

TRIPURA GRAMIN BANK

Head Office: Abhoynagar
Agartala - 799005

To
The HOD P&A/Branch Manager
Tripura Gramin Bank,
Head Office, Agartala /
.....Branch

Re:- Re-imbursement of Medical Aid for the year 2018
(as per circular No.TGB/HO/P&A/ESTT-l/ Cir.123/6135/16 Dt. 07.11.2016)

Dear Sir,

I furnish below the following particulars for reimbursement of Medical Expenses incurred by me:

1. Name of the Patient :
2. Relationship with the Applicant :
3. Nature Of illness :
4. Period of illness :
5. Amount spent
 - a) Consultation fee Rs:-.....
 - b) Cost of Medicine Rs:-.....
 - Total Rs:-

(Rupees.....)Only.

I hereby certify that the particulars furnished above are true to the best of my knowledge And belief. .

Yours faithfully

(Name of the applicant) :

Designation.....Tripura Gramin Bank.....Branch
Basic Pay Rs.....As on.....

S.B/ODA/CNo.....with.....Branch
S.P.F A/C No. AS/937/

Date : / /20

Place:-