

UNDERTAKING

**“A”**

Certificate from beneficiary :-

As per text of MOH&FW, O.M. No: S. 14025/10/2002/MS, Dated. 26.05.2015,  
hereby, I am..... Beneficiary Id No  
..... giving the undertaking that I,.....  
Beneficiary Id No ....., has not been reimbursed the cost of hearing aid in the  
preceding five (5) years.

Signature of Beneficiary.....

Name of Beneficiary.....

Ben Id No.....

Date:

**“B”**

It is to certify that the beneficiary, shri/smt....., Ben  
Id....., has not claimed any reimbursement against hearing aid for last five  
(5) years as per our office record.

Signature of the CMO I/C.....

Name of the CMO I/C.....

Name of the wellness centre.....

No. of the wellness centre.....