

From:
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Date: 20..

To,
Bank/ Post Office
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Medical Allowance

Sir,
Reference: Letter No. No.38/99/99-P&PW(C) , Government of India, Ministry of Personnel, Public Grievances & Pensions, (Department of Pension & Pensioners' Welfare), 3rd Floor, Lok Nayak Bhavan, Khan Market, New Delhi-110003, Dated the 17th April, 2000 (copy enclosed)

I have opted for not availing facilities of OPD treatment from CGHS Dispensary. Confirmation to this effect has been given by the Director CGHS, vide letter No. dated (copy enclosed for ready reference). In view of the provisions in the letter under reference I am authorised for medical allowance per month. Present value of medical Allowance is Rs. 100.00 per month.

Kindly pay me the said allowance with effect from date of letter issued by Director CGHS i. e. with effect from

Thanking you in anticipation.

Yours Faithfully,

Enlosures:

1. Photocopy of the Government letter referred above.
2. Photocopy of the certificate from Director CGHS,

Signature and Name of Pensioner.