

OIL AND NATURAL GAS CORPORATION LTD

CLAIM FORMAT FOR REIMBURSEMENT OF SPECTACLES COST (FOR SEPARATED EMPLOYEES OF ONGC)

CPF No:	Name:			
Last Designation:		Mob Res		
Address:				
Date of Joining ONGC:	-	-	Block Year	2 0 1 4 - 1 5
Date of retirement:	-	-	Calendar Year:	2 0 1 4
Admissible overall ceiling leve	el wise:			
(a) W&A Level (b) Rs.5000/-	'S' level & E0 - E4 Rs.8000/-	(c) E-5 –E-8 Rs.9500/-		9 & above 12500/-
Name of family members inclu				
SI. Name	Relationship	Date of purchase	Cash Memo No. & Da	te Amount
2				
Total Amount claimed: {Rupe	ees.		only }	₹
Details of reimbursement claimed earlier during the Name		current block year 2014 - 15, if any:- Relationship		Amount
Trainio .		T (of other		, , , , , , , , , , , , , , , , , , ,
Balance of over all ceiling av	vailable during the curre	nt block year (2014-15)	=	
(Admissible overall ceiling minus reimbursement availed earlier)			₹	
Following documents are enclose		earlier)		
Original Cash memo/Receipt Copy of prescription of an eye				
			(Signature of retired	employee/beneficiary)
Forwarded				
Date: (Sign			(Signature of Contro	olling Officer with Seal)
Claim verified as per existing rule			entered in SAP records.	
Date:			(Signature of SE	Establishment Officer)
Passed for payment of ₹.		R F&A SECTION		only)
radou for payment of C	Nupees			Only)
Date:			(Sigr	nature of PCS Officer)

Note: (The duly filled-in application along with enclosures may be sent to I/c Separated Employees Establishment of concerned work centre)

PLEASE RETAIN PHOTO COPIES OF THIS CLAIM.