

**ANNEXURE-V**  
*(See para 4.4 page 2)*

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

**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

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**FORM II-B**

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. of Shri/Smt.\_\_\_\_\_Spouse of\_\_\_\_\_

Signature  
Designation  
Date  
Place

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