

UNDERTAKING FOR MEDICAL ALLOWANCE

I, a retired employee of Shillong Cantonment Board, Shillong declare that I am residing at
(present/permanent residential address)
....., which area is not covered under CGHS or any corresponding Health Scheme administered by the Ministry/Department of, (as the case may be). I have also not obtained and do not wish to obtain a CGHS Card for availing out-door facilities under CGHS/ Corresponding Health Scheme of other Ministries/ Departments from any Dispensary situated in an adjoining area.

Signature.....

Shri/Smti/Kumari.....

(Signature & Name of Pensioner/Family Pensioner)