



## UNDERTAKING

This is to certify that, I \_\_\_\_\_ am not re-employed elsewhere on full time basis, and am not availing medical facility from any other source or in consequence of employment of my spouse or children. I may be allowed medical facilities for the Financial year \_\_\_\_\_ under the HUDCO Retired Employees Medical Facility Scheme.

\_\_\_\_\_  
Signature of the Retired Employee/Spouse

Date: \_\_\_\_\_

Name of the Retired Employee: \_\_\_\_\_

Emp.Code: \_\_\_\_\_

Date of Retirement: \_\_\_\_\_

Designation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_