



UNIVERSITY OF RAJASTHAN  
JAIPUR

PROFORMA

For the reimbursement of medical bills for the Session 2019-20.

Name		Salary Code No.	
Father's Name		Basic Pay	
Date of Appointment		Place of Posting	
Designation		Contact Phone No.	
Residential Address			

DEPENDENTS

S. No.	Name	Relation	Age	Married	Unmarried
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Certified that my father/mother is fully dependent upon me and he/she/they/are/ permanently residing with me. The income of me father/mother is not more than Rs. 3000.00 per month. The reimbursement of medical expenses on their account has not been drawn from anywhere else.

\_\_\_\_\_  
(Signature of the Head of Unit with Seal)

\_\_\_\_\_  
(Signature of the Employee)