



Tamil Nadu Grama Bank
Head Office, Salem-7

APPLICATION FOR CLAIMING MEDICAL AID ARREARS

(Separate application for each year)

To,

The General Manager/Regional Manager/Branch Manager
Tamil Nadu Grama Bank
.....Branch/Office

| | |
|--|-----------|
| Name of the Staff | Mr/Ms/Mrs |
| New SR No/Old SRNo | |
| Designation | |
| Date of Joining | |
| Arrears claimed for the Year | |
| Designation during that year | |
| Branch/Office at which availed | |
| Date of Sanction | |
| Total amount spent during the year | Rs. |
| Eligible Amount as per Cir 14/2021-22 | Rs. |
| Amount of Medical Aid already received | Rs. |
| Amount of arrears now claimed | Rs. |
| Remarks if any | |
| SB A/c no: | |

I request you to kindly sanction the eligible amount of arrears and credit the same to the above mentioned SB account.

Branch/Office:

Date:

Signature of the Applicant

Recommendations of the Regional /Branch Manager.

Branch/Office:

Date :

Regional/ Branch Manager.

Sanction at Head Office/Regional Office/Branch

Medical Aid as per 11th BPS : Rs.

Medical Aid amount already sanctioned on : Rs.

Arrears Amount sanctioned on : Rs.

Regional Manager/Branch Manager