



FORM – E

(Para 5 of F&E circular 06/2011 Refers)

**Application Form for Recovery of
One Time Medical Contribution**
(To be filled in Triplicate)

To

AO (Medical Cell)
Block – C, Room No.102
Delhi Development Authority
Vikas Sadan, INA, New Delhi - 110023

Subject: Application for Recovery of One Time Medical Contribution

Sir / Madam,

I have retired from service on / Retiring with effect from
.....

OR

My husband / wife expired on

I may be issued a permanent medical identity card.

My annual medical contribution is Rs. and one time contribution equal to 10 years
contribution works out to Rs.

I have deposited Rs. as one time contribution to cashier, DDA Cash Main vide
receipt number dated (Photostat copy attached).

OR

I hereby give my consent for recovery of Rs. as one time medical contribution
(equal to 10 years contribution) from my gratuity.

Yours faithfully

.....

Signature / thumb impression

Name of the Employee / Family Pensioner :

Designation of the Employee :

Place of Posting of the Employee :

Date :

(FOR OFFICE USE)

Amount of Rs.....recovered from Gratuity.

Date:

Signature of AO (Pension)

AO (Medical Cell)