

ANNEXURE-III
(See para 4.4 page 2)

CERTIFICATE FOR MEDICAL EXPENSES OF FORMER PRESIDENT / VICE-PRESIDENT*1

FORM II-A

Certified that the amount of Rs. (in figures)_____Rupees (in words)_____
Drawn by me has been expended in connection with my medical treatment/attendance/consultation.

Signature
Date
Place

FORM II-B

Certified that the amount of Rs. (in figures)_____Rupees (in words)_____
drawn has been expended in connection with retired President's/Vice-President's medical
treatment/attendance/consultation.

Signature
Designation
Date
Place

*1 CS-23 Authority CGA' UO No. 1 (7)(1)/2001/TA/155 dated 10/11-03-2004
