reg.

I am Sri/Smt/Kum _____
retired on (DD/MM/YY) _____ B.NO _____
as (Designation) _____ of this corporation hereby
declare that, myself and my spouse have opted for retired employees medical scheme
of DCI.

I hereby declare that I have incurred an amount of Rs. _____ (Rupees in
words _____) towards
outpatient medical expenses.

I hereby further declare that, I have fulfilled the requisite rules and conditions of DREMT
so as to enable me for claiming the outpatient medical expenses.

I hereby certify that, I or my spouse have not claimed any outpatient medical
reimbursement for the financial year _____ from any other organization
what-so-ever.

Hence, it is requested to credit the eligible amount to my bank account as submitted
earlier.

Thanking you,

Yours faithfully,

(SIGNATURE)

DATE:

PLACE:

CONTACT NO: