

APPLICATION FOR REIMBURSEMENT OF THE COST OF SPECTACLES

The Secretary,  
Divl SBF Committee/SC Division  
Secunderabad

Sir,

I hereby apply for the reimbursement of the cost of spectacles from the Staff Benefit Fund.

The statement made by me below is true and the amount received in this respect shall Be refunded if the statement is found incorrect . I declare that I have not taken reimbursement Of cost of spectacles for the past three years.

1. Name of the employee

2.Designation

3.Rate of pay and grade

4.Station/Dept.

5.Bill unit No.

6.Division

7.Date of Birth

8.Basic Salary on 20% of  
Running allowance

9.Date of Appointment

10.Whether applied previously,  
If so, when?

11.Receipt No.-----Dt.-----for Rs.-----

12.P.F.No.

Date:

Yours faithfully

Signature of the applicant

Office:

Date:

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No.

Office:

Date:

It is certified that the particulars given against the above are correct.

Forwarded to

Departmental Officer :

Memo No.

Office:

Date :

Forwarded to :

Spectacles are necessary for proper vision.

Divl. Medical Officer/SC.