

OIL AND NATURAL GAS CORPORATION LTD

CLAIM FOR REIMBURSEMENT OF SPECTACLES COST TO RETIRED EMPLOYEES/DEPENDENTS OF DECEASED EMPLOYEES

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Id. /CPF No: Name:	
Level/Designation of employees at the time of retirement /death Org. Unit & Location at the time of retirement /death	1
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	r after 2.6.1987
Block Year: 20 - Cale	endar Year:
Admissible Overall Ceiling:- (a) Rs.12000/- (b) Rs.18000/- (c) Rs.25000/-	(d) Rs.40000/-
Name of family members including self in respect of whom rein SI. Name Relationship Detaction	bursement is being aloimed.
SI. Name Relationship Date of purcha	se Cash Memo No. & Amount Date
	Date
	,
Talla	
Total Amount claimed: () = Rs
Details of last claim, if any: - Date of claim Ar	nount
Following documents are enclosed:-	
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2. Copy of prescription of an e	ye specialist for spectacles
Date:	
	Signature of claimant
Claim verified as per existing rules and necessary entries made in ICE S	
s and moodsday entities thate in the s	ystem.
Date:	
Signature	of I/c, HR-ER/Sr. Citizen Cell
FOR F&A SECTION	· · · · · · · · · · · · · · · · · · ·
only) (Rupees	
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Date:	Signature of PCS Officer
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