



Sant Longowal Institute of Engineering and Technology  
Longowal, Dist. Sangrur, Punjab - 148106  
[Established by Govt. of India]  
Deemed-to-be-University  
(U/S 3 of UGC Act 1956)

Ref.No. SLIET/A&A/2023/ 4222

Date: 22/02/2023

**CIRCULAR**

As per CS(MA) Rules, 1944 those employees whose spouses are employed in other organizations may claim Medical Reimbursement from SLIET subject to following condition:-

- i) He/she produces a certificate from the employer of his/her spouse that he/she is not claiming medical facilities in respect of his/her spouse and their family members.

Proforma of Undertaking enclosed herewith is required to be submitted by the employees of the Institute while claiming the Medical Reimbursement for their dependant family members.

  
REGISTRAR

Copy to:-

1. Director Cell : For kind information, please.
2. All Deans : For kind information, please
3. D.R.(A&A)
4. M.O., SLIET : With a request to please ensure that Proforma of Undertaking is enclosed by the concerned employees with their Medical Reimbursement claims.
5. All H.O.Ds/Section In-charges : With a request to circulate amongst the faculty & staff members, please
6. F I (ACSS) with a request to upload on institute web site portal.

**UNDERTAKING**

I \_\_\_\_\_ Designation \_\_\_\_\_ Department \_\_\_\_\_

that my husband/wife Shri/Smt. \_\_\_\_\_ (Name and Designation)

Contact No.) has been working in the office of \_\_\_\_\_

(Name & Address and landline No.). He/she has not preferred any Medical Claim from his/her office in respect of his/her family (copy of certificate from the employer of my spouse is enclosed).

The above information is given to the best of knowledge and belief. I am aware that in case the information is found false at any stage, I will be responsible for the same and any excess payment given to me in Medical Reimbursement Claim, may be recovered from me by the Institute.

Signature of Employee:

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_