

FORMAT N-1

**UNDERTAKING TO BANK FOR RECOVERY OF OVERPAYMENT
(To be given by the Government Servant/Family member)**

To

The Branch Manager

_____ (Bank Name)

_____ (Branch & Address)

**Subject: Payment of Fixed Medical Allowance (FMA) under A/c No. _____
through your Bank.**

Sir/Madam,

In consideration of your having, at my request, agreed to make payment of Fixed Medical Allowance due to me every month by credit to my account with your Bank. I, the undersigned declare that I will inform you immediately in case there is change in the status of my residential address i.e from Non-CGHS Covered Area to a CGHS Covered Area.

I agree and undertake to refund or make good any amount to which I am not entitled or any amount which may be credited to my account in excess of the amount to which I am or would be entitled.

I further hereby undertake and agree to bind myself and my heirs, successor, executors and administrators to indemnify the bank from and against any loss, suffered or incurred by the bank in so crediting my Fixed Medical Allowance (FMA) to my account under the scheme and to forthwith pay the same to the bank and also irrevocably authorise the bank to recover the amount due by debit to my said account or any other account/deposits belonging to me in the possession of the bank.

Yours faithfully

(Signature of Govt. Servant/Family member)

PRAN of Government employee:

Name:

Address:

Witnesses

(1) Signature
Name:-
Address:-
Date:-

(2) Signature:
Name:
Address:
Date: