

SAHA INSTITUTE OF NUCLEAR PHYSICS

1/AF, Bidhan Nagar, Kolkata-700 064.

Application for reimbursement of cost of Covid-19 Vaccination

1. Name of Employee / Pensioner :
2. ID No. with designation :
3. Division / Section :
4. a. Name of the Dependent & Medical ID No:
(In case the dependent is beneficiary)
- b. Relationship to Prime Beneficiary :
5. Age of the Beneficiary / Dependent :
6. Covid-19 Vaccination Details :
(Name of the Vaccine etc.)
7. Name & address of the vaccinating Centre :
8. Date of 1st Dose / 2nd Dose administered : 1st Dose : 2nd Dose
5. Amount paid : Rs..... Rs. Total : Rs.
(Money Receipt/s in original to be enclosed)

I(Employee / Pensioner) hereby declare that the above information furnished by me is true and correct. I also undertake to indemnify any loss to the Institute if any error or mistake comes to light subsequently in the claim.

N.B. :

1. **Vaccination Certificate/s is required to be enclosed.**
2. **Vaccination charges will be reimbursed per beneficiary for complete Covid-19 vaccination. (Two doses or as per each vaccine dose protocol).**
3. **Separate Form should be submitted for every beneficiary.**

Date :.....

Signature of the Employee /
Pensioner