

MUMBAI PORT AUTHORITY
GENERAL ADMINISTRATION DEPARTMENT
WELFARE DIVISION
Mb.P.A. CENTERNARY COMMEMORATION FUND

**APPLICATION FOR REIMBURSEMENT OF EXPENSES ON PURCHASE OF
SPECTACLES FOR EX-EMPLOYEE'S SPOUSE**

- 1) Name of the Ex-employee : _____
First Name Middle Name Surname
- 2) Name of the spouse : _____
First Name Middle Name Surname
- 3) Designation : _____ 4) PF A/c No. : _____
- 5) Section/Division/ Department: _____
- 6) PPO No. : _____
- 7) Date of Appointment : _____
- 8) Date of Retirement/Superannuation : _____
- 9) Contact No. (Mobile No.) : _____

I request that the reimbursement of expenses on spectacles admissible under Executive Committee's Resolution No.526 dated 04/12/2023 may be granted to me.

- 10) Eyes examined at : _____
- 11) By Medical Authority : _____
(Please state whether Mb.P.A. Ophthalmologist/Municipal Eye Hospital/
Government Eye Hospital/Recognized Eye Hospital/Nursing Home)
- 12) Date of prescription : _____
(Original prescription to be attached)
- 13) Date of previous claim : _____
(i.e. date of outward of previous claim)
- 14) Details of purchase of spectacles: (The printed cash memo should bear the number, date, full name of the employee, cost of the spectacles and signature of the supplier)
a) Name of Supplier : _____
b) Date of purchase : _____
c) Cash Memo No. and Date : _____
(Original Cash Memo to be attached)
- 15) Details of expenses : **Incurred amount** *** Admissible amount**
(as per cash memo) (to be filled by employing deptt.)

Cost of Spectacle : Rs. _____ Rs. _____

(Rs.4000/- or the actual cost of spectacle, whichever is less)

Contd.....2

- 15) I certify that: i) The spectacles have been purchased for use of my spouse on the medical advice.
ii) All particulars stated above are true and if proved false, action be initiated against me as permissible.

Signature of spouse

Signature of Ex-employee

Name in full : _____

Designation : _____

Date : _____

Mobile No. : _____

DA : Prescription and Cash Memo
(_____ sheets)

(Certificate regarding admissibility of reimbursement by the concerned H.O.D.)

No. _____

Date : _____

Verified and forwarded to the Sr. Dy. Manager (Welfare) for facilitation of payment.

1. It is confirmed that an entry of this claim has been made in the Register.
2. It is certified that :
 - i) The Ex-employee has submitted the claim within 2 months of the date of prescription.
 - ii) The prescription and the Cash Memo have been scrutinized and all the required particulars are found correct.
 - iii) The Ex-employee is eligible for reimbursement.
3. An amount of Rs. _____ (Rupees _____) only is recommended for reimbursement of expenses on spectacles as admissible under the scheme.

Signature _____

Name and Designation of
Certifying Authority _____

Rubber Stamp _____