

CERTIFICATE OF MONTHLY MEDICAL ALLOWANCE DEDUCTION FOR CMHIS (EP) BENEFICIARIES

1. Beneficiary Information (Employee):

Full Name of Head of Household:		
PIMS CODE:		
Registered Mobile Number:		
Household/Family ID:		
CMHIS Entitlement Grade:		
Entitled Monthly Medical Allowance Amount: (to be filled by DDO)		

2. Details of Declared Dependants of the Family

Sl.	Name	Mobile	Year of Birth	Relationship
1				HEAD
2				
3				
4				
5				

3. Declaration by the Drawing Disbursement Officer of the Establishment

I, _____, hereby certify that the deduction of Monthly Medical Allowance Deduction for above-mentioned beneficiary @ Rs. _____ [Rupees] _____ only per month was started w.e.f: _____

Signature & Seal

Date of Issue

4. Details of Issuing Officer of the Establishment

Officer's Name:

Establishment / Department:

Establishment:

Contact Number