

No.

Date

**TO WHOMSOEVER IT MAY CONCERN**

This is to certify that .....

(Name & Designation of Employee & Department ) spouse of

.....(Name and Designation)

.....(Dept) SCTIMST has

not made any claim for medical treatment for himself/herself/ dependent family members and not received any medical allowance/assistance from this office under the State/ Central Government scheme for the year .....

This certificate is issued solely for the purpose of submitting to the spouse's office.

Date:

Place

Signature

Name of Authorized Officer

Designation

Office Seal