

INSTRUMENTATION LIMITED: PALAKKAD
(P&A DIVISION)

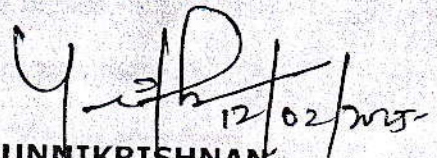
No.ILP/P&A/MED/2024-25

12.02.2025

Circular

Sub:- Medical Reward during the calendar year 2024.

The employees who have not availed any medical facility from our Dispensary and has not taken any medical reimbursement from the Company and those who have taken treatment only in our Dispensary during the calendar year 2024 are eligible for cash reward of Rs.3100/- and Rs.2500/- respectively. Employees, who consider themselves eligible, may submit application in the prescribed proforma to P&A Division latest by 18.02.2025.


PN UNNIKRIISHNAN
DY. MANAGER (P&A)

-Notice boards

-ALL HoDs

-IL Website

The Dy. Manager (P&A)
Instrumentation Limited
PALAKKAD

Date :

(Through Proper channel)

Sub: Claim for Cash Reward for **Rs.3100/-** in terms of Circular No. ILP/P&A/MED/2024-25 dated 12.02.2025.

Sir,

I hereby apply for the captioned Cash Reward of **Rs.3100/-** for which I consider myself eligible as per criteria stipulated in the Circular under reference.

I hereby declare that during the Calendar year **2024:**

- 1) No medicine requisition slip has been issued either for my own treatment or for the treatment of any of my family members as per the Medical Attendance Rules of the Company.
- 2) I have not claimed any medical reimbursement either for my own treatment or for any of my family member's treatment.
- 3) I have not taken any treatment for myself or for any of my family members from IL Dispensary.

Yours faithfully,

Signature:-----

Name:-----

Ref. No.-----

(For use in IL Dispensary)

- a) It is certified that the above employee has not taken any treatment for himself or any of his/her family members from IL Dispensary.
- b) No medicine requisition slip has been issued for his/her own treatment or for the treatment of any of his/her family members as per the eligibility under Medical Attendance Rules of the Company.

Prepared by:

Checked by:

Medical Consultant

(FOR USE IN F&A DIVISION)

It is certified that the above employee has not claimed any medical reimbursement either for his/her own treatment or for any of his/her family members as per records maintained by F&A Divn. during the period from 01/01/2024 to 31/12/2024.

Prepared by:

Checked by:

Approved by:

Forwarded to F&A Division for payment please.

DY. MANAGER (P&A)

MANAGER (F&A)

The Dy. Manager (P&A)
Instrumentation Limited
PALAKKAD

Date:

(Through Proper channel)

Sub: Yearly Cash Reward of **Rs.2500/-** to the Employees who did not avail Medical treatment etc., other than what was available in the IL Dispensary.

Sir,

I hereby apply for the captioned Cash Reward of **Rs.2500/-** for which I consider myself eligible as per criteria stipulated in the scheme notified vide Circular No.ILP/P&A/MED/2024-25 dated 12.02.2025.

I hereby declare that during the Calendar year **2024:**

- 1) I have not claimed any medical reimbursement either for my own treatment or for any of my family member's treatment.
- 2) No medicine requisition slip has been issued either for my own treatment or for the treatment of any of my family members under the Medical Attendance Rules of the Co.

Yours faithfully,

Signature:-----
Name:-----
Ref. No.-----

(For use in IL Dispensary)

No medicine requisition slip has been issued for his/her own treatment or for the treatment of any of his/her family members as per the eligibility under Medical Attendance Rules of the Company.

Prepared by:

Checked by:

Medical Consultant

(FOR USE IN F&A DIVISION)

It is certified that the above employee has not claimed any medical reimbursement either for his/her own treatment or for any of his/her family members as per records maintained by F&A Divn. during the period from 01/01/2024 to 31/12/2024.

Prepared by:

Checked by:

Approved by:

Forwarded to F&A Divn. for payment please.

DY. MANAGER (P&A)

MANAGER (F&A)