

To

The Comptroller,
Orissa University of Agriculture & Technology,
Bhubaneswar-3

Sir,

I am enclosing herewith the certificate of Utilization of Medical Allowance to me for the month of **April, 20** to **March, 20** and I may kindly be allowed to draw **Medical Allowance** from **1st April, 20** to **31st March, 20** .

Yours faithfully,

(Signature in full)

Designation :

Section/Deptt :

Permanent/temporary:

Date of Joining :

FORM- 'C'

Certificate of Utilization of Medical Allowance paid for treatment of self and or family member(s) during the year from **1st April, 20** to **31st March, 20** .

I, an employee presently working as in section / department do hereby certify that I have utilized **Rs.6,000/-** (*Rupees Six Thousand*) only towards cost of medicines admissible as per Orissa Service (Medical Attendance) Rules, 1947 on treatment of self and or family during the year of **20 - 20** .

Countersigned

Section Officer/
Head of the Department

Signature of employees in full

Designation:

Section / Deptt:

Date