



**MUMBAI PORT TRUST**  
**MEDICAL DEPARTMENT**  
**CERTIFICATE**

( to be obtained on the employer's letterhead)

C E R T I F I C A T E

Certified that Shri \_\_\_\_\_ has been working in this organization since \_\_\_\_\_ and she/he is entitled for medical aid/medical allowance and reimbursement of medical expenses from this organization. She/He has however voluntarily opted to relinquish her/his entitlement for such medical aid to herself/himself and dependent family members with effect from \_\_\_\_\_ and this organization has no objection to consider her/his request. This certificate has been issued on her/his request to get medical aid facility to herself/himself and family members offered by \_\_\_\_\_ her/his \_\_\_\_\_ spouse's organization.

\_\_\_\_\_  
**Signature of the Employer & Seal**