

**National Water Development Agency**  
**(Proforma for empanelment of Doctor for re-imbursement of Medical claims)**

1. Name of the Govt. Servant:
2. Designation & Scale of pay:
3. Residential Address:
4. Details of dependent family members with complete details as given below:-

| Sl. No. | Name | Age/Date of birth | Relationship with Govt. Servant | Place of Residence | Whether employed, if so details there of | Sources of income/pension if any with details |
|---------|------|-------------------|---------------------------------|--------------------|--|---|
| 1       | 2    | 3                 | 4                               | 5                  | 6  | 7   |
| 1.      |      |                   |                                 |                    |  |   |
| 2.      |      |                   |                                 |                    |  |   |
| 3.      |      |                   |                                 |                    |  |   |

**Name of two Medical Attendants**

| Sl. No. | Name of Doctor & Qualification | Address of Clinic/Consulting Room | Registration No. | Distance of Clinic Residence or Office | Contact No. of the Doctor | Remarks |
|---------|--------------------------------|-----------------------------------|------------------|--|---------------------------|---------|
| 1       | 2                              | 3                                 | 4                | 5                                      | 6                         | 7       |
| 1       |                                |                                   |                  |  |                           |         |
|         |                                |                                   |                  |  |                           |         |

I hereby certify that the above information furnished by me is correct.

Signature of Employee

Date: